

# CEBT's Covered Preventative Services For Children July 1, 2011



*Eligible charges for the items below will be covered at 100% through an in network provider. Through an out of network provider charges are subject to the plan deductible and coinsurance.*

<b>General Screening Guidelines</b>
<b>Alcohol and Drug use</b> assessments for adolescents
<b>Autism</b> screening for children at 18 & 24 months
<b>Behavioral</b> assessments for children of all ages
<b>Cervical Dysplasia</b> screening for sexually active females
<b>Congenital Hypothyroidism</b> screening for newborns
<b>Developmental</b> screening for children under age 3 and surveillance throughout childhood
<b>Dyslipidemia</b> screening for children at higher risk of lipid disorders
<b>Fluoride Chemoprevention</b> supplements for children without fluoride in their water source
<b>Gonorrhea</b> prevention medication for eyes of all newborns
<b>Hearing</b> screening for all newborns
<b>Height, Weight &amp; Body Mass Index</b> measurements for children
<b>Hematocrit or Hemoglobin</b> screening for all children
<b>Hemoglobinopathies or sickle cell</b> screening for newborns
<b>HIV</b> screening for adolescents at higher risks
<b>Immunization</b> vaccines for children from birth to age 18 as recommended
<b>Iron</b> supplements with a prescription for children ages 6 – 12 months anemia risk
<b>Lead</b> screening for children at risk exposure
<b>Medical History</b> for children throughout development
<b>Obesity</b> screening and counseling
<b>Oral Health</b> risk assessment for young children

<b>General Screening Guidelines</b>
<b>Phenylketonuria (PKU)</b> screening for genetic disorder in newborns
<b>Sexually Transmitted Infection (STI)</b> prevention counseling for adolescents at higher risks
<b>Tuberculin</b> testing for children at higher risk of tuberculosis
<b>Vision</b> screening for all children

<b>General Immunization / Vaccine</b>
<b>Diphtheria, Tetanus, Pertussis</b>
<b>Haemophilus influenza type B</b>
<b>Hepatitis A</b>
<b>Hepatitis B</b>
<b>Human Papillomavirus</b>
<b>Inactivated Poliovirus</b>
<b>Influenza</b>
<b>Measles</b>
<b>Mumps</b>
<b>Meningococcal</b>
<b>Pneumococcal</b>
<b>Rotavirus</b>
<b>Rubella</b>
<b>Rotavirus</b>
<b>Varicella</b>

*This list of benefits is intended only as a general description for the principal features of the benefit plans. Please refer to the Summary Plan Description.*