

# 2024 Preventive Schedule

## Important preventive health services for you and your family

Below is a summary of preventive service recommendations for healthy adults with normal risk. Most services are covered at 100% when Aetna members use in-network providers for preventive care. Make sure you know what is covered by your health plan and talk with your doctor to find out what preventive services are right for you and when you should have them. A full list of the most current screening recommendations can be found on the U.S. Preventive Services Task Force (USPSTF) website at <http://www.ahrq.gov/clinic/uspstfix.htm>. Vaccine schedules change often. The most current recommendations for vaccines can be found on the Centers for Disease Control and Prevention (CDC) website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines). A catch-up vaccine schedule is also available at the CDC website for any vaccines that may have been missed.

Adults: Ages 19+

 Male  Female

### Questions?

























Call Member Services at 1-877-542-3862



Ask your doctor



Log into your account at [www.aetna.com](http://www.aetna.com)












General Health Care		
	<b>Routine Checkup</b> (This exam is not the work- or school-related physical)*	Ages 19 to 49: Every 1 to 2 years Ages 50 and older: Once a year
	<b>Behavioral &amp; Sexually Transmitted Infections Counseling</b>	Routinely for sexually active adults
	<b>Behavioral Health Well Check</b>	Annually
	<b>Breast Exam</b>	Ages 20 to 39: Once per playear
	<b>Pelvic Exam</b>	Ages 21 to 65: Once per playear
	<b>Male Condoms</b>	Allowed regardless of gender—prescription and receipt required
	<b>Sudden Cardiac Arrest &amp; Death Risk Assessment</b>	Ages 19-21
Diabetes Prevention Program(DPP) Recommendations		
	<a href="https://dhr.delaware.gov/benefits/dela-well/aetna-diabetes-prevention.shtml">https://dhr.delaware.gov/benefits/dela-well/aetna-diabetes-prevention.shtml</a>	Adults 18 years of age and older Enrollment in either the onsite YMCA or Solera online DPP program. To determine if you are at risk, talk to your doctor or visit <a href="http://ymcade.org/preventdiabetes/">http://ymcade.org/preventdiabetes/</a>
Screening Tests** Recommendations		
	<b>Abdominal Aortic Aneurism</b>	One-time screening – ages 65 years and older who have smoked
	<b>Alcohol Misuse</b>	Routinely – 19 years of age and older
	<b>Anxiety</b>	As prescribed
	<b>Blood Pressure</b>	Every 2 years – 19 years of age and older
	<b>Body Mass Index (BMI)</b>	Periodically – 19 years of age and older
	<b>BRCA Risk Assessment</b>	Personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations
	<b>BRCA Genetic Counseling/Testing</b>	Personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations
	<b>Cervical Cancer Screening</b>	21-29 years of age: Pap smear every 3 years 30-65 years of age: Pap smear every 3 years or Pap test & human papillomavirus (HPV) test every 5 years. Talk with your doctor about the method of screening that is right for you
	<b>Chlamydia, Gonorrhea and Syphilis</b>	Routinely – 24 years of age and younger and sexually active
	<b>Cholesterol</b>	Every 5 years – 35 years of age and older
	<b>Colorectal Cancer Screening</b>	Ages 45 and older: Every 1 to 10 years, depending on screening test • High-risk: Earlier or more frequently. Coverage for diagnostic colonoscopy following a positive result by non-invasive colon cancer screening within 1 year
	<b>Depression</b>	Routinely – 19 years of age and older
	<b>Diabetes</b>	High-risk – 35 years of age and older. Talk with your doctor to discuss the method of screening that is right for you.
	<b>Hearing</b>	Routinely – 19-21 years of age



	<b>Hepatitis B (HBV)</b>	High-risk
	<b>Hepatitis B risk assessment</b>	19-21 years of age
	<b>Hepatitis C (HCV)</b>	18-79 years of age
	<b>Human immunodeficiency virus (HIV)</b>	Once – 19 - 64 years of age. Talk with your doctor about when screening should be repeated.
	<b>Intimate partner violence</b>	Routinely – women of childbearing age
	<b>Latent Tuberculosis</b>	High-risk
	<b>Lung Cancer</b>	Annually – 50-80 years of age who have a 30 pack-per year smoking history and currently smoke or have quit within the past 15 years
	<b>Mammogram<sup>1</sup> 2D/3D</b>	Annually – 40 years of age and older Baseline Mammogram – between ages 35-39
	<b>Osteoporosis</b>	65 years of age and older
	<b>Prostate</b>	Talk to your health care provider to determine if a prostate screening is recommended
	<b>Tobacco use</b>	Routinely – 19 years of age and older
	<b>Unhealthy Drug Use</b>	Routinely – 19 years of age and older





#### Vaccines\*








#### Recommendations

	<b>Hepatitis A</b>	4 doses – at risk or per doctor's advice
	<b>Hepatitis B</b>	3 doses – at risk or per doctor's advice
	<b>Human papillomavirus (HPV)</b>	One 3-dose series–19-45 years of age
	<b>Influenza</b>	Every flu season
	<b>Measles-mumps-rubella (MMR)</b>	1 or 2 doses
	<b>Pneumonia</b>	1-2 doses per lifetime – high-risk or 65 years of age and older
	<b>Tetanus-diphtheria-pertussis (Td/Tdap)</b>	1 dose Tdap, then Td every 10 years – 19 years of age and older
	<b>Varicella (chicken pox)</b>	One 2-dose series – adults with no history of chicken pox
	<b>Zostavax (ZVL)</b>	1 dose – 60 years of age and older
	<b>Shingrix (RZV)</b>	2 doses – 50 years of age and older 2 doses - 19 years of age and older who are or will be immunodeficient or immunosuppressed due to disease or therapy
	<b>RSV</b>	Recommendation: 1 dose – 60 years of age and older

#### Perinatal Screening Tests\*\*



#### Recommendations

	<b>Bacteriuria</b>	Urine culture – 12-16 weeks gestation or first prenatal visit, whichever is first
	<b>Breastfeeding</b>	During and after pregnancy – breastfeeding counseling, breastfeeding services and supplies
	<b>Gestational diabetes</b>	During pregnancy – at 24 weeks and postpartum
	<b>Depression &amp; Anxiety</b>	During pregnancy and postpartum






	<b>Hepatitis B virus (HBV)</b>	First prenatal visit
	<b>Human Immunodeficiency Virus (HIV)</b>	During pregnancy
	<b>Iron Deficiency Anemia</b>	During pregnancy
	<b>Nutritional Counseling</b>	During pregnancy
	<b>Rh (D) Antibody</b>	First prenatal visit – repeat at 24-28 weeks gestation for all unsensitized Rh (D)-negative women, unless the biological father is known to be Rh (D)-negative
	<b>Syphilis</b>	During pregnancy
	<b>Tobacco Use</b>	During pregnancy – pregnancy-tailored counseling for those who smoke

### Perinatal Vaccines\*\*

### Recommendations

	<b>Tetanus-diphtheria-pertussis (Tdap)</b>	1 dose – during each pregnancy
	<b>RSV</b>	Recommendation: 1 dose – 32 through 36 weeks gestational age

### Women's Health Recommendation

	<b>Well Woman Visit</b>	Annually
	<b>Contraceptive Counseling</b>	2 visits per plan year
	<b>Contraceptive Devices &amp; Injectables (Birth control)</b>	All women planning or capable of pregnancy
	<b>Obesity Preventive Visit</b>	Annually – ages 40-60
	<b>FDA- Cleared Fertility Awareness App</b>	All women planning pregnancy

\* The vaccine recommendations are based on the Centers for Disease Control and Prevention (CDC) found online at <http://www.cdc.gov/vaccines/schedules/> as of February 2023.

\*\*This information is a summary of perinatal services recommendations from the USPSTF and the CDC for healthy pregnant women with normal risk. Talk with your doctor to find out what services are right for you and when you should have them. Your doctor may have additional recommendations.

The material has been prepared for your general information only. It does not warrant or guarantee, and shall not be liable for any deficiencies in, the information contained herein, or for the accuracy or appropriateness of any services provided by independent third parties. It does not recommend the self-management of health or related issues, nor does offer medical advice. You should consult your physician or appropriate professional for advice and care appropriate for your needs.

# 2024 Preventive Schedule

## Important preventive health services for your child

Below is a summary of preventive service recommendations for healthy children with normal risk. Talk with your doctor to find out what preventive services are right for your children and when they should have them. A full list of the most current screening recommendations can be found on the U.S. Preventive Services Task Force (USPSTF) website at <http://www.ahrq.gov/clinic/uspstfix.htm>. Vaccine schedules change often. The most current recommendations for vaccines can be found on the Centers for Disease Control and Prevention (CDC) website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines). A catch-up vaccine schedule is also available at the CDC website for children who have fallen behind or started late.

### Questions?

Call Member Services at  
1-877-542-3862



Ask your doctor



Log into your account  
at [www.aetna.com](http://www.aetna.com)

## Children: Birth to Age 6

General Health Care	Birth	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M	3Y	4Y	5Y	6Y	
<b>Oral Health Assessment</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
<b>Behavioral Health Well Check</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
<b>Psychosocial/Behavioral assessment</b> (Recommended: Annually)	●	●	●	●	●	●	●	●	●	●	●					
<b>Routine Checkup</b> (This exam is not the preschool- or daycare-related physical)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
<b>Screening Tests*</b>																
<b>Bilirubin</b>	●															
<b>Body Mass Index (BMI)</b>														●		
<b>Hearing</b>	●												●	●	●	
<b>Lead</b>						●				●		●	●	●	●	
<b>Phenylketonuria(PKU), Sickle Cell Disease, Hypothyroidism</b>	●															
<b>Vision</b>													Once – 3-5 years of age			
<b>Hepatitis B Risk Assessment</b>	Newborn to age 6															
<b>Vaccines**</b>																
<b>Chicken Pox (Varicella)</b>							●	●						●	●	●
<b>Diphtheria-tetanus-pertussis (DTap)</b>			Dose 1	Dose 2	Dose 3				Dose 4						Dose 5	
<b>H. Influenzae Type B (Hib)</b>			Dose 1	Dose 2	Dose 3			Dose 4								

\*The preventive health screenings are based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) found online at <http://www.uspreventiveservicestaskforce.org/Page/Name/recommendations> as of November 2023.

\*\*The vaccine recommendations are based on the Centers for Disease Control and Prevention (CDC) found online at <http://www.cdc.gov/vaccines/schedules/> as of February, 2023.

The material has been prepared for your general information only. does not warrant or guarantee, and shall not be liable for any deficiencies in, the information contained herein, or for the accuracy or appropriateness of any services provided by independent third parties. does not recommend the self management of hea

## Children: Birth to Age 6

Vaccines**	Birth	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M	3Y	4Y	5Y	6Y		
<b>Hepatitis A</b>							Dose 1 – between 12-23 months of age; Dose 2 – 6-18 months later										
<b>Hepatitis B</b>	Dose 1	Dose 2					Dose 3										
<b>Inactivated Polio (IPV)</b>			Dose 1	Dose 2			Dose 3						Dose 4				
<b>Influenza</b>							Every flu season										
<b>Measles-mumps-rubella (MMR)</b>																	
<b>Pneumococcal Conjugate (PCV)</b>			Dose 1	Dose 2	Dose 3		Dose 4										
<b>Rotavirus</b>			Dose 1	Dose 2	Dose 3												
<b>RSV</b>					Birth to 8 months entering first RSV season or children 8-11 months who are at increased risk for severe disease during first RSV season												

### Information About the Affordable Care Act (ACA)

This schedule is a reference tool for planning your family's preventive care, and lists items and services required under the Affordable Care Act (ACA), as amended. It is reviewed and updated periodically based on the advice of the U.S. Preventive Services Task Force, laws and regulations, and updates to clinical guidelines established by national medical organizations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at increased risk for a condition. Some services may require prior authorization. If you have questions about this schedule, prior authorizations or your benefit coverage, please call the Member Service number on the back of your member ID card.

# 2024 Preventive Schedule

## Important preventive health services for your child

Below is a summary of preventive service recommendations for healthy children with normal risk. Talk with your doctor to find out what preventive services are right for your children and when they should have them. A full list of the most current screening recommendations can be found on the U.S. Preventive Services Task Force (USPSTF) website at <http://www.ahrq.gov/clinic/uspstfix.htm>. Vaccine schedules change often. The most current recommendations for vaccines can be found on the Centers for Disease Control and Prevention (CDC) website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines). **Routine childhood vaccines should be completed by this age.** A catch-up vaccine schedule is also available at the CDC website for children who have fallen behind or started late.

### Questions?

 **Call Member Services at 1-877-542-3862**

 **Ask your doctor**

 **Log into your account at [www.aetna.com](http://www.aetna.com)**

## Children: Ages 7 to 18

General Health Care	7Y	8Y	9Y	10Y	11Y	12Y	13Y	14Y	15Y	16Y	17Y	18Y
<b>Routine Checkup</b> (This exam is not the preschool- or daycare-related physical exam)	●	●	●	●	●	●	●	●	●	●	●	●
<b>Anxiety Screening</b>		●	●	●	●	●	●	●	●	●	●	●
<b>Behavioral Counseling</b>									Routinely for sexually active adolescents			
<b>Behavioral Health Well Check</b>	●	●	●	●	●	●	●	●	●	●	●	●
<b>Sudden Cardiac Arrest and Death Risk Assessment</b>					Ages 11-18 years old							
<b>Suicide Risk Screening</b>					Ages 12-21 years old							
<b>Screening Tests*</b>												
<b>Alcohol Misuse</b>												Routinely
<b>Blood Pressure</b>												Every 2 years
<b>Body Mass Index (BMI)</b>	Periodically											
<b>Depression</b>									Routinely			
<b>Hearing</b>	Routinely											
<b>Hepatitis B Risk Assessment</b>	Ages 7-18 years of age											
<b>Human immunodeficiency Virus (HIV)</b>								Once – 13-18 years of age. Talk with your doctor about when screening should be repeated				●
<b>Tobacco Use Prevention</b>	Routinely											
<b>Unhealthy Drug Use</b>												
<b>Vaccines*</b>												
<b>Human Papillomavirus (HPV)</b>			●	●	2 doses when started between 9-14 years of age; 3 doses all other ages			●	●	●	●	
<b>Influenza</b>	Annually											
<b>Dengue</b>												
<b>Meningococcal</b>					Dose 1					Dose 2		
<b>Tetanus-diphtheria-pertussis (Tdap)</b>					Dose 1							

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates.

### Nondiscrimination Notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the number on your ID card. Not an Aetna member? Call us at 1-866-353-9802.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

- Address: P.O. Box 14462, Lexington, KY 40512
- Telephone: **1-800-648-7817** (TTY: 711), Fax: 1-859-425-3379
- Email: [CRCordinator@aetna.com](mailto:CRCordinator@aetna.com)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019, 800-537-7697** (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текстовых устройств (TTY: 711)

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike: Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.