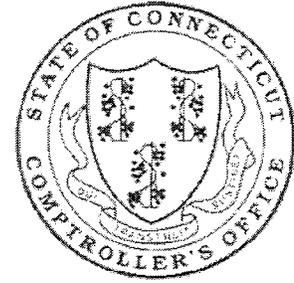


Health Enhancement Program

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. 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 1 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	
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.

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