Children’s Preventative Health Services

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Tulsa Healthy Start, Community Service Council &
Little Dixie Healthy Start
Of note

With the election, changes in the Affordable Care Act are anticipated. At this time, no changes in preventive health services has been reported.
The Affordable Care Act

• Anyone can access the insurance market place and determine coverage for their state, to compare options from the insurers on the marketplace, and enroll. It is located at www.healthcare.gov/screener/

• To determine services for Medicaid eligible of your state, please contact the state Medicaid provider or if you accessed the insurance marketplace, they will send the information to your state Medicaid agency for follow-up.

• All insurance marketplace insurers and Medicaid-expansion states offer preventative health services at no co-pay, and no deductible.

• Most employer health insurance plans offer the preventative health services at no co-pay, and no deductible. A few employers have exemptions for their current plans. Self-insured plans do not have to comply fully but may support lifestyle improvement programs.

First time applying? Get a preview & checklist

Take a few easy steps now. Enroll in a 2017 plan as soon as November 1

Select Your State

STILL NEED A HEALTH PLAN FOR THE REST OF 2016?

DATES & DEADLINES

WILL YOU SAVE?

UNDER 30?

HAVE A 2016 PLAN?

SEE NOW

FIND OUT FAST

GET A CUSTOM GUIDE

GET READY FOR 2017
Essential Health Benefits

Insurance policies must cover these benefits in order to be certified and offered in the insurance marketplace and Medicaid expansion states to newly eligible for Medicaid.

- Outpatient care
- Emergency room visits
- Inpatient hospital treatment
- Prenatal and postnatal care
- Mental health and substance abuse disorder services
- Prescription drugs
- Lab tests

- Services and devices that assist in injury or recovery.
- Preventive services including counseling, screening, vaccines, and care for managing a chronic disease.
- Pediatric services including dental and car and vision care for children.

Benefits may vary by state and even within the same state. Use the compare plans on the insurance marketplace website.

Preventive Service for Children

- **Alcohol and Drug Use** assessments for adolescents
- **Autism** screening for children at 18 and 24 months
- **Behavioral** assessments for children of all ages
  Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
- **Blood Pressure** screening for children
  Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
- **Cervical Dysplasia** screening for sexually active females
- **Congenital Hypothyroidism** screening for newborns
- **Depression** screening for adolescents
- **Developmental** screening for children under age 3, and surveillance throughout childhood
- **Dyslipidemia** screening for children at higher risk of lipid disorders
  Ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
- **Fluoride Chemoprevention** supplements for children without fluoride in their water source
- **Gonorrhea** preventive medication for the eyes of all newborns
- **Hearing** screening for all newborns
- **Height, Weight and Body Mass Index** measurements for children
  Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
- **Hematocrit or Hemoglobin** screening for children
- **Hemoglobinopathies** or sickle cell screening for newborns
- **HIV** screening for adolescents at higher risk

Preventive Service for Children

- **Iron** supplements for children ages 6 to 12 months at risk for anemia
- **Lead** screening for children at risk of exposure
- **Medical History** for all children throughout development
  Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
- **Obesity** screening and counseling
- **Oral Health** risk assessment for young children
  Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
- **Phenylketonuria (PKU)** screening for this genetic disorder in newborns
- **Sexually Transmitted Infection (STI)** prevention counseling and screening for adolescents at higher risk
- **Tuberculin** testing for children at higher risk of tuberculosis
  Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
- **Vision** screening for all children

- **Immunization** vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary:
  - Diphtheria, Tetanus, Pertussis
  - Haemophilus influenzae type b
  - Hepatitis A
  - Hepatitis B
  - Human Papillomavirus
  - Inactivated Poliovirus
  - Influenza (Flu Shot)
  - Measles, Mumps, Rubella
  - Meningococcal
  - Pneumococcal
  - Rotavirus
  - Varicella

# Recommended Immunization Schedule, January 2016

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
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<tbody>
<tr>
<td><strong>Hepatitis B</strong>&lt;sup&gt;1&lt;/sup&gt;  (HepB)</td>
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<td><strong>Rotavirus</strong>&lt;sup&gt;2&lt;/sup&gt;  (RV)</td>
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<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
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<td><strong>Diphtheria, tetanus, &amp; acellular pertussis</strong>&lt;sup&gt;3&lt;/sup&gt;  (DTaP; &lt;7 yrs)</td>
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<td><strong>Haemophilus influenzae type b</strong>&lt;sup&gt;4&lt;/sup&gt;  (Hib)</td>
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<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
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<td><strong>Pneumococcal conjugate</strong>&lt;sup&gt;5&lt;/sup&gt;  (PCV13)</td>
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<td><strong>Inactivated poliovirus</strong>&lt;sup&gt;6&lt;/sup&gt;  (IPV; &lt;18 yrs)</td>
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<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
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<td><strong>Influenza</strong>&lt;sup&gt;7&lt;/sup&gt;  (IIV; LAIV)</td>
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<td><strong>Measles, mumps, rubella</strong>&lt;sup&gt;8&lt;/sup&gt;  (MMR)</td>
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<td><strong>Varicella</strong>&lt;sup&gt;9&lt;/sup&gt;  (VAR)</td>
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<td><strong>Hepatitis A</strong>&lt;sup&gt;10&lt;/sup&gt;  (HepA)</td>
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<sup>1</sup> First dose given at birth, with boosters at 2 months and 4 months.

<sup>2</sup> Recommended for infants 6 weeks to 4 months old.

<sup>3</sup> DTaP: Diphtheria, tetanus, and acellular pertussis vaccines.

<sup>4</sup> Hib: Haemophilus influenzae type b vaccine.

<sup>5</sup> PCV13: Pneumococcal conjugate vaccine.

<sup>6</sup> IPV: Inactivated poliovirus vaccine.

<sup>7</sup> IIV: Influenza live attenuated inactivated vaccine.

<sup>8</sup> MMR: Measles, mumps, rubella vaccine.

<sup>9</sup> VAR: Varicella vaccine.

<sup>10</sup> HepA: Hepatitis A vaccine.
# Recommended Immunization Schedule, January 2016

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16-18 yrs</th>
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<tbody>
<tr>
<td>Hepatitis B^{\text{1}} (HepB)</td>
<td>←3rd dose→</td>
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<td>Rotavirus^{\text{2}} (RV)</td>
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<td>RV1 (2-dose series); RV5 (3-dose series)</td>
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<td>Diphtheria, tetanus, &amp; acellular pertussis^{\text{3}} (DTaP; &lt;7 yrs)</td>
<td>←4th dose→</td>
<td>5th dose</td>
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<td>Haemophilus influenzae type b^{\text{4}} (Hib)</td>
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<td>Pneumococcal conjugate^{\text{5}} (PCV13)</td>
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<tr>
<td>Inactivated poliovirus^{\text{6}} (IPV) (&lt;18 yrs)</td>
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<tr>
<td>Influenza^{\text{7}} (IIV; LAIV)</td>
<td>Annual vaccination (IIV only) 1 or 2 doses</td>
<td>Annual vaccination (LAIV or IIV) 1 or 2 doses</td>
<td>Annual vaccination (LAIV or IIV) 1 dose only</td>
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<td>Measles, mumps, rubella^{\text{8}} (MMR)</td>
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<td>Varicella^{\text{9}} (VAR)</td>
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<td>2nd dose</td>
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^{1} Hepatitis B: 3 doses at 0, 1, and 6 months, followed by a booster dose at 4-6 years of age.

^{2} Rotavirus: 2 doses (Reglan) at 2 and 4 months, followed by 3 doses (Rotavirus) at 6, 10, and 14 weeks.

^{3} Diphtheria, tetanus, and acellular pertussis: 4 doses (DTaP) at 2, 4, 6, and 15-18 months, followed by a booster at 4-6 years of age.

^{4} Haemophilus influenzae type b: 4 doses (Hib) at 2, 4, 6, and 12 months.

^{5} Pneumococcal conjugate: 1 dose (PCV13) at 2, 4, or 6 months.

^{6} Inactivated poliovirus: 3 doses (IPV) at 2, 4, and 6 months, followed by a booster at 4-6 years of age.

^{7} Influenza: Annual vaccination (IIV only) at 6-11 months, followed by annual vaccination (LAIV or IIV) at 1 year of age.

^{8} Measles, mumps, rubella: 2 doses (MMR) at 12-15 months, followed by a booster at 4-6 years of age.

^{9} Varicella: 2 doses (VAR) at 12-15 months and 4-6 years of age.
18 Months to 18 Years

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
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<th>13-15 yrs</th>
<th>16-18 yrs</th>
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<tbody>
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<td><strong>Hepatitis A</strong>[^10] (HepA)</td>
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<td><strong>Meningococcal</strong>[^11] (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥ 2 mos)</td>
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<td><strong>Tetanus, diphtheria, &amp; acellular pertussis</strong>[^12] (Tdap; ≥7 yrs)</td>
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<td><strong>Human papillomavirus</strong>[^13] (2vHPV: females only; 4vHPV, 9vHPV: males and females)</td>
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<tr>
<td><strong>Meningococcal B</strong>[^11]</td>
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<td><strong>Pneumococcal polysaccharide</strong>[^5] (PPSV23)</td>
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Recommended Immunization Schedule, January 2016
Services for Pregnant or May Become Pregnant Adolescents

• **Anemia screening** on a routine basis

• **Breastfeeding comprehensive support and counseling** from trained providers, and access to breastfeeding supplies, for pregnant and nursing women

• **Contraception**: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt “religious employers.” Learn more about contraceptive coverage.

• **Folic acid** supplements for women who may become pregnant

• **Gestational diabetes screening** for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes

• **Gonorrhea screening** for all women at higher risk

• **Hepatitis B screening** for pregnant women at their first prenatal visit

• **Rh Incompatibility screening** for all pregnant women and follow-up testing for women at higher risk

• **Syphilis screening**

• **Expanded tobacco intervention and counseling** for pregnant tobacco users

• **Urinary tract or other infection screening**

Contraception

Covered contraceptive methods on the insurance marketplace and Medicaid.

• **FDA-approved contraceptive methods** prescribed by a woman’s doctor are covered, including:
  • Barrier methods, like diaphragms and sponges
  • Hormonal methods, like birth control pills and vaginal rings
  • Implanted devices, like intrauterine devices (IUDs)
  • Emergency contraception, like Plan B® and ella®
  • Sterilization procedures
  • Patient education and counseling

Plans **aren’t** required to cover drugs to induce abortions and services for male reproductive capacity, like vasectomies.

Birth control benefits rules for employer-provided coverage

If you work for a religious employer

• Health plans sponsored by certain exempt religious employers, like churches and other houses of worship, don’t have to cover contraceptive methods and counseling.

• If you work for an exempt religious employer and use contraceptive services, you may have to pay for them out-of-pocket. Contact your employer or benefits administrator for more information.

If you work for a non-profit religious organization

• Some non-profit religious organizations — like non-profit religious hospitals and institutions of higher education that certify they have religious objections to contraceptive coverage — don’t have to contract, arrange, pay, or refer for contraceptive coverage.

• If your health plan is sponsored or arranged by this type of organization, an insurer or third party administrator will make separate payments for contraceptive services that you use.

• You’ll have access to contraceptive services without a copayment, coinsurance, or deductible when they are provided by an in-network provider.

Types of Contraceptives Covered

Types of Medicines and Devices for Birth Control

• **Permanent Sterilization** like tubal ligation
• **Long-Acting Reversible Contraceptives (LARC)** like intrauterine devices (IUDs)
• **Contraceptive Injection** like Depo
• **Short-Acting Hormonal Methods** like birth control pills and vaginal rings
• **Barrier Methods** like diaphragms and sponges

Other Contraception

• **Emergency Contraception** like Plan B© and ella©

**TIP**
To be sure if a specific method is covered by your plan, check your plan’s materials or ask your employer or benefits administrator.