



Preventive Health Services – covered by HUSKY Health

Preventive care is covered for all HUSKY members. **However, any healthcare you receive through the HUSKY Health program must be from providers who participate in the HUSKY Program.** Some non-participating providers can write prescriptions, order tests or refer HUSKY members for services. HUSKY members may be responsible for the cost of visits or other services received from non-participating providers. If you are unsure if your provider participates in HUSKY, need help finding a provider or need more information on HUSKY benefits or services, call Member Engagement Services at 1.800.859.9889 or [send us a secure email](#) anytime.

Well exams for children can include: A medical history, physical exam, growth screening, vaccines, oral screening, blood work, urine tests, screening for developmental and/or behavioral health issues, and information about safety.

For a listing of vaccines, also known as protective shots, for children click:

[Recommended Immunization Schedules for Persons Aged 0 Through 18 Years United States, 2016](#)

Well exams for adults can include: A medical and family history, physical exam, blood pressure and cholesterol screening, hearing exam, blood work, urine screenings; screenings for behavioral health issues, alcohol, tobacco and substance use, personal safety, heart health, nutrition and physical activity; and vaccines.

For a listing of vaccines, also known as protective shots, for adults click:

[Recommended Adult Immunization Schedule – United States- 2016](#)

Preventive care and early detection are part of a healthy lifestyle. Consult with your provider as services can be adjusted to meet your particular health needs. Preventive care is most often provided by a Primary Care Provider (PCP).

For a list of the type of providers that can function as a PCP, [click here](#).

These screenings are based on recommendations from:

- U.S. Preventive Services Task Force <https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>
- Centers for Disease Control and Prevention (CDC) <http://www.cdc.gov>

Please Note: While this information is based on the USPSTF recommendations, AHRQ and the United States of Health and Human Services (HHS) cannot endorse or appear to endorse, derivative or excerpted materials, and cannot be held liable for the content or use of adapted materials that are incorporated on other websites.



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Immunization Schedule for **Children 0-18**: [click here](#) | Immunization Schedule for **Adults 19+**: [click here](#)

When Should I Get This?	Benefit or Service	What Type of Provider Do I See For This?
3-5 days old	Well Exam	Primary Care Provider
1, 2, 4, 6, 9 months old	Well Exam; also includes screenings for: <ul style="list-style-type: none"> • Vision: By age 2 weeks with additional screening by 6 months • Hearing: Before 1 month • Lead between 9-12 months • Anemia (iron) between 9-12 months 	Primary Care Provider
12 months	Well Exam; also includes screenings for: <ul style="list-style-type: none"> • Lead and Anemia (iron) 	Primary Care Provider
15 months	Well Exam	Primary Care Provider
18 months	Well Exam; also includes autism screening	Primary Care Provider
24 months	Well Exam; also includes lead screening and autism screening	Primary Care Provider
30 months	Well Exam	Primary Care Provider
3 years to 10 years old (every year)	Well Exam; also includes screenings for: <ul style="list-style-type: none"> • Hearing • Vision test • Blood Pressure • Lead at 3 years old 	Primary Care Provider Vision Test: Optometrist or Ophthalmologist
11-17 years old	Well Exam; also includes vision exam and screenings for: <ul style="list-style-type: none"> • Blood Pressure and cholesterol if not screened previously • Sexually Transmitted Infections and assess sexual history beginning at age 11 • Anemia in non-pregnant females every 5-10 years starting at age 12 • Hepatitis C* • HIV: Once between the ages of 16 and 18 OR the CDC recommends screening for ages 13+ 	Primary Care Provider or OB/GYN

*For those at high risk

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When Should I Get This?	Benefit or Service	What Type of Provider Do I See For This?
18-21	Well Exam annually; also includes screenings for: <ul style="list-style-type: none"> • Growth, developmental and oral health through the age of 21 • Blood pressure and cholesterol • HIV: Age 18 and annually* • Cervical Cancer: Starting at age 21 (females) – Pap test every 3 years • Breast Cancer: Clinical breast exam for females at all visits • Behavioral health issues, personal safety including violence at home, alcohol, tobacco and substance use • Sexually transmitted diseases if sexually active • Nutrition, physical activity and obesity • Colorectal Cancer* • Skin Cancer: At all visits inspect skin and moles; counseling on sun exposure and risks • Hepatitis B: For those that have not received a vaccine for it* • Hepatitis C* • Tuberculosis* 	Primary Care Provider Breast Cancer/Cervical Cancer screening: Primary Care Provider or OB/GYN

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When Should I Get This?	Benefit or Service	What Type of Provider Do I See For This?
22—49	Well Exam every 1-3 years depending on risk factors; also includes screenings for: <ul style="list-style-type: none"> • HIV: Annually* • Cervical Cancer: Pap test every 3 years for females ages 21-29; ages 30+ pap test every 3 years or pap test with HPV screening every 5 years • Breast Cancer: Clinical breast exam for females at all visits • Prostate Cancer: Offered for men ages 45-49. Recommended at age 40 for African American men* • Behavioral health issues, personal safety including violence at home, alcohol, tobacco and substance use • Sexually transmitted diseases if sexually active • Nutrition, physical activity and obesity • Colorectal Cancer* • Skin Cancer: At all visits inspect skin and moles; counseling on sun exposure and risks • Hepatitis B: For those that have not received a vaccine for it* • Hepatitis C* • Tuberculosis* • Vision: Ages: 40-54 - For those without vision concerns eye exams are recommended every 2-4 years • Diabetes: Beginning at age 45: Every 3 years; should be more often and begin at an earlier age* 	Primary Care Provider Breast Cancer/Cervical Cancer screening: Primary Care Provider or OB/GYN Eye Exam: Optometrist or Ophthalmologist

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When Should I Get This?	Benefit or Service	What Type of Provider Do I See For This?
50+	Well Exam annually; also includes screenings for: <ul style="list-style-type: none"> • HIV: Annually* • Cervical Cancer: Women Ages 30+ pap test every 3 years or pap test with HPV screening every 5 years • Breast Cancer: Clinical breast exam for women at all visits; and mammogram every 2 years (or more frequently based on risk factors) beginning at age 50 • Colorectal Cancer • Skin Cancer: At all visits inspect skin and moles; counseling on sun exposure and risks • Hepatitis B: For those that have not received a vaccine for it • Hepatitis C* • Tuberculosis* • Osteoporosis (bone loss): Ages 50+; bone density testing at age 65 if not previously tested • Dementia (decline in mental ability): Ages 50+ • Vision: For those without vision concerns eye exams are recommended every 1-3 years. For ages: 65+ eye exams are recommended every 1-2 years • Diabetes: Every 3 years; screening should be more often for those at high risk • Lung Cancer: Ages: 55-80 screening is recommended for those with a history of smoking 30 or more packs per year, those who have quit smoking within the past 15 years and those who currently smoke • Prostate Cancer: Offered for men ages 50-69 years old. This is recommended earlier for African American men or those with a brother or father diagnosed with prostate cancer before age 65 	Primary Care Provider Breast Cancer/Cervical Cancer screening: Primary Care Provider or OB/GYN Eye Exam: Optometrist or Ophthalmologist

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Community Health Network of Connecticut, Inc. and the HUSKY Health program comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. **ATTENTION:** If you speak a language other than English, language assistance services are available to you, free of charge. Call 1.800.859.9889 (TTY: 711) for assistance.

Español (Spanish):

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.859.9889 (TTY: 711).

Português (Portuguese):

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.800.859.9889 (TTY: 711).

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