

2016 Preventive Screenings Checklist

Getting preventive care is one of the best ways to Live Healthy. Your plan covers the important screenings, tests, and immunizations included in this checklist. Talk to your doctor about which ones apply to you. Use this checklist throughout the year to record your exam dates, upcoming appointments and more.

Screenings/Test/Treatment	Recommended Frequency	Date Completed	Next Due Date	Appointment Scheduled	Doctor Contact Information
Controlling Blood Pressure	Annually			Date: _____ Time: _____	
Colorectal Cancer Screening: Fecal Occult Blood Test	Annually			Date: _____ Time: _____	
Comprehensive Diabetes Care (Includes the Retinal, Nephropathy, Hemoglobin A1c screenings)	Annually			Date: _____ Time: _____	
Breast Cancer Screening	Annually			Date: _____ Time: _____	
Pap Test and Pelvic Exam	Every 1–2 years			Date: _____ Time: _____	
Prostate Cancer Screening	Annually			Date: _____ Time: _____	
Flu Vaccine (Nasal or Shot)	Annually			Date: _____ Time: _____	
Medicare Wellness Visit	Annually			Date: _____ Time: _____	
Bone Mass Measurement	Every 2 years			Date: _____ Time: _____	
Colorectal Cancer Screening: Colonoscopy	Every 2–10 years			Date: _____ Time: _____	
Pneumococcal Shot	You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.			Date: _____ Time: _____	

If you have any questions about your plan, please call Member Services at the number listed on the back of your Member ID card.

Today's Options® PFFS, Today's Options® PPO, and Today's Options® HMO are Medicare Advantage plans with a Medicare contract. Enrollment in these plans depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

