

PREVENTIVE CARE GUIDE

Preventive Care

The following chart lets you know what care or screenings you may need for someone your age and gender. For example, if you are a 25 year-old female, please find that row for the preventive care that you may need. Your doctor will know what preventive services you need. We will also let you know what preventive care services you must get in order to roll-over your POWER Account balance at the end of the year.

IF YOU ARE:	YOU NEED:
Male age 19-34	Annual Physical Exam Blood Glucose Screening Tetanus-Diphtheria Booster
Female age 19-34	Annual Physical Exam Pap Smear Chlamydia Screening (if you are under 25) Blood Glucose Screening Tetanus-Diphtheria Booster
Male age 35-49	Annual Physical Exam Cholesterol Testing Blood Glucose Screening Tetanus-Diphtheria Booster
Female age 35-49	Annual Physical Exam Pap Smear Cholesterol Testing (if you are over 45) Mammogram Blood Glucose Screening Tetanus-Diphtheria Booster
Male age 50-64	Annual Physical Exam Cholesterol Testing Blood Glucose Screening Tetanus-Diphtheria Booster Colonoscopy Flu Shot
Female age 50-64	Annual Physical Exam Pap Smear Cholesterol Testing Mammogram Blood Glucose Screening Tetanus-Diphtheria Booster Colonoscopy Flu Shot

Please remember that all preventive care that you get is covered by MDwise. This will not be taken out of your POWER Account. If you get preventive services every year, and you have money left over in your POWER Account, that money will be rolled over to your POWER Account for next year! If you **DO NOT** get the preventive care that you need, any state contribution money left over at the end of the year will not roll-over to the next year.