## Have You Had a Checkup Lately?

Routine physical exams with your doctor are important for your health and the health of your family. Preventive care services can protect against adult and childhood illnesses and catch health problems early. Your DoD NAF Health Benefits Program covers physical exams and associated tests and screenings at 100%.\* Be sure you use this valuable benefit. The charts below show examples of the preventive care services available to you under the plan. They also show screening and immunization schedules based on guidelines recommended by leading health organizations. When you have your next physical exam, bring these guidelines with you and ask your doctor to recommend a schedule that meets your individual needs.

## **Adult Preventive Care Timeline**

Screenings	18	25	30	35	40	45	50	55	60	65	70	75	>	
Physical Exam						One	exam pei	- calenda	r year					
Blood Pressure, Height and Weight						D	uring phy	/sical exa	ım					
Cholesterol							Every	5 years						
Vision and Hearing Exams						One	exam pei	calenda	r year					
Pap Smear						O	ne per ca	lendar ye	ear					
Mammography								One p	er calenc	lar year				
Prostate Cancer														
Prostate-Specific Antigen Test (PSA)									Conside	er yearly				
Digital Rectal Examination (DRE) Consider yearly														
Colon Cancer (One of the following five screening options is	recomm	ended)												
Fecal Occult Blood Test (FOBT) or										Conside	r yearly			
Flexible Sigmoidoscopy or										Every !	5 years			
Flexible Sigmoidoscopy and Fecal Occult Blood Test or							F	OBT yea	rly plus F	lexible Si	gmoidos	copy ever	y 5 years	
Double-Contrast Barium Enema or										Every !	5 years			
Colonoscopy** Every 10								10 years						
Tuberculin (PPD) Testing			Every 10 years High Risk Only											
Immunizations	18	25	30	35	40	45	50	55	60	65	70	75	>	
Hepatitis B						Hig	gh risk oi	nly - 3 do	ses					
Tetanus-Diphtheria (Td)		Every 10 years												
Varicella (VZV)		Susceptibles only - 2 doses (4 to 8 weeks apart)												
Measles, Mumps, Rubella (MMR)		Susceptibles only - women of childbearing age - 1 dose												
Pneumococcal Disease												1 dose		
Influenza							One p	er year						

Years of Age

\* To receive preventive care benefits under the Open Choice® plan, you must use in-network doctors.

\*\* Based on a recommendation of the U.S. Preventive Services Talk Force. For more information, visit www.ahcpr.gov/clinic/uspstf/uspscolo.htm.



Department of Defense Nonappropriated Fund Health Benefits Program

## **Child Preventive Care Timeline**

## Months / Years of Age

Screenings	В	1у	2у	Зу	4y	5у	6у	7у	8y	9y	10y	11y	12y	13y	14y	15y	16y	17y	18y
Physical Exam		Year 1* Year 2 7 visits 2 visits One per calendar year																	
Newborn Screening: PKU, Sickle Cell, Hypothyroidism, Hemoglobinopathies		th to e week																	
Head Circumference	P	eriodic	ally																
Height and Weight	Periodically during physical exam																		
Vision and Hearing Exams	One per calendar year																		
Blood Pressure	Periodically during physical exam																		
Cholesterol	High risk only																		
Tuberculin (PPD) Testing	High risk only																		
Lead (high risk only)																			
Immunizations	В	1m	2m	3m	4m	5m	6m	12m	15m	18m	23m	2у	4у	6у	11y	12y	14y	16y	18y
Hepatitis B**	Dos	ie 1	Dos	se 2				Dose	3						Dose	e 1-3			
Polio (IPV)			Dose 1		Dose 2			Dose	3				Dos	ie 4					
Influenza								A	nnually	/									
Haemophilus Influenzae Type B (Hib)			Dose 1		Dose 2		Dose 3	Dose	• <b>4</b>										
Pneumococcal Disease (Prevnar®)			Dose 1		Dose 2		Dose 3	Dose	<u>4</u>										
Diphtheria, Tetanus Pertussis (DTaP/Td)			Dose 1		Dose 2		Dose 3		Dos	ie 4			Dos	ie 5	Td	once			
Measles, Mumps, Rubella (MMR)								Dose	1				Dos	e 2	Do	se 2			
Chicken Pox (VZV)									Once				1 Dos	e				2 Doses	

Recommended Catch-up, if previously not received.

\* Effective January 1, 2006. For 2005, 6 visits are covered during the first year.

\*\* The earliest age at which the last dose of Hepatitis B vaccine can be given is 24 weeks of age.

Sources:

• Adult and Child Preventive Care Timelines adapted from the recommendations of the Agency for Healthcare Research and Quality (AHRQ), and sponsored by U.S. Preventive Services Task Force & the AHRQ Put Prevention Into Practice program. For more information, visit: www.ahrq.gov/clinic/prevenix.htm.

• Adult and Child Immunizations Schedules adapted from the recommendations of the Centers for Disease Control and Prevention (CDC). For more information visit www.cdc.gov/nip/.

• Adult cancer screening guidelines adapted from the recommendations of the National Cancer Institute (NCI). For more information, visit www.cancer.gov.

Contact Aetna Member Services at 1-800-367-6276 or check your Summary Plan Description (SPD) for information about your preventive care coverage. Your SPD explains your coverage in complete detail, including exclusions and limitations.

