

Prevention of Obesity

The obesity epidemic places individuals at risk for a number of chronic and debilitating diseases. We are working with physicians, policymakers, The Children's Health Fund and representatives from the private sector to address the childhood obesity crisis and to create solutions to obesity-related problems. As part of our prevention of obesity initiative, the following benefits have been added to our Preventive Schedule.

Benefits for Children

Children with a body mass index (BMI) in the 95th percentile are eligible for:

- Two additional annual preventive office visits specifically for obesity
- Two annual nutritional counseling visits specifically for obesity
- One set of recommended laboratory studies:
 - Lipid profile
A lipid panel measures lipids—fats and fatlike substances used as a source of fuel in your body. The panel measures levels of:
 - Total cholesterol.
 - Triglycerides.
 - High-density lipoprotein (HDL).
 - Low-density lipoprotein (LDL).
 - Hemoglobin A1c
This is a blood test that measures the amount of sugar (glucose) bound to hemoglobin. Normally, only a small percentage of hemoglobin in the blood (4% to 6%) has glucose bound to it. However, people with diabetes (or other conditions that increase their blood glucose levels) have a higher percentage than normal.
 - Aspartate Aminotransferase (AST)
 - AST is used to assess liver function.
 - Alanine Aminotransferase (ALT)
 - ALT is used to assess liver function.
 - Fasting glucose (FBS)
 - This is a measurement of blood glucose taken after you have not eaten for 12 to 14 hours. It is a common test done to screen for diabetes.

Children with a BMI in the 85th percentile are eligible for:

- Two additional annual preventive office visits specifically for obesity and blood pressure measurement.
- Two annual nutritional counseling visits specifically for obesity.

Benefits for Adults

Adults with a BMI over 30 are eligible for:

- Two additional annual preventive office visits specifically for obesity and blood pressure measurement
- Two annual nutritional counseling visits specifically for obesity
- One set of recommended laboratory studies
 - lipid profile
 - hemoglobin A1c
 - AST
 - ALT
 - fasting glucose



Save this 2009 Preventive Schedule and save your health!



This schedule, based on recommendations from the U.S. Preventive Services Task Force, the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists and the American Cancer Society January 2008 Colorectal Cancer Screening guidelines, is a reference tool for planning your family's preventive care with your doctor. Your specific needs may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at an increased risk for a condition. If you have questions about your coverage, please call the toll-free Member Service number on your identification card.

Adult (age 19+) Preventive Schedule

| General Health Care | |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physical Exams/Health Guidance | Every 1-2 years for adults 19-49 years of age. Every year for adults 50 years of age and older. |
| Blood Pressure Screening | At each office visit. Minimum of once every two years. Annually, if diastolic > 85 mmHg or systolic > 130 mmHg. |
| Pelvic /Breast Exam by Practitioner | Annually. |
| Screenings/Procedures (includes PA state mandated benefits) | |
| Lipid Panel | Routine screening every 5 years beginning at age 20. More frequent testing of those at risk for cardiovascular disease. |
| Fasting Blood Glucose | For high-risk patients screenings should start at age 45 at three-year intervals. Earlier screening may be indicated based on individual risk factors. |
| Abdominal Aortic Aneurysm Screening | One-time screening by ultrasonography for men between age 65 and 75 who have ever smoked. |
| Mammogram | Every 1 to 2 years starting at age 40 or as recommended by doctor. |
| BRCA Mutation | One-time genetic assessment for breast and ovarian cancer susceptibility as recommended by your doctor. Annual breast MRI if BRCA positive or immediate family of BRCA carrier but untested. |
| Pap Test | Test every 1-3 years based on history. |
| Chlamydia Screening | Annually for all sexually active non-pregnant women 24 years and younger, and for older non-pregnant women who are at increased risk. |
| Gonorrhea, HIV and Syphilis Screenings | All sexually active males and females, as recommended by your doctor. |
| Bone Mineral Density Screening | Once every 2 years: All women 65 years and older or men 70 years and older. Or, younger post-menopausal women who have had a fracture or have one or more risk factors for osteoporosis. |
| Colorectal Cancer Screening | All: beginning at age 50 annual screening with fecal occult blood test (FOBT), or screening with flexible sigmoidoscopy every 5 years with or without annual FOBT, or double contrast barium enema every 5 years or colonoscopy every 10 years. High-risk: Earlier or more frequently as recommended by your doctor. |
| Prostate Cancer Screening | Discussion of risks/benefits of prostate cancer screening. Testing may include annual Prostate Specific Antigen (PSA) and/or digital rectal exam. |
| Immunizations | |
| Diphtheria, Tetanus (Td/Tdap) | Booster every 10 years for all adults. |
| Measles/Mumps/Rubella (MMR) | As recommended by your doctor. High risk: 2 doses. |
| Pneumococcal | High-risk or at age 65: One dose per lifetime with an additional one-time revaccination as recommended by doctor. |
| Influenza | Annually beginning at age 50. High-risk: Annually between ages 19-49. |
| Chicken Pox | One series of two doses at least one month apart for adults with no history of chicken pox. |
| Hepatitis A | Based on individual risk or physician recommendation: One two-dose series. |
| Hepatitis B | Based on individual risk or physician recommendation: One three-dose series. |
| Meningococcal | Based on individual risk or physician recommendation: One dose per lifetime. |
| Human Papillomavirus (HPV) | For females age 19-26 who have not been vaccinated previously, one three-dose series. Dose 2 at 2 months from Dose 1. Dose 3 at 6 months from Dose 1. |
| Zoster | One dose age 60 years of age and older. |

