

HEP Preventive Care Requirements

| Preventive Service | Birth – age 5 | Age 6 - 17 | Age 18 – 24 | Age 25 – 29 | Age 30 – 39 | Age 40 – 49 | Age 50+ |
|--|---------------|-----------------------|----------------------------------|---------------------|--|-----------------------------|---|
| Preventive Visit | Once per year | Once every other year | Every 3 years | Every 3 years | Every 3 years | Every 2 years | Every year |
| Vision Exam | N/A | N/A | Every 7 years | Every 7 years | Every 7 years | Every 4 years | 50 - 64 - Every 3 years |
| | | | | | | | 65 and Over - Every 2 years |
| Dental Cleanings* | N/A | At least 1 per year | At least 1 per year | At least 1 per year | At least 1 per year | At least 1 per year | At least 1 per year |
| Cholesterol Screening | N/A | N/A | Every 5 years starting at 20 | Every 5 years | Every 5 years | Every 5 years | Every 2 years |
| Breast Cancer Screening (Mammogram) | N/A | N/A | N/A | N/A | One screening between the ages of 35 and 39. Otherwise as recommended by physician | As recommended by physician | As recommended by physician |
| Cervical Cancer Screening (Pap Smear) | N/A | N/A | Every 3 years starting at age 21 | Every 3 years | Every 3 years | Every 3 years | Every 3 years to age 65 |
| Colorectal Cancer Screening | N/A | N/A | N/A | N/A | N/A | N/A | Colonoscopy every 10 years or Annual FIT/FOBT to age 75 |

As is currently the case under your State Health plan, any medical decisions will continue to be made by you and your physician.

*Dental cleanings are required for family members who are participating in one of the State dental plans