

LiveWELL HEALTH PLAN

Preventive Care Guide

WELL-CARE FOR YOU, YOUR SPOUSE AND YOUR ADULT DEPENDENT CHILDREN...

♂ Male ♀ Female

PREVENTIVE CARE SERVICE AND TIMING		WHAT IS RECOMMENDED IF YOU ARE...				
		18-29	In Your 30s	In Your 40s	In Your 50s	60 and Older
Wellness Office Visits and Exams	Every Year	♂♀ One routine office visit and examination each plan year on and after age 18				♂♀ Completion of advanced directives
	Every 10 Years	♂♀ Tetanus / diphtheria (Td) booster				
Immunizations (associated with routine office visits)	Every Year	♂♀ Flu shot				
	By Age	♂♀ 26 & under: Get three doses of the HPV vaccine ♂♀ College student living in a dorm: Get a meningococcal conjugated vaccine (MCV4)				60 or over: Get a shingles vaccine ♂♀ 65 or over: Complete pneumonia screening
Screenings and Exams (associated with routine office visits)	By Risk and at Physician Recommendation	♀ Pap smear beginning at age 21, every 1-5 years based on results of previous screening and risk of cervical cancer				
	Every 5 Years	♂♀ Cholesterol screening including triglycerides, LDL, HDL or lipid panel				♂♀ Talk to your provider about colon cancer screening options (history could indicate need to start at younger age)
	Every 10 Years					♂♀ 50 or older: Get a colonoscopy or talk to you doctor about alternatives
	By Age	♀ Chlamydia test 16-24 if sexually active ♀ Cervical cancer screening / PAP ages 21-64	♀ Speak with your PCP about a routine mammogram			

OTHER PREVENTIVE CARE SERVICES COVERED UNDER THE LiveWELL HEALTH PLAN: The preventive care guidelines in this document are based on recommendations of the U.S. Preventive Services Task Force (USPSTF) and HEDIS Criteria. Preventive care is covered at 100%, although if a condition is detected, additional tests are needed, or the visit becomes diagnostic, a charge will occur and a bill will be sent to you.

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PREVENTIVE CARE SERVICE AND TIMING: WELL-CARE FOR YOUR DEPENDENT CHILDREN...

♂ Male ♀ Female

WHAT IS RECOMMENDED...			
Wellness Office Visits and Exams	0-12 months old	12-24 months old	24 months old through 18 years old
Six visits	✓		
Three visits		✓	
Annual visit			✓

Immunizations (associated with routine office visits)	One Dose	Two Doses	Three Doses	Four Doses	Five Doses	
Hepatitis A		✓				
Hepatitis B			✓			
Diphtheria, tetanus, pertussis (DtaP) (whooping cough)					✓	
Tdap	✓ at 10 years old					
Haemophilus influenza type B			✓			
Polio				✓		
Pneumococcal conjugate				✓		
Varicella (chickenpox)		✓				
Measles, mumps, rubella		✓				
Flu shot (each plan year)	✓ Yearly					
Meningococcal conjugated vaccine (MCV4)		✓ Between ages 11-12 ✓ Age 16				
Rotavirus vaccine			✓			
HPV vaccine			♂♀ Between ages 9-26			

Screenings and Exams (associated with routine office visits)	0-12 months old	12-24 months old	2-6 years old	6-10 years old	10-14 years old	14-18 years old
Lead level testing	12 months	24 months	→			
Hearing screening (at time of well-child visit)			♂♀ ✓ Every year starting age 4	→		
Vision screening (at time of well-child visit)	By 6 months		✓ Every year starting age 3	→		
Chlamydia test						♀ ✓ 16-24 if sexually active →

DENTAL PLAN PREVENTIVE CLEANINGS: Preventive dental cleanings are covered at 100% for you and your covered dependents.

Carolinas HealthCare System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-368-1019 (TTY: 1-800-537-7697).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-368-1019 (TTY: 1-800-537-7697)