Filing at a Glance

Company: Freedom Life Insurance Company of America

Product Name: GMS PPACA Amendatory Endorsement	SERFF Tr Num: USHG-126753085	State: Arkansas
TOI: H16G Group Health - Major Medical	SERFF Status: Closed-Approved-Closed	State Tr Num:
Sub-TOI: H16G.001A Any Size Group - PPO	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Rosalind Minor
	Author: Shannon Morgan Cubby	Disposition Date: 08/04/2010
	Date Submitted: 08/03/2010	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 08/04/2010

Deemer Date:
Submitted By: Shannon Morgan Cubby
PPACA: Non-Grandfathered Immed Mkt Reforms
Filing Description:
Please see the attached Cover Letter.

Thank you,
Shannon Morgan Cubby

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Large
Group Market Type: Association
Explanation for Other Group Market Type:
State Status Changed: 08/04/2010
Created By: Shannon Morgan Cubby
Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Shannon M. Morgan, Product Analyst
3100 Burnett Plaza
801 Cherry Street, Unit 33
Fort Worth, TX 76102

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817-878-3310 [FAX]

Filing Company Information

Freedom Life Insurance Company of America	CoCode: 62324	State of Domicile: Texas
3100 Burnett Plaza	Group Code: 839	Company Type: Accident, Life and Health
801 Cherry Street, Unit 33	Group Name:	State ID Number:
Fort Worth, TX 76102	FEIN Number: 61-1096685	
(817) 878-3328 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Freedom Life Insurance Company of America	$50.00	08/03/2010	38498566

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/04/2010	08/04/2010

Disposition

Disposition Date: 08/04/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*USHG-126753085*	*State:*	*Arkansas*
Filing Company:	*Freedom Life Insurance Company of America*	*State Tracking Number:*	
Company Tracking Number:			
TOI:	*H16G Group Health - Major Medical*	*Sub-TOI:*	*H16G.001A Any Size Group - PPO*
Product Name:	*GMS PPACA Amendatory Endorsement*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	No
Supporting Document	Application	Approved-Closed	No
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	No
Supporting Document	Cover Letter	Approved-Closed	No
Supporting Document	Immunizations and Screenings Charts	Approved-Closed	No
Form	PPACA Ememdatory Endorsement	Approved-Closed	No

Form Schedule

Lead Form Number: GMS-PPACA-NG-AE-AR-FLIC

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/04/2010	GMS-PPACA-NG-AE-AR-FLIC	Certificate Amendment, Insert Page, Endorsement or Rider	PPACA Ememdatory Endorsement	Initial		43.250	GMS-PPACA-NG-AE-AR-FLIC.pdf

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

[3100 Burnett Plaza 801 Cherry Street, Unit 33 Fort Worth, Texas 76102 1-800-387-9027]

AMENDATORY ENDORSEMENT

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Non-Grandfathered Plans

Effective [September 23, 2010][January 1, 2011], some of the **Benefits**, terms, conditions, limitations, and exclusions contained in **Your Certificate** will change as a result of the Patient Protection and Affordable Care Act of 2010 and related regulations **(**"**PPACA**"**)**. Notwithstanding any other provision of **Your Certificate**, the provisions set forth below shall apply. In the event of a conflict between the provisions of any other section of **Your Certificate** and the provisions of this AMENDATORY ENDORSEMENT, the provisions of this AMENDATORY ENDORSEMENT shall prevail and supersede any conflicting language contained in **Your Certificate**.

This AMENDATORY ENDORSEMENT is issued to and made a part of the **Certificate** to which it is attached and becomes effective as of [September 23, 2010][January 1, 2011]. This AMENDATORY ENDORSEMENT changes **Your Certificate** as follows:

1. The following definitions replace and supersede the corresponding definitions in Section II. DEFINITIONS:

   "**Adult Wellness Preventive Care**" means the evidence-based items or services that have in effect a rating of "A" or "B" in the current list of preventive services recommended for adults by the United States Preventive Services Task Force (USPSTF). (See current USPSFT A & B recommendation chart.)

   "**Childhood Wellness Preventive Care**" means the evidence-based items or services that have in effect a rating of "A" or "B" in the current list of preventive services recommended for each infant, child and adolescent **Insured** by the United States Preventive Services Task Force (USPSTF). To the extent not addressed by the USPSTF, **Child Wellness Preventive Care** also includes evidence-informed preventive care and screenings **Provided** for the appropriate age in the comprehensive guidelines supported by the Health Resources and Services Administration.

   "**Emergency**" means a medical condition which **Manifests** itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (i) placing the health of the **Insured** (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part.

   "**Emergency Room Services Co-Pay**" means the **Co-Pay** payment that is required per visit per **Insured** toward the applicable amount of **Covered Expenses** incurred under Section V.A. EMERGENCY ROOM SERVICES. The amount of **Covered Expenses** remaining after application and satisfaction of the **Emergency Room Services Co-Pay** is subject to the **Calendar Year Deductible** and the **Participating Provider Insured Coinsurance Percentage**. The amount of each applicable **Emergency Room Services Co-Pay** is shown on the **Certificate Schedule**.

2. The following definition is added to Section II. DEFINITIONS:

   "**PPACA**" means the Patient Protection and Affordable Care Act of 2010 as amended by the Health Care and Education Reconciliation Act of 2010 and applicable federal rules or regulations adopted in connection with such acts.

3. The EMERGENCY ROOM SERVICES **Benefit** under Section V.A.2. EMERGENCY ROOM AND OTHER OUTPATIENT BENEFITS is hereby deleted in its entirety and replaced with the following:

   a. EMERGENCY ROOM SERVICES

   Subject to the **Emergency Room Services Co-Pay**, the **Calendar Year Deductible** and the **Participating Provider Insured Coinsurance Percentage**, services **Provided** by a **Hospital** or a **Provider** in the emergency room of the **Hospital** for the following items received by an **Insured** on an **Emergency** basis:

   1) Emergency room services and supplies;
   2) **Provider** services for surgery in the emergency room of the **Hospital**, if **We** are notified of such surgery within seventy-two (72) hours after such surgical procedure has been performed, or as soon thereafter as reasonably possible;
   3) X-ray and laboratory examinations;
   4) **Prescription Drugs** administered prior to discharge from the emergency room;
   5) Surgical dressings, casts, splints, trusses, braces and crutches received prior to discharge from the emergency room; and
   6) Services of a registered nurse (R.N.) in the emergency room of a **Hospital**.

   This **Benefit** is not subject to the **Separate Deductible for Non-Participating Providers** or the **Non-Participating Provider Insured Coinsurance Percentage**.

4. The definitions of "**Full-Time Student**" and "**Periodic Preventive Care Visits"** are hereby deleted in their entirety from Section II. DEFINITIONS.

[5.] The definition of "**Miscellaneous Benefits**" in Section II. DEFINITIONS, the coinsurance amount listed on the **Certificate Schedule**, Section V.C. MISCELLANEOUS BENEFITS and any mention thereto throughout the **Certificate** is hereby deleted.

[6.] [The definition of "**Lifetime Certificate Maximum Per Insured**" in Section II. DEFINITIONS, the amount listed on the **Certificate Schedule** and any mention thereto throughout the **Certificate** is hereby changed to an unlimited lifetime maximum for essential benefits as defined by **PPACA**; however, the **Lifetime Certificate Maximum Per Insured** will remain as originally issued with regard to **Benefits** not defined as essential benefits by **PPACA**.]

[7.] [The definition of "**Lifetime Transplant Maximum**" in Section II. DEFINITIONS, the amount listed on the **Certificate Schedule** and any mention thereto throughout the **Certificate** is hereby changed to an unlimited lifetime maximum.]

[8.] The definition of "**Calendar Year Maximum Benefit Per Insured**" in Section II. DEFINTIONS, the amount listed on the **Certificate Schedule** and any mention thereto throughout the **Certificate** is hereby changed to an unlimited **Calendar Year** maximum for essential benefits as defined by **PPACA**. However, the **Calendar Year Maximum Benefit Per Insured** will remain as originally issued with regard to **Benefits** not defined as essential benefits by **PPACA**.

[9.] [The definition of "**Calendar Year Maximum Per Insured for Outpatient Treatment**" in Section II. DEFINTIONS, the amount listed on the **Certificate Schedule** and any mention thereto throughout the **Certificate** is hereby changed to an unlimited **Calendar Year** maximum for essential benefits as defined by **PPACA**. However, the **Calendar Year Maximum Per Insured for Outpatient Treatment** will remain as originally issued with regard to **Benefits** not defined as essential benefits by **PPACA**.

[10.]The definition of "**Calendar Year Maximum Per Insured for Outpatient Prescription Drugs**" in Section II. DEFINITIONS, the amount listed on the **Certificate Schedule** and any mention thereto throughout the **Certificate** is hereby changed to an unlimited **Calendar Year** maximum.]

[11.]The first paragraph in Section III.B. ELIGIBLITY AND ADDITIONS Section is hereby deleted in its entirety and replaced the following paragraph:

Your Spouse; **Your** dependent children who are under the age of twenty-six (26) regardless of marital status, student status, financial dependency or residency requirements, and grandchildren who are considered **Your** dependents for federal income tax purposes and who are under age twenty-six (26); any children which an **Insured** is required to insure under a medical support order; any child whom **You**, or **Your Spouse** (if listed as an **Other Insured** on the **Certificate Schedule**) intends to adopt and has become a party to a suit for that purpose; and any child who is in the custody of an **Insured** under a temporary court order that grants the **Insured** conservatorship of the child, are eligible for this coverage provided required application forms and additional premiums are timely and properly submitted to the **Company**. Any eligible dependent (other than a newborn or adoptee) will be added to the **Certificate** when **We** approve the written application for such coverage and accept payment of any necessary premium. The **Certificate** does not provide coverage for any spouse or children of an eligible dependent child unless required by state law.

[12.]The following provision replaces the corresponding provision in Section III.C.1. TERMINATIONS SUBJECT TO RIGHT OF CONVERSION:

c. with respect to **Your** child(ren) who are covered under the **Certificate**, the premium due date in the month following such **Insured's** twenty-sixth (26th) birthday.

[13.]The following provision replaces the corresponding provision in Section III. D. CONTINUATION OF COVERAGE AND CERTIFICATE OF CONVERSION:

2. For **Your** unmarried child(ren) who is covered under the **Certificate**, if his of her coverage ceases due to his or her reaching the limiting age of twenty-six (26), or

[14.][The following **Calendar Year** maximums are deleted in the stated provisions of Section V.A. SICKNESS AND INJURY BENEFITS:]

[INPATIENT THERAPY]

[Physical therapy - $2,000 **Calendar Year** maximum is hereby deleted.]
[Rehabilitation Therapy - $100 per day maximum is hereby deleted.]

[OUTPATIENT THERAPY]

[Physical therapy - $2,000 **Calendar Year** maximum is hereby deleted.]
[Occupational, Physical and Speech Therapy - $100 **Calendar Year** maximum is hereby deleted.]
[Rehabilitation Therapy - $100 per day maximum is hereby deleted.]

[INHERITED METABOLIC DISORDERS

Twelve (12) month **Benefit** maximum of $5,000 is deleted.]

NEWBORN CARE

The NEWBORN CARE provision is hereby deleted. Newborn **Sickness** and **Injury** is covered throughout the **Certificate**, and newborn screenings are covered under the CHILDHOOD WELLNESS AND PREVENTIVE CARE provision.

[15.]Section V.B. WELLNESS AND SCREENING BENEFITS is hereby deleted in its entirety and replaced with the following:

Subject to all applicable definitions, exclusions, limitations, waiting periods, and other provisions contained in the **Certificate**, as well as any riders, endorsements, or amendments attached hereto, **We** promise to pay to or on behalf of each **Insured** the **Company Insurance Percentage** of the amount of professional fees and other applicable medical diagnostic or treatment expenses and charges that constitute **Covered Expenses** incurred by each **Insured** for the following described WELLNESS AND SCREENING BENEFIT services, but only after (i) each of the applicable deductibles has been first satisfied by deduction from such

Covered Expenses and applied to the applicable **Insured** for payment, and (ii) the applicable **Insured Coinsurance Percentage** for the **Covered Expenses** remaining after satisfaction of all applicable deductibles is, likewise, satisfied by deduction from the remaining **Covered Expenses** and applied to the applicable **Insured** for payment:

a. ADULT WELLNESS AND PREVENTIVE CARE

1) Adult Annual Physical Examination

[Commencing on the first anniversary of the **Issue Date**,] [s][S]ervices **Provided** to **You** and **Your Spouse** (if such spouse is listed as an **Other Insured**) for necessary annual physical exam visit, by a **Participating Provider** no more than once every [twelve (12) months] up to a **Calendar Year** maximum payment by **Us** of [$250] per person per **Calendar Year**.

Benefits under this Section do not include charges (i) by **Participating Providers** for any spinal manipulations, physical therapy, occupational therapy, or other **Outpatient** therapy or treatment, or any form of medical or surgical treatment of an **Injury** or **Sickness**, or (ii) any service, care, test or treatment by a **Non-Participating Provider**.

2) Adult Wellness Preventive Care

Services **Provided** to **You** and **Your Spouse** (if such spouse is listed as an **Other Insured**) for necessary **Adult Wellness Preventive Care** by a **Provider**.

Adult Wellness Preventive Care does not include charges by **Providers** for any spinal manipulations, physical therapy, occupational therapy, or other **Outpatient** therapy or treatment, or any form of medical or surgical treatment of an **Injury** or **Sickness**.

Adult Wellness Preventive Care services **Provided** by a **Participating Provider** are not subject to any deductible, copayment, or coinsurance requirement that would otherwise apply. **Adult Wellness Preventive Care** services **Provided** by a **Non-Participating Provider** are subject to the **Separate Deductible For Non-Participating Providers** and a **Non-Participating Provider Insured Coinsurance Percentage**. The **Non-Participating Provider Insured Coinsurance Percentage** shown on the **Certificate Schedule** does not apply to **Adult Wellness Preventive Care**. The **Non-Participating Provider Insured Coinsurance Percentage** for **Adult Wellness Preventive Care** is 25%. Additionally, if the **Adult Wellness Preventive Care** services are billed separately from an office visit, or if the primary purpose of the office visit was not for the delivery of such **Adult Wellness Preventive Care** services, then **We** may impose any applicable deductibles or coinsurance with respect to the office visit.

In the event that the evidence-based items or services that have a rating of “A” or “B” in the current recommendations by the United States Preventive Services Task Force (USPSTF) are modified, no longer required or the waiver of cost share has been removed, **We** will provide **You** with a sixty (60) day advance notice before any material modification will become effective.

b. MAMMOGRAPHY SCREENING

For female **Insureds** thirty-five (35) to thirty-nine (39) years of age, a single baseline **Mammogram** to detect the presence of occult breast cancer. Mammography **Benefits** for female **Insureds** ages forty (40) and over are covered under the ADULT WELLNESS PREVENTIVE CARE provision.

c. PROSTATE CANCER SCREENING

Benefits include **Covered Expenses** incurred for each male **Insured** who is at least forty (40) years of age or older for an annual screening for the early detection of prostate cancer, as recommended by the National Comprehensive Cancer Network guidelines.

Benefits are not subject to plan deductibles and shall not exceed the actual cost of the prostate cancer screening.

d. CHILDHOOD WELLNESS AND PREVENTIVE CARE

Services **Provided** by a **Provider** to each infant, child, and adolescent **Insured** for necessary **Childhood Wellness Preventive Care** for evidence-based items or services that have in effect a rating of "A" or "B" at ages recommended by the United States Preventive Services Task Force (USPSTF), and to the extent not addressed by the USPSTF, **Child Wellness Preventive Care** also includes evidence-informed preventive care and screenings **Provided** for the appropriate age in the comprehensive guidelines supported by the Health Resources and Services Administration.

Childhood Wellness Preventive Care does not include charges by **Providers** for any spinal manipulations, physical therapy, occupational therapy, or other **Outpatient** therapy or treatment, or any form of medical or surgical treatment of an **Injury** or **Sickness**.

Childhood Wellness Preventive Care services **Provided** by a **Participating Provider** are not subject to any deductible, copayment, or coinsurance requirement that would otherwise apply. **Childhood Wellness Preventive Care** services **Provided** by a **Non-Participating Provider** are subject to the **Separate Deductible For Non-Participating Providers** and a **Non-Participating Provider Insured Coinsurance Percentage**. The **Non-Participating Provider Insured Coinsurance Percentage** shown on the **Certificate Schedule** does not apply to **Childhood Wellness Preventive Care**. The **Non-Participating Provider Insured Coinsurance Percentage** for **Childhood Wellness Preventive Care** is 25%. Additionally, if the **Childhood Wellness Preventive Care** services are billed separately from an office visit, or if the primary purpose of the office visit was not for the delivery of such **Childhood Wellness Preventive Care** services, then **We** may impose any applicable deductibles or coinsurance with respect to the office visit.

In the event that the evidence-based items or services that have a rating of "A" or "B" in the current recommendations by the Health Resources and Services Administration recommendation by the United States Preventive Services Task Force (USPSTF) are modified, no longer required or the waiver of cost share has been removed, **We** will provide **You** with a sixty (60) day advance notice before any material modification will become effective.

e. IMMUNIZATIONS

Services **Provided** for routine immunizations **Provided** to each **Insured** as currently recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) (See the attached CDC pamphlet for the currently recommended immunization schedule).

Immunizations **Provided** by a **Participating Provider** and immunizations for each **Insured** under the age of nineteen (19) **Provided** by a **Non-Participating Provider**, are not subject to any deductible or coinsurance requirement that would otherwise apply. Immunizations **Provided** by a **Non-Participating Provider** are subject to the **Separate Deductible For Non-Participating Providers** and a **Non-Participating Provider Insured Coinsurance Percentage**. The **Non-Participating Provider Insured Coinsurance Percentage** shown on the **Certificate Schedule** does not apply to immunizations. The **Non-Participating Provider Insured Coinsurance Percentage** for immunizations is 25%. In the event that immunizations recommended by the CDC are modified, no longer required or the waiver of cost share has been removed, **We** will provide **You** with a sixty (60) day advance notice before any material modification will become effective. Additionally, if the immunizations are billed separately from an office visit, or if the primary purpose of the office visit was not for the delivery of such immunizations, then **We** may impose any applicable deductibles or coinsurance with respect to the office visit. Immunization **Benefits** do not include charges for immunizations for occupational hazards or international travel.

[16.]Section VIII. INCREASE IN LIFETIME CERTIFICATE MAXIMUM and any mention thereto throughout the **Certificate** is hereby deleted in its entirety.

This AMENDATORY ENDORSEMENT is subject to all the terms, conditions, limitations, exclusions and definitions of the **Certificate** to which it is attached not inconsistent herewith. In all other aspects **Your** coverage remains the same.

SECRETARY

PRESIDENT

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/04/2010

Comments:
Please see the attached Flesch Certification.
Attachment:
AR GMS FLESCH.pdf

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/04/2010
Bypass Reason:	Not filing a policy		

Comments:

		Item Status:	Status Date:
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	08/04/2010

Comments:
Please see the attached PPACA Compliance Form.
Attachment:
GMS PPACA Checklist.pdf

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	08/04/2010

Comments:
Please see the attached Cover Letter.
Attachment:
AR GMS PPACA Cover Letter.pdf

	Item Status:	Status

			Date:
Satisfied - Item:	Immunizations and Screenings Charts	Approved-Closed	08/04/2010

Comments:

Please see the attached Immunizations and Screenings Charts.

Attachments:

0-6yrs-schedule-pr.pdf
7-18yrs-schedule-pr.pdf
adult-schedule.pdf
catchup-schedule-pr.pdf
USPSTF A&B 2009.pdf
HRSA Bright Futures2010.pdf
SACHDNC Bright Futures.pdf

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

READABILITY CERTIFICATION

I hereby certify that the forms, listed below, have been properly scored and have achieved the Flesch Score, as indicated.

Form Number	Flesch Score
GMS-PPACA-NG-AE-AR-FLIC	43.25

Name: Ranita Grauwiler

Signature: _____

Title: Vice President – Product Development

Dated: August 3, 2010

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☑ **INDIVIDUAL HEALTH BENEFIT PLANS** ***(Complete SECTION A only)***

☐ **SMALL / LARGE GROUP HEALTH BENEFIT PLANS** ***(Complete SECTION B only)***

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as "major medical" in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. (*If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.*)

***For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
Freedom Life Insurance Company of America	62324		GMS-06-C-AR-FLIC	☑ Yes ☐ No

PPACA Uniform Compliance Summary

Reset Form

SECTION A – Individual Health Benefit Plans				
TOI	**Category**	**Statute Section**	**Grandfathered**	**Non-Grandfathered**
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	*[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]*	N/A	☐ **Yes** ☑ No If **no**, please explain.
	Explanation: Not applicable			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for "restricted" annual dollar limits for essential benefits for plan years prior to January 1, 2014.	*[Section 2711 of the PHSA/Section 1001 of the PPACA]*	N/A	☑ **Yes** ☐ No If **no**, please explain.
	Explanation:			
	Page Number: 2-3			
	Eliminate Lifetime Dollar Limits on Essential Benefits	*[Section 2711 of the PHSA/Section 1001 of the PPACA]*	☐ **Yes** ☐ No If **no**, please explain.	☑ **Yes** ☐ No If **no**, please explain.
	Explanation:			
	Page Number: 2			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	*[Section 2712 of the PHSA/Section 1001 of PPACA]*	☐ **Yes** ☐ No If **no**, please explain.	☐ **Yes** ☑ No If **no**, please explain
	Explanation: Current language and practices comply			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans				
TOI	**Category**	**Statute Section**	**Grandfathered**	**Non-Grandfathered**
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.	*[Section 2713 of the PHSA/Section 1001 of the PPACA]*	N/A	☑ **Yes** ☐ No If **no**, please explain.
	Explanation:			
	Page Number: 1, 3,4,5			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.	*[Section 2714 of the PHSA/Section 1001 of the PPACA]*	☐ **Yes** ☐ No If **no**, please explain.	☑ **Yes** ☐ No If **no**, please explain.
	Explanation:			
	Page Number: 3			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	*[Section 2719 of the PHSA/Section 1001 of the PPACA]*	N/A	☐ **Yes** ☑ No If **no**, please explain.
	Explanation: Current practices comply			
	Page Number:			
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	*[Section 2719A of the PHSA/Section 10101 of the PPACA]*	N/A	☑ **Yes** ☐ No If **no,** please explain.
	Explanation:			
	Page Number: 1-2			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans				
TOI	**Category**	**Statute Section**	**Grandfathered**	**Non-Grandfathered**
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	*[Section 2719A of the PHSA/Section 10101 of the PPACA]*	N/A	☐ **Yes** ☑ No If **no**, please explain.
	Explanation: Not designation required			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	*[Section 2719A of the PHSA/Section 10101 of the PPACA]*	N/A	☐ **Yes** ☑ No If **no**, please explain.
	Explanation: No prior authorization or referral required			
	Page Number:			

Reset Form

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	*[Sections 2704 of the PHSA/Section 1201 of the PPACA]*	☐ **Yes** ☐ No If **no**, please explain.	☐ **Yes** ☐ No If **no**, please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for "restricted" annual dollar limits for essential benefits for plan years prior to January 1, 2014.	*[Section 2711 of the PHSA/Section 1001 of the PPACA]*	☐ **Yes** ☐ No If **no**, please explain.	☐ **Yes** ☐ No If **no**, please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	*[Section 2711 of the PHSA/Section 1001 of the PPACA]*	☐ **Yes** ☐ No If **no**, please explain.	☐ **Yes** ☐ No If **no,** please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	*[Section 2712 of the PHSA/Section 1001 of PPACA]*	☐ **Yes** ☐ No If **no**, please explain.	☐ **Yes** ☐ No If **no**, please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)				
TOI	**Category**	**Statute Section**	**Grandfathered**	**Non-Grandfathered**
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	*[Section 2713 of the PHSA/Section 1001 of the PPACA]*	N/A	☐ **Yes** ☐ No If **no**, please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◊	*[Section 2714 of the PHSA/Section 1001 of the PPACA]*	☐ **Yes**◊ ☐ No If **no**, please explain.	☐ **Yes** ☐ No If **no**, please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	*[Section 2719 of the PHSA/Section 1001 of the PPACA]*	N/A	☐ **Yes** ☐ No If **no**, please explain.
	Explanation:			
	Page Number:			

◊ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)				
TOI	**Category**	**Statute Section**	**Grandfathered**	**Non-Grandfathered**
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	*[Section 2719A of the PHSA/Section 10101 of the PPACA]*	N/A	☐ **Yes** ☐ No If **no**, please explain.
	Explanation:			
	Page Number:			
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	*[Section 2719A of the PHSA/Section 10101 of the PPACA]*	N/A	☐ **Yes** ☐ No If **no**, please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	*[Section 2719A of the PHSA/Section 10101 of the PPACA]*	N/A	☐ **Yes** ☐ No If **no**, please explain.
	Explanation:			
	Page Number:			

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

3100 Burnett Plaza ◆ 801 Cherry Street, Unit 33, ◆ Fort Worth, Texas 76102 ◆1-800-387-9027

August 3, 2010

The Honorable Jay Bradford
Life and Health Division
Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

RE: **Freedom Life Insurance Company of America**
NAIC 62324 FEIN #61-1096685
New Submission

Amendatory Endorsement:	Amending Previously Approved Form:
GMS-PPACA-NG-AE-AR-FLIC	GMS-06-C-AR-FLIC

Dear Commissioner Bradford:

Attached please find the above-referenced amendatory endorsement, which is being filed for your review and approval. This amendatory endorsement is to bring the above-referenced previously approved form into compliance with the Patient Protection and Affordable Care Act of 2010 (PPACA). This form is designed to accompany non-grandfathered plans. In an effort to facilitate the acceptance of this form by your Department, please note the following information:

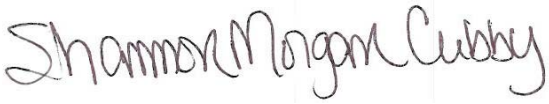
1) One of the two bracketed effective dates will appear, depending on the issue date of the certificate. Based on the Calendar Year benefit structure, for plans issued after the enactment date of PPACA but before September 23, 2010, the changes are effective on January 1, 2010. For plans issued on or after September 23, 2010, the changes are effective September 23, 2010.
2) The most current versions of the immunizations and screenings charts referenced in the amendatory endorsements are attached for your information.
3) The entire Wellness and Screening Benefits Section of the certificates is being replaced with the amendatory endorsement. Individual provisions for many preventive care and screening services are no longer necessary since most preventive care and screening services are now generally covered under the Adult Wellness Preventive Care, Childhood Wellness Preventive Care, and Immunizations benefits. Any state mandated benefits that supersede PPACA or other benefits not affected by PPACA are relisted in the amendatory endorsement, though such language is unchanged.
4) Bracketed language changing the Lifetime Certificate Maximum Per Insured to “unlimited” for essential benefits may or may not appear depending on the issue date of the form. If the form is issued after September 23, 2010, it will have an amended Certificate Schedule which will show “unlimited” lifetime certificate maximum for essential benefits.
5) Language changing the Lifetime Transplant Maximum to “unlimited” is also bracketed and will not appear for plans issued after September 23, 2010, since “unlimited” will show on the Certificate Schedule after that date.
6) The language deleting the dollar limits for various therapies and inherited metabolic disorders is bracketed so we may remove this language if the definition of essential benefits (which has not yet been published) does not include these services. If these benefits are defined as essential benefits, the provisions will remain. Additionally, some benefits vary according to the choices made by the certificate holder, and these benefits are bracketed so that they may be removed or included to correspond to the certificate holder’s specific plan of coverage.

We reserve the right to amend the above-referenced form to correct any minor typographical errors we may have neglected to find prior to submission, and to amend the language in order to clarify the intent within the confines of the law.

The appropriate transmittal documents are attached.

Your consideration of this filing is appreciated. Should you have any questions, please contact me as listed below.

Sincerely,



Shannon Morgan Cubby
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Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2010

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼ Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B[1]	HepB	HepB			HepB						
Rotavirus[2]			RV	RV	RV[2]						
Diphtheria, Tetanus, Pertussis[3]			DTaP	DTaP	DTaP	see footnote[3]	DTaP				DTaP
Haemophilus influenzae type b[4]			Hib	Hib	Hib[4]	Hib					
Pneumococcal[5]			PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus[6]			IPV	IPV	IPV						IPV
Influenza[7]					Influenza (Yearly)						
Measles, Mumps, Rubella[8]						MMR		see footnote[8]			MMR
Varicella[9]						Varicella		see footnote[9]			Varicella
Hepatitis A[10]						HepA (2 doses)				HepA Series	
Meningococcal[11]										MCV	

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: **http://www.cdc.gov/vaccines/pubs/acip-list.htm**. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at **http://www.vaers.hhs.gov** or by telephone, **800-822-7967.**

1. **Hepatitis B vaccine (HepB).** (Minimum age: birth)
   At birth:
   - Administer monovalent HepB to all newborns before hospital discharge.
   - If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
   - If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

   After the birth dose:
   - The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. The final dose should be administered no earlier than age 24 weeks.
   - Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
   - Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.
2. **Rotavirus vaccine (RV).** (Minimum age: 6 weeks)
   - Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
   - The maximum age for the final dose in the series is 8 months 0 days
   - If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
3. **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** (Minimum age: 6 weeks)
   - The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
   - Administer the final dose in the series at age 4 through 6 years.
4. ***Haemophilus influenzae* type b conjugate vaccine (Hib).** (Minimum age: 6 weeks)
   - If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
   - TriHiBit (DTaP/Hib) and Hiberix (PRP-T) should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.
5. **Pneumococcal vaccine.** (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])
   - PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
   - Administer PPSV 2 or more months after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. See *MMWR* 1997;46(No. RR-8).
6. **Inactivated poliovirus vaccine (IPV)** (Minimum age: 6 weeks)
   - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
   - If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. See *MMWR* 2009;58(30):829–30.
7. **Influenza vaccine (seasonal).** (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])
   - Administer annually to children aged 6 months through 18 years.
   - For healthy children aged 2 through 6 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
   - Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
   - Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
   - For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine see *MMWR* 2009;58(No. RR-10).
8. **Measles, mumps, and rubella vaccine (MMR).** (Minimum age: 12 months)
   - Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
9. **Varicella vaccine.** (Minimum age: 12 months)
   - Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
   - For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
10. **Hepatitis A vaccine (HepA).** (Minimum age: 12 months)
    - Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
    - Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits
    - HepA also is recommended for older children who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
11. **Meningococcal vaccine.** (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])
    - Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing tham at high risk.
    - Administer MCV4 to children previously vaccinated with MCV4 or MPSV4 after 3 years if first dose administered at age 2 through 6 years. See *MMWR* 2009;58:1042–3.

CS207330-A

The Recommended Immunization Schedules for Persons Aged 0 through 18 Years are approved by the Advisory Committee on Immunization Practices (**http://www.cdc.gov/vaccines/recs/acip**), the American Academy of Pediatrics (**http://www.aap.org**), and the American Academy of Family Physicians (**http://www.aafp.org**).

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2010

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼ Age ▶	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis[1]		Tdap	Tdap
Human Papillomavirus[2]	*see footnote 2*	HPV (3 doses)	HPV series
Meningococcal[3]	MCV	MCV	MCV
Influenza[4]	Influenza (Yearly)		
Pneumococcal[5]	PPSV		
Hepatitis A[6]	HepA Series		
Hepatitis B[7]	Hep B Series		
Inactivated Poliovirus[8]	IPV Series		
Measles, Mumps, Rubella[9]	MMR Series		
Varicella[10]	Varicella Series		

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: **http://www.cdc.gov/vaccines/pubs/acip-list.htm**. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at **http://www.vaers.hhs.gov** or by telephone, **800-822-7967.**

1. **Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum age: 10 years for Boostrix and 11 years for Adacel)
   - Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
   - Persons aged 13 through 18 years who have not received Tdap should receive a dose.
   - A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.
2. **Human papillomavirus vaccine (HPV).** (Minimum age: 9 years)
   - Two HPV vaccines are licensed: a quadrivalent vaccine (HPV4) for the prevention of cervical, vaginal and vulvar cancers (in females) and genital warts (in females and males), and a bivalent vaccine (HPV2) for the prevention of cervical cancers in females.
   - HPV vaccines are most effective for both males and females when given before exposure to HPV through sexual contact.
   - HPV4 or HPV2 is recommended for the prevention of cervical precancers and cancers in females.
   - HPV4 is recommended for the prevention of cervical, vaginal and vulvar precancers and cancers and genital warts in females.
   - Administer the first dose to females at age 11 or 12 years.
   - Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
   - Administer the series to females at age 13 through 18 years if not previously vaccinated.
   - HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of acquiring genital warts.
3. **Meningococcal conjugate vaccine (MCV4).**
   - Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.
   - Administer to previously unvaccinated college freshmen living in a dormitory.
   - Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, or certain other conditions placing them at high risk.
   - Administer to children previously vaccinated with MCV4 or MPSV4 who remain at increased risk after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older). Persons whose only risk factor is living in on-campus housing are not recommended to receive an additional dose. See *MMWR* 2009;58:1042–3.
4. **Influenza vaccine (seasonal).**
   - Administer annually to children aged 6 months through 18 years.
   - For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
   - Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
   - For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine. See *MMWR* 2009;58(No. RR-10).
5. **Pneumococcal polysaccharide vaccine (PPSV).**
   - Administer to children with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition. See *MMWR* 1997;46(No. RR-8).
6. **Hepatitis A vaccine (HepA).**
   - Administer 2 doses at least 6 months apart.
   - HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
7. **Hepatitis B vaccine (HepB).**
   - Administer the 3-dose series to those not previously vaccinated.
   - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.
8. **Inactivated poliovirus vaccine (IPV).**
   - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
   - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
9. **Measles, mumps, and rubella vaccine (MMR).**
   - If not previously vaccinated, administer 2 doses or the second dose for those who have received only 1 dose, with at least 28 days between doses.
10. **Varicella vaccine.**
    - For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
    - For persons aged 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
    - For persons aged 13 years and older, the minimum interval between doses is 28 days.

The Recommended Immunization Schedules for Persons Aged 0 through 18 Years are approved by the Advisory Committee on Immunization Practices (**http://www.cdc.gov/vaccines/recs/acip**), the American Academy of Pediatrics (**http://www.aap.org**), and the American Academy of Family Physicians (**http://www.aafp.org**).

Department of Health and Human Services • Centers for Disease Control and Prevention

CS207330-A

Recommended Adult Immunization Schedule

UNITED STATES - 2010

Note: These recommendations *must* be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group

VACCINE ▼ / AGE GROUP ▶	19–26 years	27–49 years	50–59 years	60–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap)[1,*]	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs				Td booster every 10 yrs
Human papillomavirus (HPV)[2,*]	3 doses (females)				
Varicella[3,*]	2 doses				
Zoster[4]				1 dose	
Measles, mumps, rubella (MMR)[5,*]	1 or 2 doses		1 dose		
Influenza[6,*]	1 dose annually				
Pneumococcal (polysaccharide)[7,8]	1 or 2 doses				1 dose
Hepatitis A[9,*]	2 doses				
Hepatitis B[10,*]	3 doses				
Meningococcal[11,*]	1 or more doses				

*Covered by the Vaccine Injury Compensation Program.

- 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)
- No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Figure 2. Vaccines that might be indicated for adults based on medical and other indications

VACCINE ▼ / INDICATION ▶	Pregnancy	Immuno-compromising conditions (excluding human immunodeficiency virus [HIV])[3–5,13]	HIV infection[3–5,12,13] CD4+ T lympho-cyte count <200 cells/µL	HIV infection[3–5,12,13] CD4+ T lympho-cyte count ≥200 cells/µL	Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia[12] (including elective splenectomy and persistent complement component deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel
Tetanus, diphtheria, pertussis (Td/Tdap)[1,*]	Td	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs							
Human papillomavirus (HPV)[2,*]		3 doses for females through age 26 yrs							
Varicella[3,*]	Contraindicated			2 doses					
Zoster[4]	Contraindicated				1 dose				
Measles, mumps, rubella (MMR)[5,*]	Contraindicated			1 or 2 doses					
Influenza[6,*]	1 dose TIV annually								1 dose TIV or LAIV annually
Pneumococcal (polysaccharide)[7,8]		1 or 2 doses							
Hepatitis A[9,*]	2 doses								
Hepatitis B[10,*]	3 doses								
Meningococcal[11,*]	1 or more doses								

*Covered by the Vaccine Injury Compensation Program.

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)

No recommendation

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of January 1, 2010. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/pubs/acip-list.htm).

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP).

CS209938-A

Department of Health and Human Services
Centers for Disease Control and Prevention
CDC

Footnotes

Recommended Adult Immunization Schedule—UNITED STATES - 2010

For complete statements by the Advisory Committee on Immunization Practices (ACIP), visit www.cdc.gov/vaccines/pubs/ACIP-list.htm.

1. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination

Tdap should replace a single dose of Td for adults aged 19 through 64 years who have not received a dose of Tdap previously.

Adults with uncertain or incomplete history of primary vaccination series with tetanus and diphtheria toxoid-containing vaccines should begin or complete a primary vaccination series. A primary series for adults is 3 doses of tetanus and diphtheria toxoid-containing vaccines; administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second; Tdap can substitute for any one of the doses of Td in the 3-dose primary series. The booster dose of tetanus and diphtheria toxoid-containing vaccine should be administered to adults who have completed a primary series and if the last vaccination was received ≥10 years previously. Tdap or Td vaccine may be used, as indicated.

If a woman is pregnant and received the last Td vaccination ≥10 years previously, administer Td during the second or third trimester. If the woman received the last Td vaccination <10 years previously, administer Tdap during the immediate postpartum period. A dose of Tdap is recommended for postpartum women, close contacts of infants aged <12 months, and all health-care personnel with direct patient contact if they have not previously received Tdap. An interval as short as 2 years from the last Td is suggested; shorter intervals can be used. Td may be deferred during pregnancy and Tdap substituted in the immediate postpartum period, or Tdap can be administered instead of Td to a pregnant woman.

Consult the ACIP statement for recommendations for giving Td as prophylaxis in wound management.

2. Human papillomavirus (HPV) vaccination

HPV vaccination is recommended at age 11 or 12 years with catch-up vaccination at ages 13 through 26 years.

Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, females who are sexually active should still be vaccinated consistent with age-based recommendations. Sexually active females who have not been infected with any of the four HPV vaccine types (types 6, 11, 16, 18 all of which HPV4 prevents) or any of the two HPV vaccine types (types 16 and 18 both of which HPV2 prevents) receive the full benefit of the vaccination. Vaccination is less beneficial for females who have already been infected with one or more of the HPV vaccine types. HPV4 or HPV2 can be administered to persons with a history of genital warts, abnormal Papanicolaou test, or positive HPV DNA test, because these conditions are not evidence of prior infection with all vaccine HPV types.

HPV4 may be administered to males aged 9 through 26 years to reduce their likelihood of acquiring genital warts. HPV4 would be most effective when administered before exposure to HPV through sexual contact.

A complete series for either HPV4 or HPV2 consists of 3 doses. The second dose should be administered 1–2 months after the first dose; the third dose should be administered 6 months after the first dose.

Although HPV vaccination is not specifically recommended for persons with the medical indications described in Figure 2, "Vaccines that might be indicated for adults based on medical and other indications," it may be administered to these persons because the HPV vaccine is not a live-virus vaccine. However, the immune response and vaccine efficacy might be less for persons with the medical indications described in Figure 2 than in persons who do not have the medical indications described or who are immunocompetent. Health-care personnel are not at increased risk because of occupational exposure, and should be vaccinated consistent with age-based recommendations.

3. Varicella vaccination

All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated or the second dose if they have received only 1 dose, unless they have a medical contraindication. Special consideration should be given to those who 1) have close contact with persons at high risk for severe disease (e.g., health-care personnel and family contacts of persons with immunocompromising conditions) or 2) are at high risk for exposure or transmission (e.g., teachers; child-care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).

Evidence of immunity to varicella in adults includes any of the following: 1) documentation of 2 doses of varicella vaccine at least 4 weeks apart; 2) U.S.-born before 1980 (although for health-care personnel and pregnant women, birth before 1980 should not be considered evidence of immunity); 3) history of varicella based on diagnosis or verification of varicella by a health-care provider (for a patient reporting a history of or presenting with an atypical case, a mild case, or both, health-care providers should seek either an epidemiologic link with a typical varicella case or to a laboratory-confirmed case or evidence of laboratory confirmation, if it was performed at the time of acute disease); 4) history of herpes zoster based on diagnosis or verification of herpes zoster by a health-care provider; or 5) laboratory evidence of immunity or laboratory confirmation of disease.

Pregnant women should be assessed for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the health-care facility. The second dose should be administered 4–8 weeks after the first dose.

4. Herpes zoster vaccination

A single dose of zoster vaccine is recommended for adults aged ≥60 years regardless of whether they report a prior episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication.

5. Measles, mumps, rubella (MMR) vaccination

Adults born before 1957 generally are considered immune to measles and mumps.

Measles component: Adults born during or after 1957 should receive 1 or more doses of MMR vaccine unless they have 1) a medical contraindication; 2) documentation of vaccination with 1 or more doses of MMR vaccine; 3) laboratory evidence of immunity; or 4) documentation of physician-diagnosed measles.

A second dose of MMR vaccine, administered 4 weeks after the first dose, is recommended for adults who 1) have been recently exposed to measles or are in an outbreak setting; 2) have been vaccinated previously with killed measles vaccine; 3) have been vaccinated with an unknown type of measles vaccine during 1963–1967; 4) are students in postsecondary educational institutions; 5) work in a health-care facility; or 6) plan to travel internationally.

Mumps component: Adults born during or after 1957 should receive 1 dose of MMR vaccine unless they have 1) a medical contraindication; 2) documentation of vaccination with 1 or more doses of MMR vaccine; 3) laboratory evidence of immunity; or 4) documentation of physician-diagnosed mumps.

A second dose of MMR vaccine, administered 4 weeks after the first dose, is recommended for adults who 1) live in a community experiencing a mumps outbreak and are in an affected age group; 2) are students in postsecondary educational institutions; 3) work in a health-care facility; or 4) plan to travel internationally.

Rubella component: 1 dose of MMR vaccine is recommended for women who do not have documentation of rubella vaccination, or who lack laboratory evidence of immunity. For women of childbearing age, regardless of birth year, rubella immunity should be determined and women should be counseled regarding congenital rubella syndrome. Women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health-care facility.

Health-care personnel born before 1957: For unvaccinated health-care personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, health-care facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval (for measles and mumps) and 1 dose of MMR vaccine (for rubella), respectively.

During outbreaks, health-care facilities should recommend that unvaccinated health-care personnel born before 1957, who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, receive 2 doses of MMR vaccine during an outbreak of measles or mumps, and 1 dose during an outbreak of rubella.

Complete information about evidence of immunity is available at www.cdc.gov/vaccines/recs/provisional/default.htm.

6. Seasonal Influenza vaccination

Vaccinate all persons aged ≥50 years and any younger persons who would like to decrease their risk of getting influenza. Vaccinate persons aged 19 through 49 years with any of the following indications.

Medical: Chronic disorders of the cardiovascular or pulmonary systems, including asthma; chronic metabolic diseases, including diabetes mellitus; renal or hepatic dysfunction, hemoglobinopathies, or immunocompromising conditions (including immunocompromising conditions caused by medications or HIV); cognitive, neurologic or neuromuscular disorders; and pregnancy during the influenza season. No data exist on the risk for severe or complicated influenza disease among persons with asplenia; however, influenza is a risk factor for secondary bacterial infections that can cause severe disease among persons with asplenia.

Occupational: All health-care personnel, including those employed by long-term care and assisted-living facilities, and caregivers of children aged <5 years.

Other: Residents of nursing homes and other long-term care and assisted-living facilities; persons likely to transmit influenza to persons at high risk (e.g., in-home household contacts and caregivers of children aged <5 years, persons aged ≥50 years, and persons of all ages with high-risk conditions).

Healthy, nonpregnant adults aged <50 years without high-risk medical conditions who are not contacts of severely immunocompromised persons in special-care units may receive either intranasally administered live, attenuated influenza vaccine (FluMist) or inactivated vaccine. Other persons should receive the inactivated vaccine.

7. Pneumococcal polysaccharide (PPSV) vaccination

Vaccinate all persons with the following indications.

Medical: Chronic lung disease (including asthma); chronic cardiovascular diseases; diabetes mellitus; chronic liver diseases, cirrhosis; chronic alcoholism; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]); immunocompromising conditions including chronic renal failure or nephrotic syndrome; and cochlear implants and cerebrospinal fluid leaks. Vaccinate as close to HIV diagnosis as possible.

Other: Residents of nursing homes or long-term care facilities and persons who smoke cigarettes. Routine use of PPSV is not recommended for American Indians/Alaska Natives or persons aged <65 years unless they have underlying medical conditions that are PPSV indications. However, public health authorities may consider recommending PPSV for American Indians/Alaska Natives and persons aged 50 through 64 years who are living in areas where the risk for invasive pneumococcal disease is increased.

8. Revaccination with PPSV

One-time revaccination after 5 years is recommended for persons with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); and for persons with immunocompromising conditions. For persons aged ≥65 years, one-time revaccination is recommended if they were vaccinated ≥5 years previously and were younger than aged <65 years at the time of primary vaccination.

9. Hepatitis A vaccination

Vaccinate persons with any of the following indications and any person seeking protection from hepatitis A virus (HAV) infection.

Behavioral: Men who have sex with men and persons who use injection drugs.

Occupational: Persons working with HAV–infected primates or with HAV in a research laboratory setting.

Medical: Persons with chronic liver disease and persons who receive clotting factor concentrates.

Other: Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A (a list of countries is available at wwwn.cdc.gov/travel/contentdiseases.aspx).

Unvaccinated persons who anticipate close personal contact (e.g., household contact or regular babysitting) with an international adoptee from a country of high or intermediate endemicity during the first 60 days after arrival of the adoptee in the United States should consider vaccination. The first dose of the 2-dose hepatitis A vaccine series should be administered as soon as adoption is planned, ideally ≥2 weeks before the arrival of the adoptee.

Single-antigen vaccine formulations should be administered in a 2-dose schedule at either 0 and 6–12 months (Havrix), or 0 and 6–18 months (Vaqta). If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule, administered on days 0, 7, and 21–30 followed by a booster dose at month 12 may be used.

10. Hepatitis B vaccination

Vaccinate persons with any of the following indications and any person seeking protection from hepatitis B virus (HBV) infection.

Behavioral: Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than one sex partner during the previous 6 months); persons seeking evaluation or treatment for a sexually transmitted disease (STD); current or recent injection-drug users; and men who have sex with men.

Occupational: Health-care personnel and public-safety workers who are exposed to blood or other potentially infectious body fluids.

Medical: Persons with end-stage renal disease, including patients receiving hemodialysis; persons with HIV infection; and persons with chronic liver disease.

Other: Household contacts and sex partners of persons with chronic HBV infection; clients and staff members of institutions for persons with developmental disabilities; and international travelers to countries with high or intermediate prevalence of chronic HBV infection (a list of countries is available at wwwn.cdc.gov/travel/contentdiseases.aspx).

Hepatitis B vaccination is recommended for all adults in the following settings: STD treatment facilities; HIV testing and treatment facilities; facilities providing drug-abuse treatment and prevention services; health-care settings targeting services to injection-drug users or men who have sex with men; correctional facilities; end-stage renal disease programs and facilities for chronic hemodialysis patients; and institutions and nonresidential daycare facilities for persons with developmental disabilities.

Administer or complete a 3-dose series of HepB to those persons not previously vaccinated. The second dose should be administered 1 month after the first dose; the third dose should be administered at least 2 months after the second dose (and at least 4 months after the first dose). If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule, administered on days 0, 7, and 21–30 followed by a booster dose at month 12 may be used.

Adult patients receiving hemodialysis or with other immunocompromising conditions should receive 1 dose of 40 μg/mL (Recombivax HB) administered on a 3-dose schedule or 2 doses of 20 μg/mL (Engerix-B) administered simultaneously on a 4-dose schedule at 0, 1, 2 and 6 months.

11. Meningococcal vaccination

Meningococcal vaccine should be administered to persons with the following indications.

Medical: Adults with anatomic or functional asplenia, or persistent complement component deficiencies.

Other: First-year college students living in dormitories; microbiologists routinely exposed to isolates of *Neisseria meningitidis*; military recruits; and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa during the dry season [December through June]), particularly if their contact with local populations will be prolonged. Vaccination is required by the government of Saudi Arabia for all travelers to Mecca during the annual Hajj.

Meningococcal conjugate vaccine (MCV4) is preferred for adults with any of the preceding indications who are aged ≤55 years; meningococcal polysaccharide vaccine (MPSV4) is preferred for adults aged ≥56 years. Revaccination with MCV4 after 5 years is recommended for adults previously vaccinated with MCV4 or MPSV4 who remain at increased risk for infection (e.g., adults with anatomic or functional asplenia). Persons whose only risk factor is living in on-campus housing are not recommended to receive an additional dose.

12. Selected conditions for which *Haemophilus influenzae* type b (Hib) vaccine may be used

Hib vaccine generally is not recommended for persons aged ≥5 years. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in patients who have sickle cell disease, leukemia, or HIV infection or who have had a splenectomy. Administering 1 dose of Hib vaccine to these high-risk persons who have not previously received Hib vaccine is not contraindicated.

13. Immunocompromising conditions

Inactivated vaccines generally are acceptable (e.g., pneumococcal, meningococcal, influenza [inactivated influenza vaccine]) and live vaccines generally are avoided in persons with immune deficiencies or immunocompromising conditions. Information on specific conditions is available at www.cdc.gov/vaccines/pubs/acip-list.htm.

Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind—United States • 2010

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
Hepatitis B[1]	Birth	**4 weeks**	**8 weeks** (and at least 16 weeks after first dose)		
Rotavirus[2]	6 wks	**4 weeks**	**4 weeks[2]**		
Diphtheria, Tetanus, Pertussis[3]	6 wks	**4 weeks**	**4 weeks**	**6 months**	**6 months[3]**
Haemophilus influenzae type b[4]	6 wks	**4 weeks** if first dose administered at younger than age 12 months **8 weeks (as final dose)** if first dose administered at age 12–14 months **No further doses needed** if first dose administered at age 15 months or older	**4 weeks[4]** if current age is younger than 12 months **8 weeks (as final dose)[4]** if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months **No further doses needed** if previous dose administered at age 15 months or older	**8 weeks (as final dose)** This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal[5]	6 wks	**4 weeks** if first dose administered at younger than age 12 months **8 weeks (as final dose for healthy children)** if first dose administered at age 12 months or older or current age 24 through 59 months **No further doses needed** for healthy children if first dose administered at age 24 months or older	**4 weeks** if current age is younger than 12 months **8 weeks (as final dose for healthy children)** if current age is 12 months or older **No further doses needed** for healthy children if previous dose administered at age 24 months or older	**8 weeks (as final dose)** This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age	
Inactivated Poliovirus[6]	6 wks	**4 weeks**	**4 weeks**	**6 months**	
Measles, Mumps, Rubella[7]	12 mos	**4 weeks**			
Varicella[8]	12 mos	**3 months**			
Hepatitis A[9]	12 mos	**6 months**			
PERSONS AGED 7 THROUGH 18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis[10]	7 yrs[10]	**4 weeks**	**4 weeks** if first dose administered at younger than age 12 months **6 months** if first dose administered at 12 months or older	**6 months** if first dose administered at younger than age 12 months	
Human Papillomavirus[11]	9 yrs	**Routine dosing intervals are recommended[11]**			
Hepatitis A[9]	12 mos	**6 months**			
Hepatitis B[1]	Birth	**4 weeks**	**8 weeks** (and at least 16 weeks after first dose)		
Inactivated Poliovirus[6]	6 wks	**4 weeks**	**4 weeks**	**6 months**	
Measles, Mumps, Rubella[7]	12 mos	**4 weeks**			
Varicella[8]	12 mos	**3 months** if person is younger than age 13 years **4 weeks** if person is aged 13 years or older			

1. **Hepatitis B vaccine (HepB).**
   - Administer the 3-dose series to those not previously vaccinated.
   - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.
2. **Rotavirus vaccine (RV).**
   - The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
   - The maximum age for the final dose in the series is 8 months 0 days.
   - If Rotarix was administered for the first and second doses, a third dose is not indicated.
3. **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).**
   - The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
4. ***Haemophilus influenzae* type b conjugate vaccine (Hib).**
   - Hib vaccine is not generally recommended for persons aged 5 years or older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons who have not previously received Hib vaccine is not contraindicated.
   - If the first 2 doses were PRP-OMP (PedvaxHIB or Comvax), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
   - If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months.
5. **Pneumococcal vaccine.**
   - Administer 1 dose of pneumococcal conjugate vaccine (PCV) to all healthy children aged 24 through 59 months who have not received at least 1 dose of PCV on or after age 12 months.
   - For children aged 24 through 59 months with underlying medical conditions, administer 1 dose of PCV if 3 doses were received previously or administer 2 doses of PCV at least 8 weeks apart if fewer than 3 doses were received previously.
   - Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant, at least 8 weeks after the last dose of PCV. See *MMWR* 1997;46(No. RR-8).
6. **Inactivated poliovirus vaccine (IPV).**
   - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
   - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
   - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
7. **Measles, mumps, and rubella vaccine (MMR).**
   - Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
   - If not previously vaccinated, administer 2 doses with at least 28 days between doses.
8. **Varicella vaccine.**
   - Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
   - For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
   - For persons aged 13 years and older, the minimum interval between doses is 28 days.
9. **Hepatitis A vaccine (HepA).**
   - HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
10. **Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).**
    - Doses of DTaP are counted as part of the Td/Tdap series
    - Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10 through 18 years; use Td for other doses.
11. **Human papillomavirus vaccine (HPV).**
    - Administer the series to females at age 13 through 18 years if not previously vaccinated.
    - Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 1 to 2 and 6 months after the first dose). The minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be administered at least 24 weeks after the first dose.

Information about reporting reactions after immunization is available online at **http://www.vaers.hhs.gov** or by telephone, **800-822-7967.** Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at **http://www.cdc.gov/vaccines** or telephone, **800-CDC-INFO** (800-232-4636).

CS207330-A

Preventive Services Recommended by the U.S. Preventive Services Task Force, 2009

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians discuss these preventive services with eligible patients and offer them as a priority. All these services have received an "A" or a "B" (recommended) grade from the Task Force.

Recommendation	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Abdominal Aortic Aneurysm, Screening *One-time screening by ultrasonography in men aged 65 to 75 who have ever smoked.*	X			
Alcohol Misuse Screening and Behavioral Counseling Interventions	X	X	X	
Aspirin for the Prevention of Cardiovascular Disease *When the potential harm of an increase in gastrointestinal hemorrhage is outweighed by a potential benefit of a reduction in myocardial infarctions (men aged 45-79 years) or in ischemic strokes (women aged 55-79 years).*	X	X		
Asymptomatic Bacteriuria in Adults, Screening *Pregnant women at 12-16 weeks gestation or at first prenatal visit, if later.*			X	
Breast Cancer, Screening *Mammography every 1-2 years for women 40 and older.*		X		
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and BRCA Mutation Testing *Refer women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes for genetic counseling and evaluation for BRCA testing.*		X		
Breastfeeding, Behavioral Interventions to Promote *Interventions during pregnancy and after birth to promote and support breastfeeding.*		X	X	
Cervical Cancer, Screening *Women aged 21-65 who have been sexually active and have a cervix.*		X		
Chlamydial Infection, Screening *Sexually active women 24 and younger and other asymptomatic women at increased risk for infection. Asymptomatic pregnant women 24 and younger and others at increased risk.*		X	X	
Colorectal Cancer, Screening *Adults aged 50-75 using fecal occult blood testing, sigmoidoscopy, or colonoscopy.*	X	X		
Congenital Hypothyroidism, Screening *Newborns.*				X
Dental Caries in Preschool Children, Prevention *Prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months whose primary water source is deficient in fluoride.*				X
Depression (Adults), Screening *In clinical practices with systems to assure accurate diagnoses, effective treatment, and follow-up.*	X	X		
Diet, Behavioral Counseling in Primary Care to Promote a Healthy *Adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease.*	X	X		
Gonorrhea, Screening *Sexually active women, including pregnant women 25 and younger, or at increased risk for infection.*		X	X	

Gonorrhea, Prophylactic Medication *Prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.*				X
Hearing Loss in Newborns, Screening *Newborns.*				X
Hepatitis B Virus Infection, Screening *Pregnant women at first prenatal visit.*			X	
High Blood Pressure, Screening	X	X		
HIV, Screening *All adolescents and adults at increased risk for HIV infection and all pregnant women.*	X	X	X	X
Iron Deficiency Anemia, Prevention *Routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.*				X
Iron Deficiency Anemia, Screening *Routine screening in asymptomatic pregnant women.*			X	
Lipid Disorders in Adults, Screening *Men aged 20-35 and women over age 20 who are at increased risk for coronary heart disease; all men aged 35 and older.*	X	X		
Major Depressive Disorder in Children and Adolescents, Screening *Adolescents (age 12-18) when systems are in place to ensure accurate diagnosis, psychotherapy, and follow-up.*				X
Obesity in Adults, Screening *Intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.*	X	X		
Osteoporosis in Postmenopausal Women, Screening *Women 65 and older and women 60 and older at increased risk for osteoporotic fractures.*		X		
Phenylketonuria, Screening *Newborns*				X
Rh (D) Incompatibility, Screening *Blood typing and antibody testing at first pregnancy-related visit. Repeated antibody testing for unsensitized Rh (D)-negative women at 24-28 weeks gestation unless biological father is known to be Rh (D) negative.*			X	
Sexually Transmitted Infections, Counseling *All sexually active adolescents and adults at increased risk for STIs.*	X	X		X
Sickle Cell Disease, Screening *Newborns.*				X
Syphilis Infection, Screening *Persons at increased risk and all pregnant women.*	X	X	X	
Tobacco Use and Tobacco-Caused Disease, Counseling *Tobacco cessation interventions for those who use tobacco. Augmented pregnancy-tailored counseling to pregnant women who smoke.*	X	X	X	
Type 2 Diabetes Mellitus in Adults, Screening *Asymptomatic adults with sustained blood pressure greater than 135/80 mg Hg.*	X	X		
Visual Impairment in Children Younger than Age 5 Years, Screening *To detect amblyopia, strabismus, and defects in visual acuity.*				X

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care.**

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	PRENATAL[2]	NEWBORN[3]	3–5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 m	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY																																
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																				
Weight for Length		●	●	●	●	●	●	●	●	●	●																					
Body Mass Index												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[5]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision		★	★	★	★	★	★	★	★	★	★	★	★	●[6]	●	●	●	★	●	★	●	★	●	★	★	●	★	★	●	★	★	★
Hearing		●[7]	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	★	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																
Developmental Screening[8]								●			●		●																			
Autism Screening[9]											●	●																				
Developmental Surveillance[8]		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment																						★	★	★	★	★	★	★	★	★	★	★
PHYSICAL EXAMINATION[10]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[11]																																
Newborn Metabolic/Hemoglobin Screening[12]		←—	●	—→																												
Immunization[13]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin[14]						★			●		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead Screening[15]							★	★	●or★[16]		★	●or★[16]		★	★	★	★															
Tuberculin Test[17]				★			★		★		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Screening[18]												★			★		★		★		★	★	★	★	★	★	★	←—	●	—→		
STI Screening[19]																						★	★	★	★	★	★	★	★	★	★	★
Cervical Dysplasia Screening[20]																						★	★	★	★	★	★	★	★	★	★	★
ORAL HEALTH[21]							★	★	●or★[21]		●or★[21]	●or★[21]	●or★[21]	●[22]			●[22]															
ANTICIPATORY GUIDANCE[23]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (2001) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/6/1456].
3. Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2005) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496]. For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term Newborns" (2004) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;113/5/1434].
5. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
6. If the patient is uncooperative, rescreen within 6 months per the AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (2007) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/4/902].
7. All newborns should be screened per AAP statement "Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs " (2000) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;106/4/798]. Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics.* 2007;120:898–921.
8. AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics.* 2006;118:405–420 [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405].
9. Gupta VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? *Pediatrics.* 2007;119:152–153 [URL: http://pediatrics.aappublications.org/cgi/content/full/119/1/152].
10. At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
11. These may be modified, depending on entry point into schedule and individual need.
12. Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.
13. Schedules per the Committee on Infectious Diseases, published annually in the January issue of *Pediatrics.* Every visit should be an opportunity to update and complete a child's immunizations.
14. See AAP *Pediatric Nutrition Handbook,* 5th Edition (2003) for a discussion of universal and selective screening options. See also Recommendations to prevent and control iron deficiency in the United States. *MMWR.* 1998;47(RR-3):1–36.
15. For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management" (2005) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036]. Additionally, screening should be done in accordance with state law where applicable.
16. Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas.
17. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases.* Testing should be done on recognition of high-risk factors.
18. "Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report" (2002) [URL: http://circ.ahajournals.org/cgi/content/full/106/25/3143] and "The Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity." Supplement to *Pediatrics.* In press.
19. All sexually active patients should be screened for sexually transmitted infections (STIs).
20. All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).
21. Referral to dental home, if available. Otherwise, administer oral health risk assessment. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
22. At the visits for 3 years and 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
23. Refer to the specific guidance by age as listed in Bright Futures Guidelines. (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008.)

KEY

●= to be performed ★= risk assessment to be performed, with appropriate action to follow, if positive ←—●—→ = range during which a service may be provided, with the symbol indicating the preferred age

SACHDNC Recommended Uniform Screening Panel[1]
CORE [2] CONDITIONS [3]
(as of February 2010)

ACMG Code	Core Condition	Metabolic Disorder			Endocrine Disorder	Hemoglobin Disorder	Other Disorder
		Organic acid condition	Fatty acid oxidation disorders	Amino acid disorders			
PROP	Propionic academia						
MUT	Methylmalonic acidemia (methylmalonyl-CoA mutase)						
Cbl A,B	Methylmalonic acidemia (cobalamin disorders)						
IVA	Isovaleric acidemia						
3-MCC	3-Methylcrotonyl-CoA carboxylase deficiency						
HMG	3-Hydroxy-3-methyglutaric aciduria						
MCD	Holocarboxylase synthase deficiency						
ßKT	ß-Ketothiolase deficiency						
GA1	Glutaric acidemia type I						
CUD	Carnitine uptake defect/carnitine transport defect						
MCAD	Medium-chain acyl-CoA dehydrogenase deficiency						
VLCAD	Very long-chain acyl-CoA dehydrogenase deficiency						
LCHAD	Long-chain L-3 hydroxyacyl-CoA dehydrogenase deficiency						
TFP	Trifunctional protein deficiency						
ASA	Argininosuccinic aciduria						
CIT	Citrullinemia, type I						
MSUD	Maple syrup urine disease						
HCY	Homocystinuria						
PKU	Classic phenylketonuria						
TYR I	Tyrosinemia, type I						
CH	Primary congenital hypothyroidism						
CAH	Congenital adrenal hyperplasia						
Hb SS	S,S disease (Sickle cell anemia)						
Hb S/ßTh	S, βeta-thalassemia						
Hb S/C	S,C disease						
BIOT	Biotinidase deficiency						
GALT	Classic galactosemia						
SCID	Severe Combined Immunodeficiences						
CF	Cystic fibrosis						
HEAR	Hearing loss						

1. The selection of these conditions is based on the report “Newborn Screening: Towards a Uniform Screening Panel and System. Genet Med. 2006; 8(5) Suppl: S12-S252” as authored by the American College of Medical Genetics (ACMG) and commissioned by the Health Resources and Services Administration (HRSA).
2. Disorders that should be included in every Newborn Screening Program
3. The Nomenclature for Conditions is based on the report “Naming and Counting Disorders (Conditions) Included in Newborn Screening Panels” Pediatrics 2006; 117 (5) Suppl: S308-S314

SACHDNC Recommended Uniform Screening Panel[1]
SECONDARY[2] CONDITIONS [3]
(as of February 2010)

ACMG Code	Secondary Condition	Metabolic Disorder			Hemoglobin Disorder	Other Disorder
		Organic acid condition	Fatty acid oxidation disorders	Amino acid disorders		
Cbl C,D	Methylmalonic acidemia with homocystinuria					
MAL	Malonic acidemia					
IBG	Isobutyrylglycinuria					
2MBG	2-Methylbutyrylglycinuria					
3MGA	3-Methylglutaconic aciduria					
2M3HBA	2-Methyl-3-hydroxybutyric aciduria					
SCAD	Short-chain acyl-CoA dehydrogenase deficiency					
M/SCHAD	Medium/short-chain L-3-hydroxyacl-CoA dehydrogenase deficiency					
GA2	Glutaric acidemia type II					
MCAT	Medium-chain ketoacyl-CoA thiolase deficiency					
DE RED	2,4 Dienoyl-CoA reductase deficiency					
CPT IA	Carnitine palmitoyltransferase type I deficiency					
CPT II	Carnitine palmitoyltransferase type II deficiency					
CACT	Carnitine acylcarnitine translocase deficiency					
ARG	Argininemia					
CIT II	Citrullinemia, type II					
MET	Hypermethioninemia					
H-PHE	Benign hyperphenylalaninemia					
BIOPT (BS)	Biopterin defect in cofactor biosynthesis					
BIOPT (REG)	Biopterin defect in cofactor regeneration					
TYR II	Tyrosinemia, type II					
TRY III	Tyrosinemia, type III					
Var Hb	Various other hemoglobinopathies					
GALE	Galactoepimerase deficiency					
GALK	Galactokinase deficiency					
	T-cell related lymphocyte deficiencies					

1. The selection of these conditions is based on the report “Newborn Screening: Towards a Uniform Screening Panel and System. Genet Med. 2006; 8(5) Suppl: S12-S252” as authored by the American College of Medical Genetics (ACMG) and commissioned by the Health Resources and Services Administration (HRSA).

2. Disorders that can be detected in the differential diagnosis of a core disorder

3. The Nomenclature for Conditions is based on the report “Naming and Counting Disorders (Conditions) Included in Newborn Screening Panels” Pediatrics 2006; 117 (5) Suppl: S308-S314