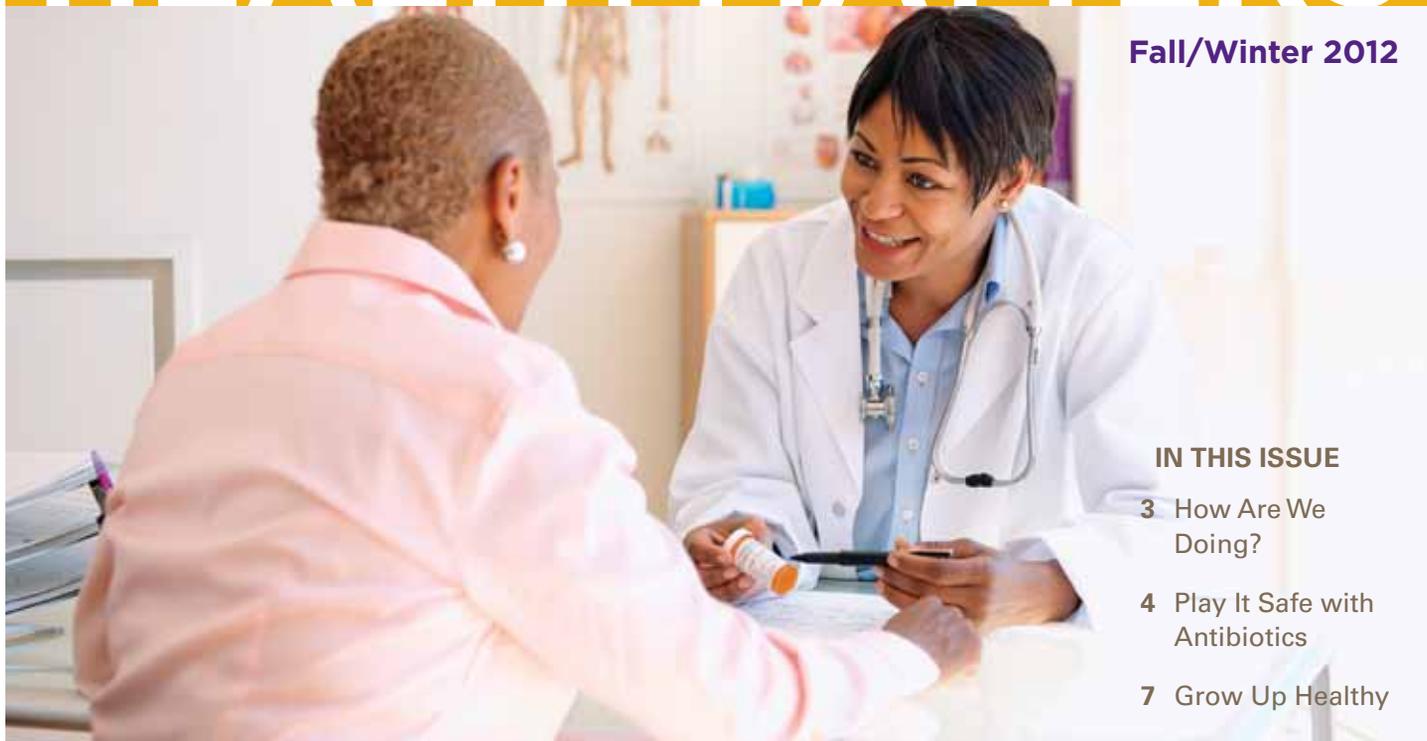


HEALTH MATTERS

Fall/Winter 2012



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Do the Right Thing With Diabetes

Smart strategies for staying healthy.

Whether you've been diagnosed recently or you've been living with diabetes for a while, it's a good time to make sure you're managing your condition effectively. It's the best way to stay well and help prevent or delay complications.

Plus, good diabetes care is easier than you think. A lot of it comes down to healthy living, such as getting regular exercise, eating a balanced diet and maintaining a healthy weight.

There are some other things people with diabetes need to add to their wellness routine, too. For example, it's important to follow your doctor's treatment plan, take your medications on time and have

recommended checkups — usually two or three times a year.

According to the Centers for Disease Control and Prevention (CDC), these exams and screenings are routinely recommended for people with diabetes:

- Blood pressure check at every doctor's appointment. If your blood pressure is high, ask if medication could be used to bring it down.
- Hemoglobin A1C test at least twice a year, to check average blood glucose levels
- Urine and blood tests yearly to check kidney function
- Cholesterol test at least once a year
- Dilated eye exam at least once a year

- Foot exam every year and a check for sores at every doctor's visit
- Dental checkups twice a year

It's also important to test your blood glucose level at home, as often as recommended by your doctor. (Our Web site tells you how to get easy-to-use testing supplies.)

The American Diabetes Association says blood glucose monitoring, which measures your blood glucose level at any given time, is a primary tool for controlling diabetes. Keep a log of your results to review with your doctor so you can see how well your diabetes management plan is working.

LOOKING FOR A DOCTOR?

You can search for a doctor any time, day or night, when you visit

www.emblemhealth.com. Our Web site gives you access to the most current provider information, including primary care doctors, specialists, hospitals, laboratories and other health care providers and facilities. Plus our new mobile Find a Doctor tool with built-in GPS searching is supported on all iPhone/iPad, Android, Windows 7 and BlackBerry devices. If you'd like a printed directory mailed to you, call your plan's Customer Service number (listed on the back page). To be sure that the doctor you select is still in our network, confirm this when you call to schedule an appointment. If your plan provides for out-of-network services, remember that choosing a network doctor will save you money.



Resources on emblemhealth.com

Answers to most questions you have about your plan can be found in your Member Handbook, which is available online at **www.emblemhealth.com**. Helpful information throughout our site includes:

- The latest on health reform
- The most up-to-date list of network doctors and other practitioners in the network
- How to change your primary doctor
- Printing a temporary ID card and requesting a replacement permanent card
- Covered benefits and services, including a list of covered drugs
- Procedures to follow for prescription drug coverage
- Copays and other fees for which you are responsible
- Submitting claims for covered services
- Benefit restrictions for out-of-network or out-of-area services
- Receiving care after normal office hours
- How to obtain primary care, specialty care, hospital services, mental health care and substance abuse services
- How to get care when you're out of your plan's service area
- How to voice a complaint or file an appeal
- How to obtain translation services
- Emergency care and when to call 911
- How we evaluate new technology and use it as a covered benefit
- Creating a personal health record
- Taking a health risk assessment
- Health and wellness information

How Are We Doing?

Are you satisfied with your membership? Are you receiving outstanding customer service? Do you think there are ways we can serve you better? Your answers to these questions will help us improve the service we give you.

Share your views by coming to one of our member forums. You can tell us about your experiences as a member and ask questions of management and Member Council representatives.

To make sure the entire membership is well represented, we use age, gender, location and type of membership when selecting attendees. Due to space restrictions, we have to limit attendance.

Scan the code to the right with your smartphone to view the dates and locations of our upcoming forums. Or you can visit www.emblemhealth.com/forum. If you'd like to participate, call **1-800-447-6688**, Monday through Friday, 9 am to 5 pm, September 20 through October 19. TDD users may call **1-888-447-4833**. If you are selected to attend, you will receive an invitation by mail.

If you're unable to attend a member forum in person, share your views

anytime by writing to EmblemHealth, Member Services Intake Unit, 55 Water Street, First Floor, New York, NY 10041-8190. Or go to www.emblemhealth.com, sign in and send us an e-mail from the secure message center.

We also mail surveys to randomly selected members to learn about their experiences as plan members. If you receive a survey, it's your chance to let us know if you are satisfied with your doctors and with EmblemHealth, so please take a few moments to complete it.



Scan this code to view the Member Forum schedule to see when we'll be in your area.



Rights and Responsibilities: Yours and Ours

Understanding your rights and responsibilities as a plan member can help you — and help us help you — make the most of your membership. That's why we ask that you go to www.emblemhealth.com and read your Member Rights and Responsibilities. It outlines what you can expect of us, as well as what we expect from you. Becoming familiar with your rights and responsibilities will make it easier for us to provide you with access to the best health care possible. The list of Member Rights and Responsibilities is also available in your Member Handbook.

CASE MANAGEMENT SERVICES

We want you and your family to live life to its fullest, even if you have a serious illness, injury or condition. That's why we offer programs to assess, plan, implement, coordinate, monitor and evaluate medical and behavioral health care options on your behalf.

While your primary care doctor is the one who determines your care needs, your plan's case managers can work closely with your doctor to help you make the most of your treatment. As part of the case management program, registered nurses and social workers offer:

- A better understanding of your disease or condition
- A link between you and the doctors and nurses on your care team
- A liaison with community agencies

- A health care advocate
- More personalized attention
- Expert guidance on effective self-care

For conditions that call for a higher level of care coordination, we have case managers to help you get the right care in the right setting.

If you think you may be a candidate for our case management program, speak with your doctor or call **1-800-447-0768**.

AUTISM LAW GOES INTO EFFECT NOVEMBER 1

A new law that requires health plans to cover the screening, diagnosis and treatment of autism spectrum disorders (ASD) goes into effect for policies issued or renewed after November 1, 2012. We understand that parents face many important decisions when their child is diagnosed with ASD. That's why we want to make sure you're fully aware of your benefits. Covered treatments for ASD include routine screenings, behavioral health treatments, applied behavioral therapy and speech, occupational and physical therapy, if covered under your policy. Under the terms of the law, you'll have the same cost-sharing requirements for ASD services as other benefits under your policy, including annual deductibles, copays and coinsurance. Coverage for applied behavioral therapy is subject to a maximum benefit of \$45,000 per person per year and EmblemHealth may not terminate or refuse to issue coverage because of a diagnosis of ASD.



Play It Safe With Antibiotics

When you need them, antibiotics can help fight infections — and that's a good thing. But if you take antibiotics when you don't actually need them, that can be a very bad thing.

Antibiotics are only effective when they're used to treat bacterial infections, like strep throat or an ear infection, says the Centers for Disease Control and Prevention (CDC).

If you have an infection that's caused by a virus — such as a cold, the flu, a runny nose or most coughs and bronchitis — taking an antibiotic won't cure the infection or make you feel better.

Even most sore throats and some ear infections are viral, so antibiotics won't help.

Taking antibiotics when you don't need them, especially if you do it on a regular basis, can lead to antibiotic resistance. That means these drugs might not effectively treat bacterial infections later, when you need an antibiotic the most.

Your best bet? Don't take antibiotics unless it's absolutely necessary. Your doctor can tell you if you need antibiotics or if there's another way to ease your symptoms. Always take antibiotics exactly as directed and finish the entire course of treatment to prevent reinfection.

YOUR EXTERNAL APPEAL RIGHTS

FOLLOW THESE STEPS IF YOU DISAGREE WITH A COVERAGE DECISION.

You have the right to an external appeal when health care services are denied as not medically necessary, experimental/investigational, a clinical trial, a rare disease treatment or, in certain cases, as out-of-network. Providers also have their own rights to an external appeal when these health care services are denied concurrently or retrospectively. External appeal requests must be submitted to the New York State Department of Financial Services (DFS) and this agency will assign independent medical experts to review the appeal.

These medical experts may overturn your plan's decision in whole or in part. Or, they may uphold your plan's denial of coverage. Their decision is binding on both you and your plan.

To appeal to DFS, you first request your plan's internal or first-level appeal. You have 180 days to request an internal or first-level appeal from your plan after receiving your Adverse Determination (denial). If we uphold the original denial, you will receive a

letter known as a Final Adverse Determination. You have four months after you receive our final adverse decision on your appeal to ask for an external appeal. If you and your plan agree to skip our appeal process, you must ask for the external appeal within four months after the agreement with your plan is made.

Keep in mind that to file an external appeal, the health care services had to have been denied as not medically necessary, experimental/investigational, a clinical trial, a rare disease treatment or, in certain cases, as out-of-network. When we issue a final adverse determination denial, you will receive instructions on how to file an external appeal along with an external appeal application.

If you have questions or need help with an external appeal application, call DFS at **1-800-400-8882** or visit their Web site, **www.dfs.ny.gov**.

Note: This process does not apply to federal employees or ASO members.



IT'S TIME TO QUIT

When you're ready to kick the habit for good, our Tobacco-Free PATH program is available to members 18 years and older at no cost. You'll have unlimited access to a tobacco cessation specialist, plus coverage for nicotine replacement therapy. To join, call **1-866-611-QUIT** (1-866-611-7848) or TDD **1-877-777-6534**, 24 hours a day, seven days a week. We also encourage you to talk with your doctor about quitting. He or she can discuss strategies, including the use of medicines to help you quit smoking for good.

Hotel Employees and Restaurant Employees International Union (HEREIU) and City of New York employees and retirees who are GHI members should call the New York State Quitline at **1-866-NY-QUITS** (1-866-697-8487) or TDD **711**. If you live outside New York State, call the National Quitline at **1-800-QUIT-NOW** (1-800-784-8669).

Premium Payments Made Easy

EmblemHealth now offers the convenience of paying premiums online. You can make one-time or recurring online payments using e-check, debit or credit cards by signing in to **www.emblemhealth.com** and clicking on the Pay My Bill option. Within minutes, you'll be making secure online payments. If you need help, just call the Customer Service number for your plan shown on the back page of this newsletter.



Are You Expecting?

Know what to expect when it comes to good prenatal care.

If you're planning on having a baby, one of the smartest things you can do is plan ahead — and continue a good program of care throughout your pregnancy.

Prenatal care helps keep you and your baby as healthy as possible. When women don't receive prenatal care, their babies are three times more likely to have a low birth weight and five more times likely not to survive, says the US Department of Health and Human Services (HHS).

Ideally, schedule an appointment with an OB/GYN even before you get pregnant. EmblemHealth members don't need a referral for OB/GYN services. Your doctor can tell you how to prepare for pregnancy, especially if you have an existing condition like diabetes or asthma.

SCHEDULE REGULAR VISITS

Once you are pregnant, it's important to see your OB/GYN on a regular basis. That's the best way for your doctor to identify health problems early, so they can be prevented or treated. Your doctor will also offer guidance to help you stay healthy.

You'll probably see your OB/GYN about once a month through week 28, twice a month through week 36 and then every week until you deliver. If you're over age 35 or have a high-risk pregnancy, your doctor may want to see you more often. You'll also need a visit between three and eight weeks after delivery. Don't skip appointments, because your doctor needs to monitor your health and your baby's development.

THE HEALTHY BEGINNINGS PATH PROGRAM

You can also get some extra guidance through the EmblemHealth Healthy Beginnings PATH Program. Designed especially for pregnant women, the program provides information to help you make healthy choices, around-the-clock access to maternity nurses who can answer questions by phone or live chat, and customized support if you need it.

As soon as your OB/GYN tells you you're pregnant, call **1-877-736-BABY** (1-877-736-2229). Members who join the program will complete a survey, one of three you'll take during your pregnancy to see if you may be at high risk and need additional support from the program.

WOMEN'S WELLNESS MADE EASY

Did you know that EmblemHealth members can schedule a visit with their OB/GYN or make an appointment for a mammogram without a referral? It's just one of the ways we make preventive care easier.





GROW UP HEALTHY

When and why your child should see the doctor for preventive care.

Every parent wants their child to be healthy. Sticking to a schedule of checkups starting when your child is a baby is essential to his or her long-term wellness.

Your child will see the doctor most often as a baby — once a month at first, and then every three months or so until age 2. Then your child will usually have a checkup every year unless your doctor recommends otherwise. Of course, if your child is ill or you notice signs that worry you, schedule an appointment.

ROUTINE CHECKUPS

When your child is especially young, watching for signs of normal development and growth is important. A delay in reaching milestones in how your child plays, learns, speaks or acts could be a sign of a developmental issue. Any developmental delay should prompt you and your doctor to discuss what's needed to help your child reach his or her full potential, says the Centers for Disease Control and Prevention (CDC).

Even when development is normal, routine wellness checks give your doctor the chance to spot health issues early, when they're easier to treat. You'll also want to talk to your doctor about your child's vaccination schedule. Vaccinations usually begin in infancy and

continue through adulthood as needed.

Don't forget vision and dental exams. According to the CDC, tooth decay affects American children more than any other chronic infectious disease. This can be prevented through regular dental checkups and good oral hygiene — which includes brushing and flossing.

At some point, especially during adolescence, your child may experience emotional challenges ranging from depression to reckless behavior. Your family doctor can recommend a counselor if your child or teen needs to talk through problems with someone.

WORK WITH THE DOCTOR

Open communication is the foundation of a good relationship with your child's doctor. Tell the doctor what he or she needs to know about your child's health and behavior, and be sure to listen to what the doctor says. Come prepared with a list of questions and take notes so you remember everything the doctor tells you.

Even if you've done research on your own (be sure to stick to reputable Web sites like those provided by the CDC or EmblemHealth), let the doctor know you trust his or her judgment when it comes to your child's care.

Questions to Ask Before Having Surgery

Has your doctor suggested surgery? Unless it's an emergency or life-threatening situation, you can and should take time to ask your doctor questions. Knowing the answers will help you prepare for a safe and effective procedure

- Why do I need this operation?
- What are the risks of this procedure? What are the benefits?
- Are there alternatives to surgery?
- Will surgery require anesthesia? What kind?
- How can I prepare for surgery? Starting today? And on the day of the procedure?
- Where will the surgery be done? How long will I be there? Should I bring a friend to help me?
- How long will recovery take? When can I expect to be "back to normal"?
- Will I need medication, extra help, or additional treatment after surgery?
- Will all members of my care team be part of my plan's network?

Read more details about preparing for surgery at www.ahrq.gov/consumer/surgery/surgery.pdf.



Presort
Standard Mail
U.S. Postage
PAID
EmblemHealth

Don't Forget Your Flu Shot

It's almost that time of year again: flu season. Which means it's time to get your flu vaccination if you haven't already.

Just about everyone should get the flu vaccine, especially children, older adults and pregnant women. There are a few rare exceptions, and your doctor can tell you if there's a reason you shouldn't get a flu shot or mist.

Also, ask your doctor if you should get the pneumonia vaccine. The answer is probably "yes" if you are over the age of 65, or even sooner if you have heart disease, lung disease, diabetes, sickle cell disease or any health issue that weakens your immune system. If you're a smoker between the ages of 19 and 64, your doctor may also recommend a pneumonia shot.

EmblemHealth Neighborhood Care

A unique and special kind of care in Harlem and Cambria Heights!

Coming soon: Exceptional face-to-face service and personalized attention from health care solution specialists and clinical staff, right in the heart of Harlem and Cambria Heights. At EmblemHealth Neighborhood Care, you'll



get help finding the right doctor, getting the services you need and be connected to health programs and local community resources.

Watch for our grand openings!

www.emblemhealth.com/ehnc

HOW TO CONTACT US

- **EmblemHealth:** 1-877-842-3625
- **GHI HMO:** 1-877-244-4466
- **GHI PPO:** 1-800-624-2414
- **HIP:** 1-800-447-8255

Quit Smoking

- **1-866-611-QUIT** (1-866-611-7848)
- **1-866-NY-QUITS** (1-866-697-8487)
- **1-800-QUIT-NOW** (1-800-784-8669)

Lab Services

- **Quest Diagnostics Appointments:**
1-888-277-8772

Mental Health and Substance Abuse

- **EmblemHealth CompreHealth HMO/EPO members:** 1-877-347-2552
- **EmblemHealth EPO/PPO members:** 1-866-208-1424
- **GHI PPO NYC-resident members:** 1-800-692-2489
- **GHI PPO non-NYC resident members:** 1-866-208-1424
- **GHI HMO members:** 1-888-447-2526
- **HIP members:** 1-888-447-2526

Suspect Insurance Fraud?

- **1-888-4KO-Fraud**

Web Resources

- www.emblemhealth.com





2013 PREVENTIVE HEALTH GUIDELINES

The 2013 Preventive Health Guidelines will help you learn more about the screenings, tests and shots that you and your family need every year. The sources of the enclosed information are medical expert organizations, such as the American Academy of Pediatrics, the US Department of Health and Human Services, the Advisory Committee on Immunization Practices and the Centers for Disease Control and Prevention. Save this handy chart and bring it to your next doctor's visit. With your doctor, you can make sure your family's medical checkups and shots are up to date. Some of these preventive services may or may not be covered by your plan.



EmblemHealth[®]
WHAT CARE FEELS LIKE.

The guidelines contained in this booklet are intended to provide information about preventive services currently recommended by medical expert organizations. EmblemHealth and its companies provide many coverage options. Please check your Certificate of Coverage to learn if and how copays, coinsurance or deductibles apply. Under the Affordable Care Act (ACA), policies issued or renewed after September 23, 2010, have no out-of-pocket costs associated with selected preventive services obtained in network. For more information about health reform, visit www.emblemhealthreform.com. Your coverage is subject to all terms, conditions, limitations and exclusions contained in your Certificate of Coverage.

BIRTH TO 2 YEARS

Safety first: It is important to give your baby a safe place to sleep, so make sure that no pillows, soft bedding or comforters are used. According to the March of Dimes, babies should be placed on their back in a crib with a firm mattress. In the car, put your child in a rear-facing car seat in the back of the car, at least until age 2.

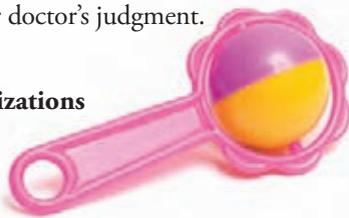
Well-baby exam: At birth, 3–5 days and 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months. In addition to giving advice about your baby's health, development and behavior, your doctor should talk to you about injury prevention, violence prevention, sleep positions, feeding and diet, daily care and activity, and dental referrals. If your child has a disability or delay, your doctor may refer your child to the early intervention program (EIP) for evaluation. During the exam, your child may receive shots and screenings, depending on clinical presentation and your doctor's judgment.

IMMUNIZATIONS

See Recommended Immunizations for Children on back page.

SCREENINGS

- **Hemoglobin and hematocrit (Hgb/Hct):** Performed at 12 months.
- **Lead screening:** Annually between age 6 months and 6 years to assess risk for lead poisoning.*
- **Lead test:** All children at age 12 and 24 months.*
- **TB:** Annually or as your child's doctor advises.
- **Vision:** Screening at every well visit.
- **Hearing:** Screening for all newborns and at well visits thereafter.
- **Weight, length and head circumference:** At every visit.
- **Dental:** Your child needs a dental screening at 6, 9 and 12 months of age. The first dental exam should occur when your baby gets his first tooth, but no later than 12 months of age.



AGE 2 TO 20

Well-child exam: Once a year for children ages 2 to 20. You should receive advice about your child's dental health, exercise and physical activity, diet and nutrition, sun exposure, injury and violence prevention and, when appropriate, alcohol use, sexual behavior, smoking cessation, depression and suicide prevention. In addition, during this exam your child may receive shots and developmental screenings, depending on clinical presentation and your doctor's judgment.

IMMUNIZATIONS

See Recommended Immunizations for Children on back page.

SCREENINGS

- **Blood pressure measurement:** Starting at 3 years of age, annually at well-child exams.
- **BMI counseling:** Review body mass index (BMI) results with your doctor annually. BMI is an important tool in determining childhood obesity. For ages 2–15, your doctor needs to calculate and discuss BMI percentage. For ages 16 and older, your doctor needs to calculate and discuss BMI value.
- **Cholesterol:** As your child's doctor advises.
- **Height and weight:** At every well-child exam.
- **Hemoglobin and hematocrit (Hgb/Hct):** As your child's doctor advises and at yearly checkups.
- **Lead screening:** All children at ages 12 and 24 months.* Continue screening until age 6.*
- **TB:** As your child's doctor advises.
- **Sexually Transmitted Disease (STD):** All sexually active patients should be screened for STDs, including chlamydia, starting at age 11. (HIV screenings as your child's doctor advises, starting at age 13.)
- **Urine Test:** At least once in teen years.
- **Vision and hearing:** Should be checked every year; testing for vision should start at age 3, hearing should be tested at age 4 and annually thereafter until age 11.
- **Dental:** Your child should have dental checkups twice a year.

* Mandated by the New York State Department of Health.
Source: American Academy of Pediatrics

* Mandated by the New York State Department of Health.
Source: American Academy of Pediatrics

AGE 21 AND OLDER

Well-person exam: May include advice on dental health and vision, exercise and physical activity, diet and nutrition, smoking cessation, substance abuse, alcohol and tobacco consumption, injury prevention, and sexual behavior.

Women who are or plan to become pregnant should take a daily multivitamin with folic acid. If you are at increased risk for certain cancers, you should ask your doctor about screening schedules and possibly starting screening at an earlier age. A risk factor is anything that affects your chance of developing a condition. Risk factors can be your age, gender, family history or lifestyle.

During your exam, you may receive shots and screenings, depending on clinical presentation and your doctor's judgment.

IMMUNIZATIONS

See recommended immunizations for adults on back page.

SCREENINGS

- **Abdominal Aortic Aneurysm:** If you are a male between the ages of 65 and 75 and have ever been a smoker, talk to your doctor about a one-time screening for abdominal aortic aneurysm.
- **Blood pressure:** Every two years for those with blood pressure less than 120/80 and yearly with blood pressure 120–139/80–90.
- **Bone densitometry:** In women age 65 and older and men 70 and older, bone mineral density (BMD) testing recommended every two years when taking osteoporosis medication.
- **Breast exam, clinical:** Every three years for women in their 20s and 30s and every year for women 40 and over. Breast self-exam is an option for women starting in their 20s.
- **Breast mammogram:** Yearly starting at age 40.
- **Cholesterol:** A fasting lipid profile starting at age 20; every five years thereafter; more frequently as your doctor advises.
- **Colon and rectal cancer:** At age 50–75 speak with your doctor about which of the following tests are right for you:
 - Flexible sigmoidoscopy every five years.
 - Yearly fecal occult blood test (FOBT).
 - Fecal immunochemical test (FIT) every year.
 - Colonoscopy every 10 years.

- **Dental:** Adults should have dental checkups twice a year or as your doctor advises. Pregnant women should see a dentist at least one time during pregnancy.
- **Depression:** Periodic assessment.
- **Diabetes, type 2:** In adults starting at age 45 and repeated every three years.
- **Hearing impairment:** Periodic assessment as your doctor advises.
- **Height and weight:** Yearly.
- **Obesity:** Use of body mass index (BMI) to identify adults at risk for disease and death due to overweight and obesity (as defined by having a BMI over 30 kg/m²).
- **Pelvic exam:** Screening should be done every year with the regular Pap test for women ages 21–70.
- **Prostate cancer:** Talk to your doctor about the benefits and risks of screening.
- **Sexually transmitted diseases (STD):** All sexually active men and women age 25 and younger as well as older adults at risk, as part of a regular health care visit. (HIV screening beginning at age 13 to age 64 and as your doctor advises.)
- **Skin cancer:** A skin evaluation should be part of a routine cancer-related checkup. Perform a self-evaluation once a month.
- **Vision/glaucoma:** Yearly, as needed or directed by your doctor. Check with eye doctor for recommended frequency of a complete eye exam for the following risk factors: history of eye injury, diabetes, family history of eye problems and African Americans older than 40.



PREVENTIVE

- **Aspirin therapy:** As your doctor advises.
- **Hormone replacement therapy:** As your doctor advises.

IMMUNIZATION SCHEDULE (BIRTH–6 YEARS)*

AGE	Birth	1 Month	2 Months	4 Months	6 Months	9 Months	12 Months	15 Months	18 Months	19-23 Months	2-3 Years	4-6 Years
VACCINE												
Hepatitis B	HepB	HepB			HepB							
Rotavirus			RV	RV	RV							
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP			DTaP				DTaP
Haemophilus influenzae type b			Hib	Hib	Hib		Hib					
Pneumococcal			PCV	PCV	PCV		PCV				PPSV	
Inactivated Poliovirus			IPV	IPV	IPV							IPV
Influenza**					Influenza (Yearly)							
Measles, Mumps, Rubella							MMR					MMR
Varicella							Varicella					Varicella
Hepatitis A							HepA (2 Doses)				HepA Series	
Meningococcal							MCV4					

■ Range of recommended ages ■ Certain high-risk groups ■ Range of recommended ages for all children and certain high-risk groups

IMMUNIZATION SCHEDULE (7–18 YEARS)*

AGE	7 – 10 Years	11 – 12 Years	13 – 18 Years
VACCINE			
Diphtheria, Pertussis, Tetanus	1 dose (if indicated)	1 dose	1 dose (if indicated)
Human papillomavirus		3 doses	Complete 3-dose series
Meningococcal		Dose 1	MCV4
Influenza**	Influenza (Yearly)		
Pneumococcal	Pneumococcal		
Hepatitis A	Complete 2-dose series		
Hepatitis B	Complete 3-dose series		
Inactivated poliovirus	Complete 3-dose series		
Measles, mumps, rubella	Complete 2-dose series		
Varicella	Complete 2-dose series		

■ Range of recommended ages ■ Catch-up immunization ■ Range of recommended ages for all children and certain high-risk groups

IMMUNIZATION SCHEDULE (19 AND OLDER)*

AGE	19 – 21 Years	22 – 27 Years	27 – 49 Years	50 – 59 Years	60 – 64 Years	Over 65 Years
VACCINE						
Influenza**	1 Dose Annually					
Diphtheria, Pertussis, Tetanus	Substitute 1 dose of Tdap for Td booster; then boost with Td every 10 years					Td booster every 10 years
Varicella	2 Doses					
Human papillomavirus (HPV) Female	3 Doses					
Human papillomavirus (HPV) Male	3 Doses	3 Doses				
Zoster					1 Dose	
Measles, mumps, rubella	1 or 2 Doses			1 Dose		
Pneumococcal (polysaccharide)	1 or 2 Doses					1 Dose
Meningococcal	1 or More Doses					
Hepatitis A	2 Doses					
Hepatitis B	3 Doses					

■ For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)
 ■ Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)
 ■ Tdap recommended for ≥65 if contact with <12-month-old child. Either Td or Tdap can be used if no infant contact.
 □ No recommendation

Bars show the range of recommended ages for the vaccination.

*This schedule was current as of December 23, 2011. For more information on CDC immunization recommendations, visit www.cdc.gov.

**The Centers for Disease Control and Prevention (CDC) recommends that all persons age 6 months and older be immunized annually for seasonal flu. Children between age 6 months and 8 years who are getting the flu shot for the first time will require two separate shots, as a single dose will not provide enough protection.

Note: New York State requires that all children born January 1, 2008 or later be immunized with the Pneumococcal Conjugate Vaccine (PCV) before attending day care, pre-K or Head Start programs. New York State also requires that all children who attend a school, day care center or preschool program must have these shots: hepatitis B; diphtheria, tetanus, acellular pertussis; Haemophilus influenzae type b; polio; measles, mumps, rubella; and varicella. The New York State Department of Health's immunization bureau has issued new requirements for the tetanus, diphtheria and pertussis (Tdap) booster vaccine. As of September 1, 2007 all children born on or after January 1, 1994 and enrolling in the sixth grade will need to receive one dose of the Tdap booster vaccine.

Source: The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).

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