

How to get the care you need

Options



Welcome

This booklet is designed to help you understand some basics of Options, offered by Group Health Options, Inc. It includes an explanation of the network, which you'll find below, and information about self-referring to specialists. You'll also find a pharmacy Q&A, immunization schedules, and a list of the cities where Group Health doctors and contracted providers are available to you. If you have more questions, please call Customer Service at **1-888-901-4636**. We look forward to helping you live your healthiest life.

Options lets you choose care in-network from Group Health Cooperative, or care that's out-of-network with the First Choice Health or Beech Street networks, or care from any licensed provider, anywhere in the U.S. And, you can switch between these networks anytime.

IN-NETWORK	OUT-OF-NETWORK
<p style="text-align: center;">GROUP HEALTH</p>	<p style="text-align: center;">THE FIRST CHOICE HEALTH NETWORK, THE BEECH STREET NETWORK AND ITS AFFILIATES, OR ANY LICENSED PROVIDER</p>
<p>When you choose a personal physician with Group Health Physicians at any of Group Health Medical Centers 25 locations, or a Group Health-contracted physician:</p>	<p>When you use a First Choice Health Network provider, Beech Street provider, or Beech Street-affiliate provider, or any other licensed provider in the U.S. with your out-of-network benefit:</p>
<p style="text-align: center;">YOU CAN</p>	<p style="text-align: center;">YOU CAN</p>
<ul style="list-style-type: none"> • Select from hundreds of personal doctors with Group Health Physicians • Select from hundreds of contracted personal physicians • Self-refer to hundreds of specialists with Group Health Physicians • Change doctors anytime 	<ul style="list-style-type: none"> • Get care at a reduced cost at your out-of-network benefit level for your portion of the medical bill if you use a provider who is part of the First Choice Health or Beech Street networks • Receive care from any licensed provider in the U.S. at your out-of-network benefit level • Visit a Group Health Medical Centers clinic, when needed • Self-refer to hundreds of specialists with Group Health Physicians • Switch between in-network and out-of-network providers at any time
<p style="text-align: center;">YOU'LL GET</p>	<p style="text-align: center;">YOU'LL GET</p>
<ul style="list-style-type: none"> • Lower costs than going out-of-network • Use of the 24-hour Consulting Nurse helpline • An online library of thousands of health topics • Convenient mail-order prescription refill service with free delivery to your home or work • Online explanation of benefits and certificate of coverage • The online usage status tool that tracks copays, deductibles, and more to help you manage your health care costs • The Health Profile, a secure web-based health assessment tool • Lifestyle Coaching, 24/7 telephone-based support from trained professionals, once you complete the Health Profile <p>Additional convenient services when you get care at Group Health Medical Centers locations</p> <ul style="list-style-type: none"> • Secure e-mail access to your doctor • Access to your online medical record and test results (and your child's, through age 12) • Schedule an appointment online • Lab, pharmacy, and X-ray services at all clinics • Convenient appointment times, often same day 	<ul style="list-style-type: none"> • Access to some online services • Use of the 24-hour Consulting Nurse helpline • An online library of thousands of health topics • Convenient mail-order prescription refill service with free delivery to your home or work • Online explanation of benefits and certificate of coverage • The online usage status tool that tracks copays, deductibles, and more to help you manage your health care costs • The Health Profile, a secure web-based health assessment tool • Lifestyle Coaching, 24/7 telephone-based support from trained professionals, once you complete the Health Profile

Specialty care

You can self-refer to most specialists, but your personal physician helps guide your total health care program, which is why it's a good idea to select the doctor who's right for you right from the get-go. From arranging your laboratory tests, X-rays, and hospital care, to prescriptions, referring you to certain specialists if necessary, physical therapy, and more, your doctor is your partner in keeping you in the best of health.

Access

HOW DO I GET IN-NETWORK SPECIALTY CARE?

Much of in-network specialty care doesn't require a referral from your primary care doctor. Once you've found an in-network self-referable specialist who you'd like to see, or one your primary care doctor has recommended to you, just call the doctor's office and request an appointment.

WHAT ABOUT OUT-OF-NETWORK SPECIALTY CARE?

When you choose out-of-network specialty care, you can choose to see First Choice Health or Beech Street participating providers, or any licensed provider you like in the U.S. Keep in mind, care received out-of-network generally will cost you more than in-network care.

Providers

WHICH SPECIALISTS CAN I SEE?

Group Health Physicians – You can self-refer for specialty care from many specialists with Group Health Physicians regardless of who you go to for primary care. Specialists are listed online at ghc.org/provider and in the provider directory. Just call the specialist's office directly or call Customer Service.

Group Health–contracted specialists – For specialty care from doctors who contract with Group Health and do not practice with Group Health Physicians, talk with your personal primary care doctor. A referral is required from your personal doctor before seeing these participating community specialists.

Discounted providers – Group Health Options, Inc. contracts with First Choice Health Network and Beech Street network doctors to provide you discounted fees for the covered services you might seek from them. So when you see these providers:

- Your coinsurance is based on the lower, negotiated fee.
- You're not billed for any charges above what has been negotiated.
- There's no paperwork for you, since these providers directly bill Group Health Options, Inc.

All other providers – If you see out-of-network doctors who are not First Choice Health or Beech Street participating providers, you'll be covered at your out-of-network benefit level for the covered services you seek from those providers, but the fees for services will not be discounted in any way. Because these providers will bill you directly, you may experience more paperwork than you would with in-network, contracted, or discounted providers, and you may need to submit claim forms for covered care received out-of-network.

Specialty care with Group Health Physicians

To benefit from any of the following Group Health Medical Centers specialty services, simply call Customer Service at **1-888-901-4636**. They will connect you to the appropriate appointment line.

Allergy	Neurology
Audiology	Obstetrics/Gynecology
Behavioral Health (Chemical dependency and mental health)	Occupational Medicine**
Cardiology	Oncology
Dermatology*	Ophthalmology
Gastroenterology	Optometry
General Surgery	Orthopedics
Hematology	Otolaryngology
Hospice	Physical Therapy**
Internal Medicine	Speech, Language & Learning Services**
Nephrology	Urology

Note for Spokane residents

At Group Health Medical Centers locations in Spokane, these specialties are available: Behavioral Health, Hematology, Obstetrics/Gynecology, Oncology, Optometry, and Physical Therapy.

*Due to a national shortage of dermatologists, wait times for appointments may be longer than expected.

**Medicare patients must be referred for this service.

Prescriptions

Safety. Security. Personalized service. That's the promise we make to you when you use Group Health's pharmacy system. From our state-of-the-art prescription system to our quick service online and in person, Group Health's pharmacy services are just one more benefit of choosing coverage with Group Health.

The basics

WHERE CAN I GET MY PRESCRIPTIONS FILLED?

Group Health Medical Centers – If you get your care with Group Health Physicians, you can get prescriptions filled at any Group Health Medical Centers pharmacy, located throughout Western Washington and Spokane.

Contracted pharmacies – If you do not live near a Group Health Medical Centers location or if you see a doctor who is contracted with Group Health, you can have your prescriptions filled at some pharmacies in your community.

By phone or online – For refills that have been filled at least once at a Group Health Medical Centers pharmacy (or that have been transferred into our system), you can phone in your prescription or make a request online for pick-up at a Group Health Medical Centers pharmacy.

Out-of-network coverage – Your plan may include out-of-network coverage for prescription drugs. If covered, you may have your prescriptions filled at any participating pharmacy, which includes having your refills mailed to your home with free delivery, or you may have your prescriptions filled at any of MedImpact's national network of pharmacies. Visit medimpact.com to locate one of these pharmacies near you.

HOW MANY DAYS SUPPLY CAN I ORDER?

Depending on the type of medication, a prescription will be filled for either a 90-day supply or a 30-day supply at one time at Group Health Medical Centers pharmacies and at participating contracted network pharmacies. However, if the medication is not on the maintenance list (see "Safety"), only a 30-day supply will be filled at a time.

DO YOU HAVE A HOME-DELIVERY SERVICE?

Yes. Group Health's advanced pharmacy system lets you order refills online or by phone, fax, or mail and have them delivered anywhere in the U.S. with no shipping charge.

IS HOME DELIVERY FAST?

Because Group Health owns the facility and service, delivery time is quick. Most orders ship from Tukwila, WA within 24 hours of receiving your request. On average, refills arrive within 3–5 days, but please allow up to 10 days.

WHO CAN USE THE REFILL ORDERING SERVICE?

All members—even those without pharmacy coverage—are eligible for this convenient service. However, to use the Group Health refill service, your prescription must first be in the Group Health pharmacy system.

HOW DO I TRANSFER MY PRESCRIPTIONS TO A GROUP HEALTH MEDICAL CENTERS PHARMACY?

There are three ways to do it:

Online – Visit the Pharmacy Services page at ghc.org/pharmacy and fill out an online transfer form or send an e-mail to pharmacy.c@ghc.org and request assistance.

Phone – Call Group Health Mail-Order Pharmacy and give us the name and phone number of the pharmacy where your prescriptions have been getting filled and the names of the medications.

In person – Bring your prescription to any Group Health Medical Centers pharmacy location.

Safety

WHAT IS A MAINTENANCE LIST?

A maintenance list includes medications that are taken regularly for a chronic condition, and do not raise significant concerns related to potential misuse, safety, or toxicity problems, and do not require frequent monitoring or dosing changes.

WHAT IS "PRIOR AUTHORIZATION"?

For certain medications, specific medical criteria need to be met before that medication is covered to ensure the highest level of patient safety. The physician needs to communicate to Group Health that the patient has met this criteria. Obtaining authorization before a medication is covered is called prior authorization.

WHAT IS A FORMULARY?

A formulary is a list of medications that are covered as a pharmacy benefit. For many medical conditions, there are multiple medications with similar effectiveness and safety. By monitoring the cost and availability of medications, we can often provide an equally effective drug while reducing overall health care costs. We partner with your doctor to help you get more value for your health care dollars.

Our formulary is used as a guideline for our providers and does not dictate what your physician can or cannot prescribe. The degree of coverage depends on your drug benefit plan.

HOW DO YOU DETERMINE WHAT DRUGS GO ON THE FORMULARY?

A committee of physicians and pharmacists meets quarterly and reviews new drugs as they become available on the market. They decide which drugs will be on the formulary based on safety and effectiveness. Cost is taken into consideration when an equally effective and safe drug is already available.

WHY DOES THE FORMULARY USE GENERICS INSTEAD OF SOME BRAND-NAMES AND VICE VERSA?

Generic equivalent medications contain the same active ingredient as the brand-name medication but are more affordable. The generic medications become available as the patent for the more expensive brand runs out. To help you to make the best use of your health care dollars, the formulary will list the generic equivalent instead of the more expensive brand-name medication.

Note: If you opt for a brand-name drug, and it's not medically necessary, you will be required to pay the difference in cost between the generic and brand-name drug in addition to a higher cost share.

WHY DO DOCTORS SOMETIMES PRESCRIBE NONFORMULARY DRUGS?

There are situations where the use of nonformulary drugs are warranted. Those situations can include patients who have developed intolerance to formulary medications or patients who have tried and not responded to formulary alternatives.

TYPES OF PRESCRIPTIONS FILLED

Noncontrolled prescriptions can be filled and refilled for one year from the date they are written before a new prescription from a physician is needed.

Schedule 3–5 prescriptions can be filled for six months from the date they are written OR after they have been refilled five times (filled a total of six times) before a new prescription from a physician is needed.

Schedule 2 prescriptions are not refillable and would require a new prescription from the physician.

Talking with your care team

WHAT IF I'M ON A PRESCRIPTION THAT'S NOT ON THE FORMULARY? CAN I CHANGE PRESCRIPTIONS?

Yes, although that depends on the drug. Often there are drugs that are not on the formulary that would be covered. A discussion with your doctor or pharmacist will help to answer that question. For most common chronic conditions, there are generic alternatives covered on the formulary. Ask your doctor about generic alternatives whenever you get a prescription.

CAN I STILL USE THE GROUP HEALTH MAIL-ORDER SERVICE EVEN IF A CONTRACTED OR OUT-OF-NETWORK PROVIDER WROTE MY PRESCRIPTION?

Yes. Just have the doctor's office fax, phone, or mail your new prescription to Group Health's mail-order pharmacy.

About coverage

IF MY DRUG ISN'T ON THE FORMULARY, WHAT KIND OF COVERAGE WILL I HAVE?

Some health plans provide limited coverage for nonformulary medications. Contact your employer's benefit office or Group Health Customer Service for information regarding your specific plan benefits for prescriptions.

WOULD MY NONFORMULARY DRUG BE COVERED UNDER THE GENERIC OR BRAND-NAME COPAYMENT?

Neither. Some health plans provide limited coverage for nonformulary medications. These usually have a higher copayment than the copayment for a generic or brand-name drug. Contact your employer's benefit office or Group Health Customer Service for information regarding your specific plan benefits for prescriptions.

Additional resources

GENERAL

For pharmacy benefits and coverage questions, call 206-901-4636 or toll-free 1-888-901-4636.

ONLINE

Visit the Pharmacy Services page at ghc.org/pharmacy for all kinds of pharmacy information including a mail-order request form, maintenance list, a list of community pharmacies, and much more.

GROUP HEALTH MAIL-ORDER PHARMACY

P.O. Box 34383
Seattle, WA 98124-1383
206-901-4444 or, toll-free, 1-800-245-7979
(or e-mail pharmacy.c@ghc.org)

7:30 am – 6:00 pm Weekdays
8:00 am – 5:00 pm Saturdays
8:30 am – 5:00 pm Sundays

TTY WA RELAY

For members who are hearing- or speech-impaired
1-800-833-6388 (toll free) or 711

Alternative care

Many of our members want to stay well their own way. That's why we give you so many ways to get health care, including alternative medicine. From naturopathy to chiropractic care, what really matters is giving you health care that you want to use.

Providers

WHAT KINDS OF PROVIDERS ARE AVAILABLE?

You can self-refer to a licensed chiropractor, acupuncturist, or naturopath in our network. And if you need to see a massage therapist, your personal physician can refer you to a group of qualified professionals.

ARE THESE PROVIDERS CREDENTIALLED?

Yes, each provider must go through a strict review and be credentialed and skilled in his or her specialty. Since 1991, Group Health has worked to provide the quality care our members expect by offering a network of alternative care experts to meet their needs.

So whatever treatment option you choose, you can feel good about selecting a provider.

Coverage

HOW MUCH OF MY ALTERNATIVE CARE IS COVERED?

Most plans include a specific number of covered visits for naturopathy, acupuncture, and chiropractic care. Once you exhaust those visit limits, you may be eligible for more covered visits for naturopathy and acupuncture. Coverage for these additional naturopathy and acupuncture visits is dependent upon a provider review of your medical history and current health status. If more visits are deemed medically necessary, they will be covered at your plan's benefit level.

ARE THERE COVERAGE EXCEPTIONS?

Yes. Chiropractic care, in most cases, cannot be extended past the covered visit limit. However, there are a few exceptions to this rule for chiropractic care. Also, some plans may not offer any coverage for alternative care and, again, limitations to visits apply. Be sure to check your certificate of coverage for details about your coverage.

Additional care

WHAT IF I WANT CARE BEYOND WHAT MY PLAN WILL COVER?

You can also get alternative care on your own through a noncovered service called Complementary ChoicesSM. It offers therapy in the form of tai chi, Pilates, yoga, personal training, massage, chiropractic, acupuncture, and naturopathy. And you can go for as many visits as you like. You simply pay an out-of-pocket fee for each visit, at a 20 percent discount. This network was developed by American WholeHealth.

Need more information?

PROVIDER LIST

To see all of the alternative care providers available, visit:
ghc.org/provider/alternativecare.jhtml

CUSTOMER SERVICE

1-888-901-4636
ghc.org/customerservice

TTY WA RELAY

For members who are hearing- or speech-impaired
1-800-833-6388 (toll-free) or 711

Preparing for your vacation means you'll have more fun when you get where you're going. So take a look at your certificate of coverage to see exactly what's covered. Remember: Wherever you go, you're never far from expert care. Call the Consulting Nurse helpline or go to ghc.org to browse thousands of health topics. And when you take advantage of care from Group Health Physicians, you can securely e-mail your doctor, too.

Before you go

DO I NEED TRAVEL INSURANCE IN ADDITION TO MY HEALTH COVERAGE?

It's a good idea. However, while Group Health does not offer travel insurance, many airports and travel agencies do (and your insurance policies and credit cards may also).

WHAT SHOTS DO I NEED?

Depending on where you're going, immunizations will protect you. Although they're not a covered benefit, it's a good idea to get the right shots and medicine for your particular trip. Group Health's Travel Advisory Service can answer all of your preflight questions about what shots to get, what foods to avoid, and much more. Staffed by registered nurses, this free service is another great perk of your membership.

HOW MUCH MEDICATION SHOULD I TAKE?

Take them with you, and take enough to last. Ask for up to a 90-day supply, if needed. Your doctor may need to approve the order. Over-the-counter travel medications aren't covered.

While you are away

WHERE CAN I GET CARE?

You're covered for emergency and medically necessary urgent care anywhere in the world. If you're admitted to a non-Group Health facility, you or a family member must call the Notification Line within 24 hours, or as soon as reasonably possible. If you need urgent care, call your doctor's office during the day or the Consulting Nurse after hours to make sure you don't incur unnecessary expenses. If your plan has a copayment or deductible for emergency or urgent care, you'll be billed accordingly.

You're also covered for routine care in the U.S. at all Kaiser Permanente facilities when you travel. Contact Group Health Customer Service for the Kaiser Permanente Member Services toll-free numbers.

WHAT DO I DO WITH MY MEDICAL RECEIPTS?

When you submit a medical claim, medical receipts are your safeguard for reimbursement for any charges covered under your plan. Save them.

When you get back

HOW DO I FILE A CLAIM FOR REIMBURSEMENT?

If you receive care at a non-affiliated hospital or medical center, you may be required to pay in full at the time of service.

Download a claims form at ghc.org/customerservice/forms or call Customer Service to request one. Then you will need to mail your claims form and receipts for reimbursement, along with your name and member ID number to:

Claims Administration, P.O. Box 34585 Seattle, WA 98124-1585

Important phone numbers

CUSTOMER SERVICE

1-888-901-4636

ghc.org/customerservice

When out of the country please call during regular business hours 001-206-901-4636

CONSULTING NURSE HELPLINE

1-800-297-6877

When out of the country, please call 001-206-901-2244

GROUP HEALTH TRAVEL ADVISORY SERVICE

206-326-3488

NOTIFICATION LINE

When you're admitted to a non-Group Health hospital, please call our Notification Line at 1-888-457-9516

TTY WA RELAY

For members who are hearing- or speech-impaired
1-800-833-6388 (toll free) or 711

EMERGENCIES

911 is the emergency number throughout the U.S. Other countries may use a different number so be sure you know the local emergency number.

Locations

Here's a list of places where you can find providers. Care you receive at the 25 Group Health Medical Centers locations offers you access to the full breadth of services available on MyGroupHealth for Members at ghc.org. Contracted doctors provide care to Group Health members, but don't work at Group Health Medical Centers. You can also get care from any other provider at your out-of-network benefit level, with discounts available from Beech Street and First Choice Health doctors. All provider locations may not be listed below. For the most current list of providers, visit our website at ghc.org/provider or call Customer Service.

Group Health Medical Centers

Bellevue	Bellevue	Edgewood	Langley	Redmond	Waitsburg
Bothell	Bellingham	Edmonds	Lewiston	Renton	Walla Walla
Burien	Benton City	Ellensburg	Liberty Lake	Richland	Wapato
Everett	Black Diamond	Elk	Lopez Island	Rochester	Wenatchee
Federal Way	Blaine	Elma	Lynden	Saint John	West Richland
Kent	Bonney Lake	Enumclaw	Lynnwood	Sammamish	Woodinville
Lynnwood	Bothell	Everett	Marysville	SeaTac	Yakima
Olympia	Bremerton	Everson	McKenna	Seattle	Yelm
Port Orchard	Buckley	Fairfield	Mead	Sedro Woolley	Zillah
Poulsbo	Burien	Federal Way	Medical Lake	Selah	
Puyallup	Burlington	Ferndale	Mercer Island	Shelton	
Redmond	Camano Island	Fife	Mill Creek	Shoreline	
Renton	Centralia	Fircrest	Milton	Silverdale	
Seattle	Chattaroy	Freeland	Milton Freewater	Snohomish	
Silverdale	Chehalis	Friday Harbor	Monroe	Snoqualmie	
Spokane	Cheney	Garfield	Moscow	Spanaway	
Spokane Valley	Clarkston	Gig Harbor	Mount Vernon	Spirit Lake	
Tacoma	Cle Elum	Graham	Mountlake Terrace	Spokane	
	Clinton	Grandview	Mukilteo	Spokane Valley	
	Coeur d'Alene	Granite Falls	Naches	Stanwood	
	Colfax	Greenbank	Napavine	Sultan	
	College Place	Hayden	North Bend	Sumas	
	Connell	Issaquah	Oak Harbor	Sumner	
	Coupeville	Kenmore	Olympia	Sunnyside	
	Covington	Kennewick	Palouse	Tacoma	
	Cowiche	Kent	Pasco	Tenino	
	Darrington	Kingston	Port Orchard	Toppenish	
	Dayton	Kirkland	Post Falls	Troy	
	Deer Park	La Conner	Poulsbo	Tukwila	
	Des Moines	Lacey	Prosser	Tumwater	
	Duvall	Lake Forest Park	Pullman	Union Gap	
	Eastsound	Lake Stevens	Puyallup	University Place	
	Eatonville	Lakewood	Rathdrum	Vashon	

Contracted providers

Aberdeen					
Airway Heights					
Anacortes					
Arlington					
Athol					
Auburn					
Bainbridge Island					
Belfair					

Preventive care

These charts show Group Health’s general recommendations for well-care visits (preventive care) for children and adults. Your own schedule may differ based on your personal health, so talk with your doctor about what’s best for you. The screenings and immunizations may occur during a well-care visit or at appointments between those visits. Your health plan’s benefits may or may not cover the cost of some of these recommended services.

Child’s schedule

BIRTH–14 DAYS		9–12 MONTHS	
Well-child visits Birth 3–5 days 7–14 days	Immunizations/Screenings <ul style="list-style-type: none"> • Birth: Hepatitis (Hep B), 1st dose • Birth: Newborn blood screen • 3–5 days: Well-child visit • 7–14 days: Newborn blood screen • 7–14 days: Well-child visit 	Well-child visits 9 months 12 months	Immunizations/Screenings <ul style="list-style-type: none"> • 12 months: Hepatitis (Hep A), 1st dose¹ • 12 months: Measles, Mumps, Rubella (MMR), 1st dose¹ • 12 months: Chickenpox Varicella (VZV), 1st dose¹
2 MONTHS		15–18 MONTHS	
Well-child visit 2 months	Immunizations/Screenings <ul style="list-style-type: none"> • Hepatitis (Hep B), 2nd dose • Haemophilus Influenza type B (HIB), 1st dose • Diphtheria, Tetanus, acellular Pertussis (DTaP), 1st dose • Polio (IPV), 1st dose • Pneumococcal Conjugate (PCV), 1st dose • Rotavirus, given by mouth 	Well-child visit 15–18 months	Immunizations/Screenings <ul style="list-style-type: none"> • Haemophilus Influenza type B (HIB), last dose • Diphtheria, Tetanus, acellular Pertussis (DTaP), 4th dose • Pneumococcal Conjugate (PCV), last dose • Any 12 month immunizations not already given
4 MONTHS		2–3 YEARS	
Well-child visit 4 months	Immunizations/Screenings <ul style="list-style-type: none"> • Haemophilus Influenza type B (HIB), 2nd dose • Diphtheria, Tetanus, acellular Pertussis (DTaP), 2nd dose • Polio (IPV), 2nd dose • Pneumococcal Conjugate (PCV), 2nd dose • Rotavirus, given by mouth 	Well-child visits 2 years 3 years	Immunizations/Screenings <ul style="list-style-type: none"> • 2 years: Hepatitis (Hep A), 2nd dose • 3 years: begin vision and hearing screen
6 MONTHS		4–6 YEARS	
Well-child visit 6 months	Immunizations/Screenings <ul style="list-style-type: none"> • Hepatitis (Hep B), 3rd dose • Haemophilus Influenza type B (HIB), 3rd dose if necessary (depends on product used) • Diphtheria, Tetanus, acellular Pertussis (DTaP), 3rd dose • Polio (IPV), 3rd dose • Pneumococcal Conjugate (PCV), 3rd dose • Rotavirus, given by mouth 	Well-child visits 4 years 5 years 6 years	Immunizations/Screenings <ul style="list-style-type: none"> • 5 years: Diphtheria, Tetanus, acellular Pertussis (DTaP), 4th dose • 5 years: Polio (IPV), 4th dose • 5 years: Measles, Mumps, Rubella (MMR), 2nd dose (if not previously given) • 5 years: Chickenpox Varicella (VZV), 2nd dose
7–18 YEARS			
Well-child visits 8 years Yearly, ages 10–18	Immunizations/Screenings <ul style="list-style-type: none"> • 11 years: Tetanus, Diphtheria, Pertussis (Tdap) booster² • 11 years: Human Papillomavirus (HPV), 3 doses within 6 months • 11 years: MCV Meningococcal Conjugate Vaccine, 1st dose • 13 years: Varicella blood test, if no history of chickenpox and vaccine not given 		

¹ Cannot be given before child’s first birthday.

² Anyone in regular contact with an infant less than 6 months old, who has not had a Td shot in the last 2 years, should receive a booster that contains pertussis (Tdap).

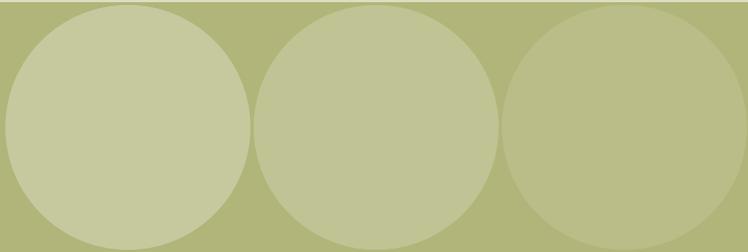
Women's schedule

Men's schedule

AGES 18–21 WELL-CARE VISITS EVERY YEAR		AGES 18–21 WELL-CARE VISITS EVERY YEAR	
Screening schedule <ul style="list-style-type: none"> • 1st Pap test 3 years after becoming sexually active or by age 21, whichever comes first • Chlamydia test every year for sexually active women up to age 25* 	Immunizations <ul style="list-style-type: none"> • Tetanus-diphtheria every 10 years** • Pneumococcal vaccine for high-risk groups • Flu vaccine every year • Hepatitis A and Hepatitis B vaccines for those at high risk of infection 	Screening schedule <ul style="list-style-type: none"> • No recommended screenings for this age group. 	Immunizations <ul style="list-style-type: none"> • Tetanus-diphtheria every 10 years** • Pneumococcal vaccine for high-risk groups • Flu vaccine every year • Hepatitis A and Hepatitis B vaccines for those at high risk of infection
AGES 22–49 WELL-CARE VISITS EVERY 4 YEARS		AGES 22–49 WELL-CARE VISITS EVERY 4 YEARS	
Screening schedule <ul style="list-style-type: none"> • Pap test every 2–3 years • Chlamydia test every year for sexually active women up to age 25* • Mammogram every 1 or 2 years, based on risk factors or personal choice, beginning at age 40 • Cholesterol check every 5 years, starting at age 45 • Blood pressure check every 2 years 	Immunizations <ul style="list-style-type: none"> • Tetanus-diphtheria every 10 years** • Pneumococcal vaccine for high-risk groups • Flu vaccine every year • Hepatitis A and Hepatitis B vaccines for those at high risk of infection 	Screening schedule <ul style="list-style-type: none"> • Blood pressure check every 2 years • Cholesterol check every 5 years, starting at age 35 	Immunizations <ul style="list-style-type: none"> • Tetanus-diphtheria every 10 years** • Pneumococcal vaccine for high-risk groups • Flu vaccine every year • Hepatitis A and Hepatitis B vaccines for those at high risk of infection
AGES 50–64 WELL-CARE VISITS EVERY 2 YEARS		AGES 50–64 WELL-CARE VISITS EVERY 2 YEARS	
Screening schedule <ul style="list-style-type: none"> • Cholesterol check every 5 years • Blood pressure check every 2 years • Colon cancer screening: talk with your doctor about the best method for you • Pap test every 2–3 years • Mammogram every 1–2 years, based on risk factors or personal choice • Osteoporosis screening: women age 60–64 with risk factors, discuss with your doctor 	Immunizations <ul style="list-style-type: none"> • Tetanus-diphtheria every 10 years** • Pneumococcal vaccine for high-risk groups • Flu vaccine every year • Hepatitis A and Hepatitis B vaccines for those at high risk of infection • Shingles vaccine once in a lifetime for ages 60+ (not for anyone who is immune suppressed) 	Screening schedule <ul style="list-style-type: none"> • Cholesterol check every 5 years • Blood pressure check every 2 years • Colon cancer screening: talk with your doctor about the best method for you • Discuss prostate cancer screening with your doctor 	Immunizations <ul style="list-style-type: none"> • Tetanus-diphtheria every 10 years** • Pneumococcal vaccine for high-risk groups • Flu vaccine every year • Hepatitis A and Hepatitis B vaccines for those at high risk of infection • Shingles vaccine once in a lifetime for ages 60+ (not for anyone who is immune suppressed)
AGES 65+ WELL-CARE VISITS EVERY YEAR		AGES 65+ WELL-CARE VISITS EVERY YEAR	
Screening schedule <ul style="list-style-type: none"> • Cholesterol check every 5 years through age 74. After that, discuss with your doctor. • Blood pressure check every year • Vision and hearing every year • Colon cancer screening: talk with your doctor about the best method for you; women aged 75 and over, discuss optional screening with your doctor • Mammogram every 1–2 years according to risk for breast cancer; women aged 75+, discuss optional screening with your doctor • Osteoporosis screening: recommended for women aged 65+ 	Immunizations <ul style="list-style-type: none"> • Tetanus-diphtheria every 10 years** • Pneumococcal vaccine one time for ages 65+ • Flu vaccine every year • Hepatitis A and Hepatitis B vaccines for those at high risk of infection • Shingles vaccine once in a lifetime for ages 60+ (not for anyone who is immune suppressed) 	Screening schedule <ul style="list-style-type: none"> • Cholesterol check every 5 years through age 74. After that, discuss with your doctor. • Blood pressure check every year • Vision and hearing every year • Colon cancer screening: talk with your doctor about the best method for you; men aged 75 and over, discuss optional screening with your doctor • Discuss prostate cancer screening with your doctor • Abdominal aortic aneurysm (AAA) screening: One-time test for men 65 to 75 who have ever smoked cigarettes 	Immunizations <ul style="list-style-type: none"> • Tetanus-diphtheria every 10 years** • Pneumococcal vaccine one time for ages 65+ • Flu vaccine every year • Hepatitis A and Hepatitis B vaccines for those at high risk of infection • Shingles vaccine once in a lifetime for ages 60+ (not for anyone who is immune suppressed)

*Women over 25 who are at high risk for having an STD also should be screened. Ask your doctor what screening schedule is best for you. If you're pregnant, talk to your doctor about the need for chlamydia testing.

**Once in a lifetime, everyone 11 years of age and older should get a tetanus-diphtheria (Td) booster that contains pertussis (Tdap).



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