

Your children should receive regular preventive care from a doctor, sometimes called wellness visits or well-child visits. These checkups may include blood tests, height and weight measurements, and vaccines that will help track and protect your child's health as he or she grows into an adult.

Your Group Protection Plan uses guidelines set by the American Academy of Pediatrics as the blueprint for providing coverage for children's health care. Those guidelines call for Regular Well-child Checkups through age 18 and Scheduled Immunizations.

**Well-child Office Visits should follow this schedule:**

- \*Right after your baby is born
- \*At one week
- \*At one month.
- \*At two months.
- \*At four months
- \*Every three months from six months to two years old
- \*At 2 ½ (30 months)
- \*Once every year from age three years through age 18.

Your Group Protection Plan will cover these scheduled Well-child Office Visits at 100% without applying your deductible.

### *Scheduled Immunizations*

Vaccinations and associated Physician's office visits for Dependent Children up to age 14 are recommended and considered eligible benefits for Immunizations listed below. Coverage for necessary immunizations are not restricted to these or under this time frame.

- \* Birth – Hepatitis B vaccine (HBV);
  - \* At 1 to 4 months- second dose of Hepatitis B vaccine;
  - \* At 2 months- Diphtheria, tetanus and pertussis vaccine (DTaP) and Haemophilus influenza type B vaccine (Hib), inactivated poliovirus vaccine (IPV) and Pneumococcal conjugate vaccine (PCV);
  - \* At 4 months – DTaP, Hib, IPV and PCV;
  - \* At 6 months – DTaP, Hib and PCV;
  - \* At 6 to 18 months – Hep B and IPV;
  - \* At 12 to 15 months- Hib, MMR (measles, mumps and rubella); \* At 12 to 18 months- Varicella (chicken pox);
  - \* At 15 to 18 months – DTaP;
  - \* At 4 to 6 years – DTaP, MMR and IPV;
  - \* At 11 to 12 years – Tetanus booster (and); and,
  - \* At 12 to 14 – other immunizations required by law.
- PPO: Deductible waived and the Plan pays 80%
- Non-PPO: Deductible waived and Plan pays 60%

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## Company

Address  
City, ST Zip

**Recipient**  
Address  
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