



<<Date>>

<<Head of Household>>

<<Address>>

<<City>>, <<State>> <<ZIP>>

Member: <<Name>>

ID: <<ID>>

DOB: <<DOB>>

PCP: <<PCP>>

Telephone: <<Number>>

Dear Parent/Guardian of <<Name of Child>>:

<<Name of Child>> is <3/4/5/6/7/8/9/10/11/12> years old, and it may be time for a well-child checkup. Your child must see his or her primary care provider (PCP) within 90 days of joining the Plan. If your child is missing his or her shots or has not had a recent checkup, please call your child's PCP and make an appointment. There is no charge for these checkups.

Age	Well-Child Checkup Schedule
3 years	Well-child checkup; eye screening; dental exam twice a year; blood lead test if not already completed; vaccination (Influenza)
4 years	Well-child checkup; eye screening; dental exam twice a year; vaccinations (Measles, Mumps and Rubella [MMR], Diphtheria, Tetanus and Pertussis [DTaP] and Inactivated Poliovirus [IPV], Varicella sometime between ages 4 and 6; Influenza); blood lead test if not already completed
5 years	Well-child checkup; dental exam twice a year; vaccinations (MMR, DTaP, IPV, and Varicella sometime between ages 4 and 6, Influenza); blood lead test if not already completed; urine test
6 years	Well-child checkup; dental exam twice a year; vaccinations (MMR, DTaP, IPV and Varicella sometime between ages 4 and 6, Influenza); blood lead test if not already completed
7 years	Well-child checkup; dental exam twice a year; vaccination (Influenza)
8 years	Well-child checkup; dental exam twice a year; vaccination (Influenza)
9 years	Well-child checkup; dental exam twice a year; vaccination (Influenza)
10 years	Well-child checkup; dental exam twice a year; vaccination (Influenza)



Choices for a Healthy Life



11 years	Well-child checkup; dental exam twice a year; vaccinations (Tetanus, Diphtheria and Pertussis [Tdap], Meningococcal conjugate [MCV], Human Papilloma Virus [HPV] for females between ages 11 and 12, Influenza, “catch-up” doses if needed for MMR, HepB, IPV or Varicella)
12 years	Well-child checkup; vaccinations (Tdap, MCV and HPV (for females) sometime between ages 11 and 12, Influenza,” catch-up” year if needed for MMR, HepB, IPV or Varicella); dental exam twice a year; urine test

If the PCP on your ID card does not match the name on this letter, contact Customer Service. Call 1-866-231-1821 (TTY/TDD: 1-877-247-6272). You can also call if you need help with making an appointment or arranging transportation. You can reach us Monday through Friday, 7am to 7pm Eastern.

[Plan Name] also has a Personal Health Advisor who can answer your health care questions. When you are not sure what kind of care your child needs, call 1-800-919-8807 (TTY/TDD: 1-800-955-8770). There is no charge for this. You can call any time, day or night.

For people with asthma:

If your child has asthma and has not seen his or her doctor in the last 3 months, call and make an appointment. This is very important.

For people with diabetes:

If your child has diabetes and has not seen his or her doctor in the last 3 months, call and make an appointment. This is very important.

National guidelines say that people with diabetes should have the following:

- Blood sugar average—called a hemoglobin A1c (HbA1c). Should be checked at least once a year (it should be less than 7%).
- LDL-cholesterol—checked at least once a year (if greater than 100mg/dL, appropriate treatment is needed).
- Eye exam (dilated) by an eye doctor once a year.
- Microscopic urine test for protein once a year.
- Routine foot exams.
- Doctor visit every 3 months.

Sincerely,

[Plan Name]





Para solicitar este documento en español o para escuchar la traducción llame al Servicio al Cliente al 1-866-231-1821 (TTY/TDD: 41-877-247-6272).

