



Catholic Diocese of Jackson

BOON-CHAPMAN

The Catholic Diocese of Jackson is pleased to offer the following wellness benefits at 100% coverage to all members covered under the medical plan. ****You must receive services from an in-network provider in order for these services to be covered. To find an in-network provider please visit www.mpcn-ms.com, www.mhpartners.com or www.healthlinkppo.com.**

IMMUNIZATIONS

Age	
Birth-2 Years	Hepatitis B (Hep B) Diphtheria, Tetanus, Pertussis (DTap) Haemophilus influenza type b (Hib) Inactivated Polio (IPV) Measles, Mumps, Rubella (MMR) Varicella Pneumococcal (PCV) Influenza (Flu vaccine) Hepatitis A (Hep A) Rotavirus (Birth – 9 months) Meningococcal
3-11 Years	Hep B DtaP/Tdap/Td booster IPV MMR Varicella PCV Flu Vaccine Hep A Human Papillomavirus (HPV) beginning at age 9 Meningococcal
12-17 years	Hepatitis B Tdap/Td booster MMR Varicella PCV/PPV Flu Vaccine Hep A HPV Meningococcal

18 years and older	Hep B DtaP/Tdap/Td booster MMR Varicella PPV Flu Vaccine Hep A HPV before age 27 Meningococcal (up to age 55) Shingles (age 50 and older)
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PREVENTIVE / ROUTINE SERVICES

- Available to All Ages:
 - One Preventive Medicine Evaluation (Birth to 24 months are allowed 8 visits) per calendar year
 - Hemoglobin, hematocrit or CBC (once per calendar year)
 - Urinalysis (once per calendar year)
 - Immunizations (see schedule listed above)
 - Tuberculosis Screening

- Ages 2 and up
 - Blood Pressure (once per calendar year)
 - Glucose (once per calendar year)
 - Lipid Profile (once per calendar year)

- Females Ages 12 and older
 - Breast exam (once per calendar year)
 - Pap smear and pelvic exam (once per calendar year)

- Females Ages 35 and older
 - Mammogram (once per calendar year)

- Females Ages 50 and older
 - Bone Density (once per lifetime)

- Males ages 40 and up
 - Prostate specific antigen with digital rectal exam (once per calendar year)

- Ages 40 and up (male and female)
 - Stool for occult blood (once per calendar year)

- Ages 50 and up (male and female)
 - Flexible sigmoidoscopy (once every five years) OR
 - Colonoscopy (once every 10 years)