

Health Enhancement Program

Preventive



Track your progress

To meet the program's minimum requirements, all enrolled family members will have the exams and screenings that are appropriate for their ages. If you have received services prior to October 1, 2011, they will be counted toward meeting the requirements of the Health Enhancement Program (HEP). To help track your progress, print a copy for each member of the family every plan year.

Member Name: _____

Birth to 17

Exam/screening	Date of service	Completed	Provider name and address
Well Child Visit , Birth - 1 year 6 exams in the first year at Months 1,2,4,6,9 & 12	(1) / /	Yes/No	
	(2) / /	Yes/No	
	(4) / /	Yes/No	
	(6) / /	Yes/No	
	(9) / /	Yes/No	
	(12) / /	Yes/No	
Well Child Visit , ages 1 – 5 1 exam per year	/ /	Yes/No	
Well Child Visit , ages 6 – 17 1 exam every other year	/ /	Yes/No	
Vision Exam , ages 6 – 17 1 exam per 2 years	/ /	Yes/No	
Dental Cleanings , ages 6 – 17 2 Cleanings per year	/ /	Yes/No	

Ages 18-29

Exam/screening	Date of service	Completed	Provider name and address
Well Adult Visit 1 exam every 3 years	/ /	Yes/No	
Cholesterol screening , ages 20-29 1 screening every 5 years	/ /	Yes/No	
Clinical Breast Exam , females 1 screening every 3 years	/ /	Yes/No	
Cervical Cancer screening , ages 21+ 1 screening every 3 years	/ /	Yes/No	
Vision Exam 1 exam per 2 years	/ /	Yes/No	
Dental Cleanings* 2 Cleanings per year	/ /	Yes/No	

*Dental Cleanings are only required for members that are enrolled with coverage through the State plan.

As is currently the case under the State Health plan, any medical decisions will continue to be made by you and your physician. For more details on the Health Enhancement Program, please visit your employer's website at: <http://www.osc.ct.gov>.

Ages 30-39

Exam/screening	Date of service	Completed	Provider name and address
Well Adult Visit 1 exam every 3 years	/ /	Yes/No	
Cholesterol screening 1 screening every 3 years	/ /	Yes/No	
Clinical Breast Exam, females 1 screening every 3 years	/ /	Yes/No	
Mammogram, females age 35-39 1 screening	/ /	Yes/No	
Cervical Cancer screening 1 screening every 3 years	/ /	Yes/No	
Vision Exam 1 exam per 2 years	/ /	Yes/No	
Dental Cleanings* 2 Cleanings per year	/ /	Yes/No	

Ages 40-49

Exam/screening	Date of service	Completed	Provider name and address
Well Adult Visit 1 exam every 2 years	/ /	Yes/No	
Cholesterol screening 1 screening every 2 years	/ /	Yes/No	
Clinical Breast Exam, females 1 screening every 3 years	/ /	Yes/No	
Mammogram, females age 40+ as recommended by your physician	/ /	Yes/No	
Cervical Cancer screening 1 screening every 3 years	/ /	Yes/No	
Vision Exam 1 exam per 2 years	/ /	Yes/No	
Dental Cleanings* 2 Cleanings per year	/ /	Yes/No	

Age 50+

Exam/screening	Date of service	Completed	Provider name and address
Well Adult Visit 1 exam every year	/ /	Yes/No	
Cholesterol screening 1 screening every year	/ /	Yes/No	
Clinical Breast Exam, females 1 screening every 3 years	/ /	Yes/No	
Mammogram, females age 40+ as recommended by your physician	/ /	Yes/No	
Cervical Cancer screening 1 screening every 3 years	/ /	Yes/No	
Vision Exam 1 exam per 2 years	/ /	Yes/No	
Dental Cleanings* 2 Cleanings per year	/ /	Yes/No	
Colorectal screening** 1 Colonoscopy every 10 years OR 1 fecal occult blood test every year	/ /	Yes/No	

*Dental Cleanings are only required for members that are enrolled with coverage through the State plan.

** By age 50, you must have completed a Colonoscopy within the previous 10 years or one fecal occult blood test every year

As is currently the case under the State Health plan, any medical decisions will continue to be made by you and your physician. For more details on the Health Enhancement Program, please visit your employer's website at: <http://www.osc.ct.gov>.

Health Enhancement Program Preventive Minimum Requirements

	Birth to Age 5	Ages 6 to 17	Ages 18 to 24	Ages 25 to 29	Ages 30 to 39	Ages 40 to 49	Ages 50 +
Preventive Visit	*1 One per year	Once every other year	Once every 3 years	Once every 3 years	Once every 3 years	Once every 2 years	One per year
Vision Exam	N/A	Once every 2 years	Once every 2 years	Once every 2 years	Once every 2 years	Once every 2 years	Once every 2 years
Dental Cleanings (if enrolled on a Dental plan with UHC or Cigna)	N/A	Two per year	Two per year	Two per year	Two per year	Two per year	Two per year
Cholesterol Screening	N/A	N/A	Once every 5 years starting at age 20	Once every 5 years	Once every 3 years	Once every 2 years	One per year
Clinical Breast Exam	N/A	N/A	Once every 3 years	Once every 3 years	Once every 3 years	Once every 3 years	Once every 3 years
Mammogram (Females)	N/A	N/A	N/A	N/A	One screening between ages of 35 and 39. Otherwise, as recommended by physician	As recommended by physician	As recommended by physician
Cervical Cancer Screening (Females)	N/A	N/A	Once every 3 years starting at age 21	Once every 3 years	Once every 3 years	Once every 3 years	Once every 3 years
Colorectal Screening	N/A	N/A	N/A	N/A	N/A	N/A	Annual fecal occult blood test OR Colonoscopy (w/CT) every 10 years

*1 Birth to Age 1 requires visits at Months 1,2,4,6,9 and 12 per American Academy of Pediatrics Guidelines

As is currently the case under the State Health plan, any medical decisions will continue to be made by you and your physician. For more details on the Health Enhancement Program please visit your employer's website at: <http://www.osc.ct.gov>.



Health Enhancement Program

Chronic Conditions

Track your progress

By enrolling in the Health Enhancement Program, you will be rewarded for engaging in a program to enhance your own health. This plan can save you money on condition-specific doctor visits and certain related prescription drugs. Your Health Enhancement Program includes incentives for the following physician diagnosed conditions:

- **Diabetes Type I and Type II** ▪ **Heart Disease (Coronary Artery Disease)** ▪ **Hyperlipidemia (High Cholesterol)**
- **Asthma** ▪ **COPD (Chronic Obstructive Pulmonary Disease)** ▪ **Heart Failure** ▪ **Hypertension (High Blood Pressure)**

Your commitment to the program plays a key role in helping you achieve your personal health goals. In addition to the age-based minimum preventive screening and exam requirements (refer to Preventive tracker), we encourage you to make lifestyle improvements to help keep you and your family healthy. We highly recommend that you make regular appointments with your Primary care Physician or Chronic Condition specialist, take your prescribed condition specific medications, eat healthy, exercise regularly, manage your stress, quit smoking, and get your flu shot every year. To help track your progress, print a copy for each member of the family with one of the above conditions every year.

Member Name: _____

Applicable to All Chronic Conditions:

Exam/screening	Frequency	Date of Exam/screening(s)	Completed
Primary Care/Specialist Office Visit (Includes Annual preventive visit)	Two per year recommended, One per year required	(1) / / (2) / /	Yes/No
Condition Specific Medication Regimen and Lifestyle Improvements	As Recommended by your Physician		Yes/No
Disease Counseling and Education Program Participation: If identified as High Risk, you will be contacted by a health care counselor familiar with the specific program applicable to your condition(s) who will explain current strategies to control the disease; you will receive materials to help you and your enrolled dependents to better understand and control or eliminate the disease condition; and you will be provided a variety of online and/or printed support. If you refuse to participate when contacted by your Health Plan, you will be deemed non-compliant with HEP and will forfeit applicable rewards.			

Condition Specific Recommendations:

For Diabetes, Heart Failure and Heart Disease, the following screenings occur at one of your required two visits per year:

HDL Screening LDL Screening Triglyceride Screening
 Hemoglobin A1c (HbA1c) -Diabetes Diagnosis Only Retinopathy screening-Diabetes Diagnosis Only
 Annual Pulmonary Function Study (if diagnosed with COPD)
 Osteoporosis Screening- One per two years if over the age of 40 and taking chronic oral corticosteroids (if diagnosed with Asthma)

➤ **Annual flu shots are covered at no charge and are highly recommended for any members with chronic conditions. If receiving the flu shot at your pharmacy, show your CVS Caremark prescription card. If receiving the flu shot at your doctor's office, show your Medical Insurance ID card.**

♦ **Take your Prescribed Condition Specific Medications** ♦ **Talk to your Primary Care Physician** ♦ **Eat Healthy**
 ♦ **Exercise Regularly** ♦ **Quit Smoking** ♦ **Manage your Stress**

As is currently the case under the State Health plan, any medical decisions will continue to be made by you and your physician. Employees and their enrolled dependents in the Health Enhancement Program will have available, and agree to participate in, disease counseling and education programs. These programs only apply to those employees and their enrolled dependents in the disease states listed in the description of the Health Enhancement Program. For more details on the Health Enhancement Program please visit your employer's website at: <http://www.osc.ct.gov>

Health Enhancement Program Chronic Condition Tracker

		Diabetes Type I and Type II	Heart Failure/ Heart Disease (Coronary Artery Disease)	Asthma and COPD (Chronic Obstructive Pulmonary Disease)	Hyperlipidemia	Hypertension
Primary Care/Specialist Office Visit (Annual preventive visit counts towards requirement)		Two per year recommended, one per year required	Two per year recommended, one per year required	Two per year recommended, one per year required	Two per year recommended, one per year required	Two per year recommended, one per year required
The Following screenings occur once a year:	○ HDL screening	Yes	Yes	N/A	N/A	N/A
	○ LDL screening	Yes	Yes	N/A	N/A	N/A
	○ Triglyceride screening	Yes	Yes	N/A	N/A	N/A
	○ Hemoglobin A1c (HbA1c) test	Yes	N/A	N/A	N/A	N/A
	○ Retinopathy screening	Yes	N/A	N/A	N/A	N/A
	○ Pulmonary Function Studies	N/A	N/A	Yes	N/A	N/A
	○ Osteoporosis Screening	N/A	N/A	One per two years if over the age of 40 and taking chronic oral corticosteroids	N/A	N/A
Condition Specific Medication Regimen (if appropriate)		As recommended by physician	Heart Failure diagnosis- One of the following: a.) ACE-inhibitor b.) Angiotensin II c.) Beta-blocker As recommended by physician	Asthma diagnosis- One of the following: a.) prescribed long acting inhaled corticosteroid b.) inhaled corticosteroid plus Beta 2 agonist c.) oral leukotriene. COPD Diagnosis- One or more inhaled bronchodilators <u>and</u> Tiotropium bromide As recommended by physician	As recommended by physician	As recommended by physician
Disease Counseling and Education Programs (if appropriate)		If identified as High Risk, you will be contacted by a health care counselor familiar with the specific program applicable to your condition(s) who will explain current strategies to control the disease; you will receive materials to help you and your enrolled dependents to better understand and control or eliminate the disease condition; and you will be provided a variety of on - line and/or printed support. If you refuse to participate when contacted by your Health Plan, you will be deemed non-compliant with HEP and will forfeit applicable rewards.				

➤ Annual flu shots are covered at no charge and are highly recommended for any members with chronic conditions. When receiving a flu shot at your pharmacy, show your CVS Caremark prescription card. When receiving a flu shot at your doctor's office, show your medical insurance ID card.

- Take your Prescribed Condition Specific Medications
 Talk to your Primary Care Physician
 Eat Healthy
 Exercise Regularly
 Quit Smoking
 Manage your Stress



As is currently the case under the State Health plan, any medical decisions will continue to be made by you and your physician. Employees and their enrolled dependents in the Health Enhancement Program will have available, and agree to participate in, disease counseling and education programs. These programs only apply to those employees and their enrolled dependents in the disease states listed in the description of the Health Enhancement Program. For more details on the Health Enhancement Program please visit your employer's website at: <http://www.osc.ct.gov>