

## 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+
<b>Preventive Visit</b>	Once per year	Once every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
<b>Vision Exam</b>	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
<b>Dental Cleanings*</b>	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
<b>Cholesterol Screening</b>	N/A	N/A	Every 5 years starting at 20	Every 5 years	Every 5 years	Every 5 years	Every 2 years
<b>Breast Cancer Screening (Mammogram)</b>	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
<b>Cervical Cancer Screening (Pap Smear)</b>	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
<b>Colorectal Cancer Screening</b>	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