

## Cigna Global Preventive Health Care Screening Guidelines

Medical Insurance Program members and their dependents are encouraged to get their annual preventive health screening based on the guidelines available by age and gender. The preventive screening may include the following items:

Adult Female	Adult Male
<p><b>Screening exams:*</b></p> <ol style="list-style-type: none"> <li><b>Cervical cancer screening</b> <ul style="list-style-type: none"> <li>Cytology test every calendar year for women ages 21-65</li> <li>HPV DNA test for women ages 30-65, every 3 years</li> </ul> </li> <li><b>Breast cancer screening</b> <ul style="list-style-type: none"> <li>Mammogram: every calendar year</li> <li>Additional imaging after mammogram (i.e., ultrasound), if recommended</li> <li>Clinical breast examination</li> </ul> </li> <li><b>Colon cancer screening:</b> <ul style="list-style-type: none"> <li>FOBT (fecal occult blood test) every calendar year</li> <li>Sigmoidoscopy: every 5 years</li> <li>Colonoscopy every 10 years</li> </ul> </li> <li><b>Lung cancer screening:</b> every calendar year</li> <li><b>Lab tests:</b> <ul style="list-style-type: none"> <li>Fasting blood sugar</li> <li>Fasting cholesterol/lipid panel from age 20</li> <li>Full blood count</li> <li>HIV/Hepatitis B/Hepatitis C screening</li> <li>Urinalysis</li> </ul> </li> <li><b>Physical exam</b> <ul style="list-style-type: none"> <li>Blood pressure</li> <li>Height/weight (BMI calculation) + waist circumference</li> <li>EKG</li> <li>Obesity preventive counselling: up to 12 visits per calendar year</li> </ul> </li> </ol> <p><b>Immunizations (if not previously completed)</b></p> <ul style="list-style-type: none"> <li>Hepatitis A</li> <li>Hepatitis B</li> <li>Measles, Mumps, Rubella</li> <li>HPV from age 18 until age 26</li> <li>Tetanus, Diphtheria, Pertussis (TDaP): Tetanus booster every 5-10 years</li> <li>Polio</li> <li>Varicella (Chickenpox)</li> <li>Herpes Zoster (Shingles) – age 50 and older</li> <li>Meningococcal</li> <li>Yellow Fever</li> <li>Pneumococcal – age 65 and older</li> <li>Influenza (annual)</li> </ul>	<p><b>Screening exams:*</b></p> <ol style="list-style-type: none"> <li><b>Prostate cancer screening</b> <ul style="list-style-type: none"> <li>PSA (blood test for prostate cancer): every calendar year</li> <li>Digital rectal examination: every calendar year for men age 40 and older</li> </ul> </li> <li><b>Colon cancer screening:</b> <ul style="list-style-type: none"> <li>FOBT (fecal occult blood test) every calendar year</li> <li>Sigmoidoscopy: every 5 years</li> <li>Colonoscopy: every 10 years</li> </ul> </li> <li><b>Lung cancer screening:</b> every calendar year</li> <li><b>Abdominal Aortic Aneurysm screening:</b> once for men ages 65-75 that smoked</li> <li><b>Lab tests:</b> <ul style="list-style-type: none"> <li>Fasting blood sugar</li> <li>Fasting cholesterol/lipid panel from age 20</li> <li>Full blood count</li> <li>HIV/Hepatitis B/Hepatitis C screening</li> <li>Urinalysis</li> </ul> </li> <li><b>Physical exam</b> <ul style="list-style-type: none"> <li>Blood pressure</li> <li>Height/weight (BMI calculation) + waist circumference</li> <li>EKG</li> <li>Obesity preventive counselling: up to 12 visits per calendar year</li> </ul> </li> </ol> <p><b>Immunizations (if not previously completed)</b></p> <ul style="list-style-type: none"> <li>Hepatitis A</li> <li>Hepatitis B</li> <li>Measles, Mumps, Rubella</li> <li>HPV from age 18 until 26y</li> <li>Tetanus, Diphtheria, Pertussis (TDaP): Tetanus booster every 5-10 years</li> <li>Polio</li> <li>Varicella (Chickenpox)</li> <li>Herpes Zoster (Shingles) – age 50 and older</li> <li>Meningococcal</li> <li>Yellow Fever</li> <li>Pneumococcal – age 65 and older</li> <li>Influenza (annual)</li> </ul>

\* If there is a need for additional screening assessments, tests, or imaging (e.g., depression screening, nutrition assessment, STD screening, TB screening/imaging, bone density imaging) each member should consult their family doctor/GP who will advise on the pertinence of these tests and provide a prescription accordingly. Cigna Global may require a medical justification as needed.

## Children

Children are recommended to undergo preventive care exams, screenings, and tests prescribed by their doctor (as described below).

For age 0-1 children can undergo 7 well child care exams. For age 1-2: 3 well child care exams. For ages 3-19: 1 well child care exam per year.

Child: newborn to age 10 (ONLY if requested and prescribed by family doctor or pediatrician)	Child/Adolescent: age 11 – 18 (ONLY if requested and prescribed by family doctor or pediatrician)
<b>Physical exam: regular well child exam to include</b> <ul style="list-style-type: none"><li>• Height/weight (BMI/growth calculation)</li><li>• Developmental risk assessments</li><li>• Autism screening (18 and 24 months)</li><li>• Hearing and vision screening</li></ul> <b>Immunizations (age dependent)</b> <ul style="list-style-type: none"><li>• Haemophilus influenza type b (HIB)</li><li>• Rotavirus</li><li>• Hepatitis A</li><li>• Hepatitis B</li><li>• Measles, Mumps, Rubella</li><li>• Meningococcal</li><li>• Diphtheria, Tetanus, and Pertussis (DTaP): Tetanus booster every 5-10 years</li><li>• Polio</li><li>• Varicella (Chickenpox)</li><li>• Influenza (annual, starting at age 6 mos.)</li></ul>	<b>Physical exam: regular well child exam to include</b> <ul style="list-style-type: none"><li>• Height/weight (BMI calculation)</li><li>• Developmental risk assessments</li><li>• Depression screening (starting age 12)</li><li>• Hearing and vision screening</li></ul> <b>Immunizations (age dependent, if not previously completed)</b> <ul style="list-style-type: none"><li>• Hepatitis A</li><li>• Hepatitis B</li><li>• Measles, Mumps, Rubella</li><li>• Meningococcal</li><li>• Tetanus, Diphtheria, Pertussis (TDaP): Tetanus booster every 5-10 years</li><li>• Polio</li><li>• Varicella (Chickenpox)</li><li>• Human Papilloma Virus (HPV)</li><li>• Influenza (annual)</li></ul>

## Pre-Natal Medical Checkup

The following checklist is the list of tests that are covered at 100% under your medical plan for your pre-natal medical checkups. These are considered recommended tests based upon globally accepted practices for preventive care. Should your doctor wish you to do additional tests as clinically indicated, or if you are not sure if you have had any of these tests already in the last year, please contact Cigna at [iadb.global@cigna.com](mailto:iadb.global@cigna.com) for confirmation of 100% coverage.

Please note that this checklist is intended as a guide only and does not preclude your doctor's good clinical practice or suggest that additional tests should not be performed if clinically indicated.

Test	Explanation
<b>Regular Prenatal Office Visits, Medical Examination incl.</b>	
<ul style="list-style-type: none"><li>• Height</li><li>• Weight</li><li>• Blood pressure + Vital Signs</li><li>• Physical examination</li><li>• Depression screening</li><li>• Healthy Eating Assessment</li></ul>	<ul style="list-style-type: none"><li>• Thorough physical examination as part of health check-up.</li><li>• In the form of questionnaire / local practice</li><li>• Questionnaire / Discussion</li></ul>
<b>Blood Tests</b>	

Test	Explanation
<ul style="list-style-type: none"> <li>Fasting Blood Sugar</li> <li>Glucose Tolerance Test</li> <li>Fasting Lipogram (cholesterol screening) ≥ age 20</li> <li>HIV</li> <li>Hepatitis B and Hepatitis C</li> <li>Rubella immunity</li> <li>Varicella immunity</li> <li>Syphilis</li> <li>Herpes</li> <li>TB screening (if at risk)</li> <li>Thyroid function</li> <li>Hemoglobin electrophoresis</li> <li>Toxoplasmosis</li> <li>Chagas</li> <li>CMV</li> <li>Full Blood Count</li> <li>Rh (D) blood typing and antibody testing</li> </ul>	<ul style="list-style-type: none"> <li>Screening for Diabetes Mellitus</li> <li>Screening for Gestational Diabetes</li> <li>Where possible an LDL, HDL and total cholesterol</li> <li>HIV with confirmatory testing</li> <li>Hepatitis B S Antigen and Hepatitis B surface antibody for initial screening. Anti-HCV antibody</li> <li>If at risk, unvaccinated</li> <li>If at risk, unvaccinated</li> <li>Non-treponemal according to local practice / availability (RPR or VDRL)</li> <li>PCR blood test (if at risk)</li> <li>Either Tuberculin Skin test or IGRA (e.g., QuantiFERON Gold) – if at risk</li> <li>If at risk for impaired thyroid function</li> <li>If at risk for sickle cell or other blood cell abnormalities</li> <li>If at risk for this infection</li> <li>If living in an environment at risk for Chagas</li> <li>If at risk/clinically indicated</li> <li>CBC, screening for anemia or other conditions</li> <li>At first pregnancy-related visit and at 24-28 weeks gestation</li> </ul>
<b>Pap Smear and Associated Tests</b>	
<ul style="list-style-type: none"> <li>Pap smear</li> <li>Chlamydia</li> <li>Gonorrhea</li> <li>Bacterial vaginosis</li> <li>Trichomoniasis</li> <li>Urine culture for bacteria</li> <li>Urine protein</li> </ul>	<ul style="list-style-type: none"> <li>Cervical cancer screen</li> <li>In the form of urine test or vaginal swab (if at risk)</li> <li>In the form of urine test or vaginal swab (if at risk)</li> <li>In the form of vaginal swab (if at risk)</li> <li>In the form of vaginal swab (if at risk)</li> <li>During first prenatal visit or at 12-16 weeks gestation</li> <li>Screening for infection, pre-eclampsia</li> </ul>

## Immunizations, Medications and Procedures

Please note that the following immunizations, medications and procedures are also covered as part of the Wellness Examination and can be administered / prescribed if medically appropriate and indicated.

**NB.** *The below should be evaluated according to individual need and indication and does not suggest that all of the below are requirements or medically appropriate in individual situations.*

• Hepatitis A – 2 doses
• Hepatitis B – 3 doses
• Influenza (Flu) – Annually
• Meningococcal – 1 dose
• Pneumococcal – 1 dose for those at risk
• Tetanus, Diphtheria, Pertussis (Tdap) – 1 dose, then Tetanus booster every 5-10 years
<b>After completion of pregnancy:</b>
• Measles, Mumps, Rubella – 2 doses
• Varicella – 2 doses
<b>Medications:</b>
• Malaria Prevention - Chemoprophylaxis, impregnated nets for malaria prevention