

# Preventive Care Services

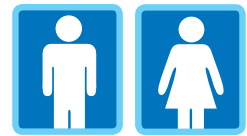
Preventive care is the best way to stay healthy. Immunizations, physical exams, and screenings help you and your doctor find diseases or problems early before they become harder to treat.

If you're at risk for a health condition, you may need certain tests at a younger age or more often. Ask your doctor about the appropriate tests and timing for your needs.

Many preventive care services are available at no cost to HMSA members. Check your health plan benefits to be sure.



## Preventive Visits for Adults



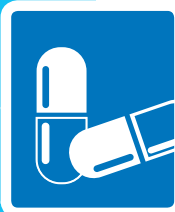
Adults: Age 22 and older except as noted			
Gender	Preventive visit		Frequency
M	F	Annual Preventive Health Evaluation May include: • Measures: height, weight, blood pressure, body mass index (BMI) • Screening for depression, unhealthy alcohol use, tobacco use, and interpersonal and domestic violence	Once a year
	F	Well-woman exam	Once a year
Screenings and Counseling for Adults			
Gender	Screening and Counseling		Frequency
M		Abdominal aortic aneurysm screening	Ages 65 to 75 who have never smoked: One-time screening
	F	BRCA screening and genetic counseling	Any woman with increased risk from family history: Once per lifetime
M	F	Blood pressure screening	Age 18 and older: Once every 12 months
	F	Breast cancer screening	Age 40 and older: Once every 12 months
M	F	Colorectal cancer screening • Stool-based tests • Sigmoidoscopy • Colonoscopy	Ages 50 to 75 at average risk for colorectal cancer
	F	Cervical cancer screening • Pap smear	- Ages 21 to 65: Every three years
M	F	Counseling: healthy diet, physical activity, obesity, fall prevention, skin cancer and safety, sexually transmitted infections, contraceptive methods, tobacco use, intimate partner violence	Consult your doctor
M	F	Cholesterol screening	Once every 12 months
M	F	Diabetes screening	Ages 40 to 70: Once every 12 months
M	F	Hepatitis B screening	Once a year
M	F	Hepatitis C screening	- Once a year - Or one-time screening if born between 1945 and 1965
	F	Human papillomavirus (HPV)	Age 30 and older: Once every three years
M	F	Lung cancer screening	Ages 55 to 80 with 30 pack-year* history. Once every 12 months for current smokers or former smokers who quit within past 15 years
	F	Osteoporosis screening	65 and older; younger if at increased risk
M	F	Sexually transmitted infection screenings • Chlamydia      • Gonorrhea • HIV                • Syphilis	Once every 12 months
M	F	Tuberculosis screening	Up to two tests a year

\* Pack-year is calculated by multiplying the number of cigarettes smoked per day by the number of years a person has smoked. A 30 pack-year history is for example, a pack a day for 30 years or 2 packs a day for 15 years.



## Preventive Care for Pregnant Women

Gender	Preventive Care
F	Bacteriuria screening
F	Breast feeding support, counseling, and supplies such as a breast pump
F	Depression screening prenatal and postpartum
F	Gestational diabetes screening
F	Hepatitis B screening and immunization
F	HIV screening
F	Rh (D) incompatibility screening
F	Smoking cessation counseling
F	Syphilis screening
F	Chalymdia screening
F	Gonorrhea screening
F	Counseling for alcohol and tobacco use and depression



## Preventive Drugs and Treatments for Adults

Gender	Preventive Drugs and Treatment
M F	Aspirin - Ages 50 to 59 to reduce the risk of stroke and heart attack - Pregnant women at risk for preeclampsia
F	Breast cancer preventive medications Women who are at increased risk for breast cancer without a cancer diagnosis
F	Folic acid supplementation Women planning or capable of pregnancy: Daily supplement containing 0.4 to 0.8 mg folic acid
M F	Statin preventive medication Ages 40 to 75 years with one or more cardiovascular disease risk factors and have a calculated 10-year risk of a cardiovascular event of 10% or greater
M F	Tobacco cessation Adults who use tobacco products



## Immunizations for Adults

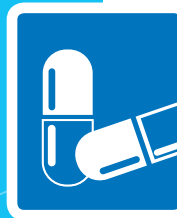
- Chicken pox
- Flu
- *Haemophilus influenzae* type B (Hib)
- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV)
- Measles, mumps, rubella (MMR)
- Meningitis
- Pneumonia
- Shingles
- Tetanus, diphtheria, pertussis (Tdap or Td)
- Travel immunizations



## Preventive Care for Children

### Birth to 21 Years

- Well-child visits
- Alcohol misuse screening
- Depression screening
- Dyslipidemia screening
- Hearing loss screening
- Human immune-deficiency virus (HIV) screening
- Newborn bilirubin screening
- Newborn blood screening
- Newborn screening for metabolic diseases and hemoglobinopathies
- Obesity screening
- Psychosocial and behavioral assessment
- Skin cancer screening
- Syphilis, chlamydia, and gonorrhea screening
- Tobacco use and tobacco-caused disease interventions and counseling
- Visual acuity screening



## Preventive Drugs and Treatments for Children

- Iron supplementation
- Gonorrhea prophylactic medication
- Prevention of dental caries, oral fluoride



## Immunizations for Children

- Chicken pox
- Flu
- *Haemophilus influenzae* type B (Hib)
- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV)
- Measles, mumps, rubella (MMR)
- Meningitis
- Pneumonia
- Polio
- Rotavirus
- Tetanus, diphtheria, pertussis (Tdap or Td)
- Travel immunizations

This is a reference tool to help you plan your preventive care. It lists items and services that are required under the Affordable Care Act (ACA). This list is subject to change as it's periodically reviewed and updated based on recommendations from the United States Preventive Services Task Force (USPSTF), the Health Resources Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), or and HMSA. Some services may require prior authorization. If you have questions about prior authorizations or your health plan benefits, please call the number on the back of your HMSA membership card.

## Federal law requires HMSA to provide you with this notice.

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

### Services that HMSA provides

Provides 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 language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages
- If you need these services, please call 1 (800) 776-4672 toll-free; TTY 711

### How to file a discrimination-related grievance or complaint

If you believe that we've failed to provide these services or discriminated against you in some way, you can file a grievance in any of the following ways:

- Phone: 1 (800) 776-4672 toll-free
- TTY: 711
- Email: [Compliance\\_Ethics@hmsa.com](mailto:Compliance_Ethics@hmsa.com)
- Fax: (808) 948-6414 on Oahu
- Mail: 818 Keeaumoku St., Honolulu, HI 96814

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, in any of the following ways:

- Online: [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- Phone: 1 (800) 368-1019 toll-free; TDD users, call 1 (800) 537-7697 toll-free

- Mail: U.S. Department of Health and Human Services, 200 Independence Ave. S.W., Room 509F, HHH Building, Washington, DC 20201

For complaint forms, please go to [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

**Hawaiian:** E NĀNĀ MAI: Inā ho'opuka 'oe i ka 'Ōlelo Hawai'i, loa'a ke kōkua manuahi iā 'oe. E kelepona iā 1 (800) 776-4672. TTY 711.

**Bisaya:** ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1 (800) 776-4672 nga walay toll. TTY 711.

**Chinese:** 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) 776-4672。TTY 711.

**Ilocano:** PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1 (800) 776-4672 toll-free. TTY 711.

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1 (800) 776-4672 をご利用ください。TTY 711.まで、お電話にてご連絡ください。

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (800) 776-4672번으로 연락해 주시기 바랍니다. TTY 711 번으로 전화해 주십시오.

**Laotian:** ກະລຸນາສັງເກດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາ, ບໍ່ມີຄ່າໃຊ້ຈ່າຍ, ແມ່ນມີໃຫ້ທ່ານ. ໂທ 1 (800) 776-4672 ພຣີ. TTY 711.

**Marshallese:** LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbāl in jipañ ilo kajin ñe am ejjeļok wōñāñ. Kaalok 1 (800) 776-4672 tollfree, enaj ejjelok wonaan. TTY 711.

**Pohnpeian:** Ma ke kin lokaian Pohnpei, ke kak ale sawas in sohte pweine. Kahlda nempe wet 1 (800) 776-4672. Me sohte kak rong call TTY 711.

**Samoan:** MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1 (800) 776-4672 e leai se totogi o lenei 'au'aunaga. TTY 711.

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (800) 776-4672. TTY 711.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (800) 776-4672 toll-free. TTY 711.

**Tongan:** FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1 (800) 776-4672. TTY 711.

**Trukese:** MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1 (800) 776-4672, ese kamo. TTY 711.

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (800) 776-4672. TTY 711.

