

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																
NEWBORN	PROPHYLACTIC CARE SHOULD INCLUDE: • Dose of Vitamin K • State mandated neonatal screening tests • Hemoglobinopathy • Eye treatment with silver nitrate or antibiotics • Hearing screening 1 time between 1-18 month • Classical congenital adrenal hypoplasia																			
*IMMUNIZATIONS	Refer to the Sanford Health Plan Childhood Immunization Schedule. *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. <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						
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HEMOGLOBIN OR HEMATOCRIT	One Hemoglobin OR One Hematocrit between 9-15 months																			
CHOLESTEROL TEST	One baseline screening if at high risk																			
PAP SMEAR				Age 12 and over at the discretion of the Primary Care Provider																
CLINICAL HEARING AND VISION SCREENING	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.																			

*A complete childhood immunization schedule and catchup 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.

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
HISTORY & PHYSICAL	Every year		
CHOLESTEROL SCREENING	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
BASIC METABOLIC PANEL	One Basic Metabolic Panel Every Year - This panel includes the following: Calcium, Carbon Dioxide, Chloride, Creatinine, Glucose, Potassium, Sodium, Urea Nitrogen (BUN)		
COLORECTAL SCREENING		Yearly stool for occult blood by fecal hemoglobin	Colonoscopy every 10 years or stool for occult blood every year, flexible sigmoidoscopy every 5 years.
SCREENING FOR HIGH-RISK BEHAVIORS	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.		
EKG		Baseline X 1	
HEMOGLOBIN OR HEMATOCRIT	One Hemoglobin OR One Hematocrit Every Year		
URINALYSIS	One screening urinalysis every year		
FOR WOMEN ONLY			
MAMMOGRAM	One baseline mammogram between the ages of 35-39	Every year	
PAP SMEAR	Annual gynecological examinations by a participating physician includes a pap smear test and urinalysis		
FOR MEN ONLY			
PROSTATE SPECIFIC ANTIGEN			Every year

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PREVENTIVE HEALTH GUIDELINES AND OTHER COVERED SCREENING SERVICES FOR ADULTS			
These are screening recommendations for asymptomatic adults, not members of high risk groups.			
VACCINE/ TOXOID	18-39 Years	40-49 Years	50+ Years
INFLUENZA	Every year		
TETANUS-DIPHTHERIA (Td), COMBINED TETANUS, DIPHTHERIA & PERTUSSIS (Tdap) VACCINES	Td Booster every 10 years, Tdap once after age 18		
PNEUMOCOCCAL	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
HEPATITIS 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 not a covered benefit with the Sanford Health Plan for these age groups.)	
CHICKEN POX (VARICELLA)	Two vaccinations between the ages of 13 and 19		
MENINGOCOCCAL	Only ages 18 - 24		

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



PO BOX 91110
SIOUX FALLS SD 57109-1110
(605) 328-6868
1-877-305-5463
Fax: (605) 328-6811
sanfordhealthplan.com

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

