

**Services performed outside of these guidelines and with a medical diagnosis will be applied to your deductible and coinsurance.**

| PREVENTIVE HEALTH GUIDELINES AND OTHER COVERED SCREENING SERVICES FOR YOUTH |  |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
|---|--|---------------|-------------------------|--|---------------------------|--------------|--|---------------------------------|---------------------------------------|-----------------|---------------|--------------------------|---------------------------|-------------|----------|---|----------|------------|--|--|
| PROCEDURE   | 1-18 Months  | 1 1/2-6 Years | 7-12 Years              | 13-17 Years  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| <b>NEWBORN</b>  | PROPHYLACTIC CARE SHOULD INCLUDE:<br>• Dose of Vitamin K<br>• State mandated neonatal screening tests<br>• Hemoglobinopathy<br>• Eye treatment with silver nitrate or antibiotics<br>• Hearing screening 1 time between 1-18 month<br>• Classical congenital adrenal hypoplasia  |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| <b>*IMMUNIZATIONS</b>   | Refer to the Sanford Health Plan Childhood Immunization Schedule.<br>*A complete Childhood Immunization Schedule can be obtained by calling Member Services at (605) 328-6800 or (800) 752-5863 or by visiting our website at www.sanfordhealthplan.com.<br><br><table border="0"> <tr> <td>• Chicken Pox (Varicella)</td> <td>• Influenza</td> </tr> <tr> <td>• Diphtheria, Tetanus, Pertussis (DTP)</td> <td>• Measles, Mumps, Rubella (MMR)</td> </tr> <tr> <td>• Haemophilus Influenzae Type B (Hib)</td> <td>• Meningococcal</td> </tr> <tr> <td>• Hepatitis A</td> <td>• Pneumococcal Conjugate</td> </tr> <tr> <td>• Inactivated Polio (IPV)</td> <td>• Rotavirus</td> </tr> </table> |               |                         |  | • Chicken Pox (Varicella) | • Influenza  | • Diphtheria, Tetanus, Pertussis (DTP) | • Measles, Mumps, Rubella (MMR) | • Haemophilus Influenzae Type B (Hib) | • Meningococcal | • Hepatitis A | • Pneumococcal Conjugate | • Inactivated Polio (IPV) | • Rotavirus |          |   |          |            |  |  |
| • Chicken Pox (Varicella)   | • Influenza  |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| • Diphtheria, Tetanus, Pertussis (DTP)                                      | • Measles, Mumps, Rubella (MMR)  |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| • Haemophilus Influenzae Type B (Hib)                                       | • Meningococcal  |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| • Hepatitis A   | • Pneumococcal Conjugate   |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| • Inactivated Polio (IPV)   | • Rotavirus  |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| <b>*WELL CARE VISIT &amp; ALL ROUTINE IMMUNIZATIONS</b>                     | <table border="0"> <tr> <td><u>Age</u></td> <td><u># of Well Visits</u></td> </tr> <tr> <td>0-13 months</td> <td>6 visits</td> </tr> <tr> <td>14-23 months</td> <td>2 visits</td> </tr> <tr> <td>2 months</td> <td>1 visits</td> </tr> <tr> <td>3</td> <td>1 visits</td> </tr> <tr> <td>4</td> <td>1 visits</td> </tr> <tr> <td>5</td> <td>1 visits</td> </tr> <tr> <td>6</td> <td>1 visits</td> </tr> </table>  | <u>Age</u>    | <u># of Well Visits</u> | 0-13 months  | 6 visits                  | 14-23 months | 2 visits                               | 2 months                        | 1 visits                              | 3               | 1 visits      | 4                        | 1 visits                  | 5           | 1 visits | 6 | 1 visits | Every Year |  |  |
| <u>Age</u>  | <u># of Well Visits</u>  |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| 0-13 months   | 6 visits   |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| 14-23 months  | 2 visits   |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| 2 months  | 1 visits   |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| 3   | 1 visits   |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| 4   | 1 visits   |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| 5   | 1 visits   |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| 6   | 1 visits   |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| <b>DEVELOPMENTAL ASSESSMENT</b>   | Developmental screening at 9, 18 and 24 months with standardized validated tool  |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| <b>HEMOGLOBIN OR HEMATOCRIT</b>   | One Hemoglobin <b>OR</b> One Hematocrit between 9-15 months  |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| <b>CHOLESTEROL TEST</b>   | One baseline Lipid Profile if at high risk   |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| <b>LEAD SCREENING TEST</b>  | One screening test at 12 months and one at 24 months   |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| <b>PAP SMEAR</b>  |  |               |                         | Age 12 and over at the discretion of the Primary Care Provider |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |
| <b>CLINICAL HEARING AND VISION SCREENING</b>                                | Clinical hearing and vision screening performed during an annual physical. Does not include exam by an eye care professional or audiometry. Included as part of the annual physical fee and not billed separately.   |               |                         |  |                           |              |  |                                 |                                       |                 |               |                          |                           |             |          |   |          |            |  |  |

| PREVENTIVE HEALTH GUIDELINES AND OTHER COVERED SCREENING SERVICES FOR ADULTS                  |  |   |  |
|---|--|---|--|
| These are screening recommendations for asymptomatic adults, not members of high risk groups. |  |   |  |
| PERIODIC HEALTH EXAMINATIONS  | 18-39 Years  | 40-49 Years   | 50+ Years  |
| <b>HISTORY &amp; PHYSICAL</b>   | Every year   |   |  |
| <b>CHOLESTEROL SCREENING</b>  | Lipid profile <u>once</u> between ages 18 and 24 years   | Lipid profile <u>once</u> every five years between ages 25 and 44 | One lipid profile every year for ages 45 and over  |
| <b>BASIC METABOLIC PANEL</b>  | One Basic Metabolic Panel Every Year<br>- This panel includes the following: Calcium, Carbon Dioxide, Chloride, Creatinine, Glucose, Potassium, Sodium, Urea Nitrogen (BUN)  |   |  |
| <b>COLORECTAL SCREENING</b>   |  | Yearly stool for occult blood by fecal hemoglobin                 | Colonoscopy every 10 years or stool for occult blood every year, flexible sigmoidoscopy every 5 years. |
| <b>SCREENING FOR HIGH-RISK BEHAVIORS</b>  | Review lifestyle habits such as: tobacco use, stress factors, alcohol and drug abuse, weight loss or gain, sexual practices, sun exposure, household hazards, and motor vehicle use. Counsel as necessary for high-risk behaviors. |   |  |
| <b>EKG</b>  |  | Baseline X 1  |  |
| <b>HEMOGLOBIN OR HEMATOCRIT</b>   | One Hemoglobin <b>OR</b> One Hematocrit Every Year   |   |  |
| <b>FOR WOMEN ONLY</b>   |  |   |  |
| <b>MAMMOGRAM</b>  | One baseline mammogram between the ages of 35-39   | Every year  |  |
| <b>PAP SMEAR</b>  | Annual gynecological examinations by a participating physician includes a pap smear test   |   |  |
| <b>FOR MEN ONLY</b>   |  |   |  |
| <b>PROSTATE SPECIFIC ANTIGEN</b>  |  |   | Every year   |

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|---|--|---|---|
| These are screening recommendations for asymptomatic adults, not members of high risk groups. |  |   |   |
| VACCINE/ TOXOID   | 18-39 Years  | 40-49 Years   | 50+ Years                                   |
| <b>INFLUENZA</b>  | Every year   |   |   |
| <b>TETANUS-DIPHTHERIA (Td), COMBINED TETANUS, DIPHTHERIA &amp; PERTUSSIS (Tdap) VACCINES</b>  | Td Booster every 10 years, Tdap once after age 18  |   |   |
| <b>PNEUMOCOCCAL</b>   | Recommended for individuals with underlying medical conditions such as chronic cardiac or pulmonary disease, chronic liver disease, alcoholism, diabetes mellitus, and the immunocompromised adult, such as those with anatomical and functional asplenia, multiple myeloma, Hodgkin's disease, organ transplants, renal disease, or HIV infection. Two vaccinations will be allowed for these high risk individuals. The vaccinations should be at least 5 years apart. |   | Once at age 65 if not vaccinated previously |
| <b>HEPATITIS B</b>  | Covered through age 19 (3 series shot)   | Recommended for health care workers, individuals with numerous sexual partners, IV drug users, and persons in contact with carriers. Health care workers, check with your employee health department about receiving this vaccination for free. (This is <b>not</b> a covered benefit with the Sanford Health Plan for these age groups.) |   |
| <b>CHICKEN POX (VARICELLA)</b>  | Two vaccinations between the ages of 13 and 19   |   |   |
| <b>MENINGOCOCCAL</b>  | Only ages 18 - 24  |   |   |

\*Sources: Adopted from "Guide to Clinical Preventive Services Second Edition Report of the U.S. Preventive Services Task Force," CDC, American Cancer Society, Sanford Health Plan Physician Quality Committee



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Dear Sanford Health Plan Members,

Consumers today are taking a more active interest in their health than ever before. Sanford Health Plan hopes to stimulate your interest in health promotion and disease prevention by offering you educational opportunities to make the best choices for your family's health.

The Preventive Health Guidelines were created for our members to use as an easy guide describing what is covered under your wellness benefit. We encourage you to take this guide with you to your yearly physical so you can review your benefits with your primary care physician.

As a health plan we believe it is our job to educate our members on how to prevent premature onset of disease and disability, and to help all people achieve healthier, more productive lives.



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Preventive Health Guidelines And  
Other Covered Screening Services  
For Your Next Healthcare Visit



HEALTHCARE BUILT FOR YOU

