



Health & FAMILY

Your Guide to Health & Wellness



IMPORTANT

Molina Healthcare Phone Numbers:

Member Services Department:

1-800-875-0679

24 Hour Nurse Advice Line:

1-888-275-8750

(TTY: 1-866-735-2929)

Relay Missouri:

Voice: 1-866-735-2460, Text: 1-800-735-2966



Your Extended Family.



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Disease Management Programs

Molina Healthcare wants you to know all you can to help you stay healthy. We have programs that can help you manage your condition. There are many ways you can enroll in our programs. One way to enroll is when you receive information from Molina based on the healthcare services that you have obtained. It is your choice to be in these programs. You can choose to be removed from the program at any time. For more details about our programs, please call Member Services at 1-800-875-0679 or visit www.MolinaHealthcare.com.



- The **breathe with easesm** asthma program is for children and adults 2 years and older with asthma. You and /or your child will learn how to manage your or your child's asthma and work with your provider.
- The **Healthy Living with Diabetessm** program is for members with diabetes. You will learn about diabetes self-care (meal planning, exercise tips, diabetes medicines, and much more).

- **motherhood matterssm** The motherhood matterssm pregnancy program is a simple program to follow. It can really help you and your baby during your pregnancy. Pregnant mothers get support and education as well as follow up by telephone from nurses or health educators.

Special care is given to those who have a high risk pregnancy. To find out more, just call Molina Healthcare and ask for an OB Case Manager at 1-800-875-0679.



Complex Case Management

Living and dealing with health problems can be hard. Molina Healthcare has a program that can help. The Complex Case Management program is for members with difficult health problems who need extra help with their healthcare needs.

The program allows you to talk with a nurse about your health problems. The nurse can help you learn about these problems and teach you how to better manage them. The nurse may also work with your family or caregiver and provider to make sure you get the care you need. There are several ways you can be referred for this program. One way to enroll is when you receive information from Molina based on the healthcare services that you have obtained. It is your choice to be in these programs. You can choose to be removed from the program at any time.

If you would like more information about the program, please call Molina Healthcare at 1-800-875-0679 and ask for a Complex Case Manager. This number is also listed on the back of your ID card.

Getting the Care You Need

Here are some tips to help you get the health care you need. **See your primary care provider (PCP) for a health checkup.** Many people wait until they are very sick to see a provider. You do not need to wait. Make sure you schedule a checkup before you get sick. This will help keep you and your children well.

Your PCP can handle most of your health care needs, but sometimes you have special problems such as a broken bone or heart disease. You may need to visit a provider who has extra training. This provider is called a specialist. If you need to see a specialist, your PCP will make sure you see the right one and may be able to help you get an appointment faster. Routine care is not covered outside the Molina Healthcare service area, unless you are being seen by a Molina Healthcare participating provider. If you need special care by a provider who is not part of the Molina Healthcare network, your PCP will get the authorization (approval) you need. Members can also ask for a specialist to be their PCP.

If you travel outside the service area, Molina Healthcare pays for emergency care for you. You may go to a local Emergency Room (ER) or an Urgent Care Center. Tell them you are a Molina Healthcare member. Show them your Molina Healthcare ID card. Remember that routine care is not covered outside the Molina Healthcare service area unless you are being seen by a Molina Healthcare participating provider.

Are you having trouble speaking to your provider in English? You have a right to an interpreter. There is no cost to you. Tell the office staff if you would prefer to talk in your own language. If you need help, call Member Services at 1-800-875-0679.

Women's Healthcare Services

Women's healthcare services may be obtained from healthcare providers such as primary care providers, OB/GYN's and family planning providers without prior authorization (approval). A well woman's checkup should include breast and cervical cancer screenings, as well as screenings for certain sexually transmitted diseases (STD's) such as Chlamydia, for women who are at risk. You should see your healthcare provider regularly to complete your annual well woman checkup. For more information, please call Member Services at 1-800-875-0679 or the Molina Healthcare Nurse Advice Line at 1-888-275-8750.



About Our Members: Protecting Your Privacy

Your privacy is important to us. We take confidentiality very seriously. Molina Healthcare wants to let you know how your health information is shared or used.

Your Protected Health Information

PHI stands for these words: Protected Health Information. PHI means health information that includes your name, member number, or other things that can be used to identify you and is used or shared by Molina Healthcare.

Why does Molina Healthcare use or share our members' PHI?

- To provide for your treatment
- To pay for your healthcare
- To review the quality of the care you get
- To tell you about your choices for care
- To manage our health plan
- To use or share PHI for other purposes as required or permitted by law

When does Molina Healthcare need your written authorization (approval) to use or share your PHI?

Molina Healthcare needs your written approval to use or share your PHI for purposes not listed.

What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us to not use or share your PHI in certain ways

- To get a list of certain people or places we have given your PHI

How does Molina Healthcare protect your PHI?

Molina Healthcare uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word, or PHI in a computer. Below are some ways Molina Healthcare protects PHI:

- Molina Healthcare has policies and rules to protect PHI.
- Only Molina Healthcare staff with a need to know PHI may use PHI.
- Molina Healthcare staff are trained on how to protect and secure PHI.
- Molina Healthcare staff must agree in writing to follow the rules and policies that protect and secure PHI.

- Molina Healthcare secures PHI in our offices and computers. PHI on our computers is kept private by using firewalls and passwords.

What can you do if you feel your privacy rights have not been protected?

- Call or write Molina Healthcare and file a complaint
- File a complaint with the U.S. Department of Health and Human Services

The above is only a summary. Our Notice of Privacy Practices has more information about how we use and share our members' PHI. Our Notice of Privacy Practices is on our website at **www.MolinaHealthcare.com**.

You also may get a copy of our Notice of Privacy Practices by calling our Member Services Department at 1-800-875-0679.

Check out the Molina Healthcare Website

Check out our website at **www.MolinaHealthcare.com**. Click on the “Members” button. Choose “Missouri” in the drop-down box and click “GO.” You can get information on our website about:

- Molina Healthcare’s contracted providers and hospitals
- Your benefits
- What to do if you get a bill or a claim
- FAQs (frequently asked questions and answers)
- How to get primary care, hospital, specialty, and emergency services
- How to get care after normal office hours
- Preventive health guidelines and shot schedule
- Your rights and responsibilities and the privacy of your information
- Restrictions on benefits or how to obtain care outside the Molina Healthcare service area
- Quality Improvement, Health Education and Disease Management programs
- How to voice a grievance or appeal a medical decision
- How we decide about using new technology

You can ask for printed copies of anything posted on the website by calling our Member Services Department at 1-800-875-0679. Your Member Handbook is also a good resource; you can find it on our website.

Provider Online Directory

Molina Healthcare has a provider online directory where you can find information on a provider. You can even search for one in your area. To access the provider online directory, visit www.MolinaHealthcare.com. Click on “Find a Provider.” Follow the instructions to search for a provider.



The provider online directory includes such information as:

- A current list of Molina Healthcare providers
- A provider’s board certification status. You can also visit the American Board of Medical Specialties at www.abms.org to find out if a provider is board certified.
- Office hours for all sites
- Providers accepting new patients
- Languages spoken by the provider or staff
- Hospital information including name, location and accreditation status

If you don’t have access to the internet, Member Services can help. They can send you a printed copy of all information in the provider online directory.

We Want to Give You Good Care!

Molina Healthcare works with your providers and hospitals to give you good health care. We make choices about your care based on what you need. We also look at your benefits. We do not reward providers to deny you needed care. We also do not reward staff or other people to limit or deny needed care. We do not pay extra money to providers or our staff to deny tests or treatments that you need to get better or stay healthy.

If you ever have a concern about your healthcare, you may call our Member Services Department. You can also talk to our nurses about getting needed care by calling 1-800-875-0679. Our staff is here to take your call Monday through Friday (except holidays) between 8:00 a.m. and 5:00 p.m. They can answer questions about how to make healthcare choices. Just call the toll-free Member Services number at 1-800-875-0679. This number is also listed on the back of your ID card. Utilization Management (UM) is designed to make sure

our members are getting the right kind of medical care. If you have a utilization management issue or question, you can call our UM department at 1-800-875-0679.

After Hours Care

There may be times when you need care and your Primary Care Provider's (PCP) office is closed. If you need medical care after hours and your PCP's office is closed, you can call your PCP or Molina Healthcare's Nurse Advice Line. Nurses are available to help you at any time of the day. Call 1-888-275-8750, 24 hours a day, 7 days a week.

Molina Healthcare's Nurse Advice Line has highly trained nurses. They can help you decide if you or your child should see a provider right away. The nurses can also help you make an appointment if you need to see a provider quickly. Sometimes you may have questions but you do not think you need to see your PCP. You can call the Nurse Advice Line and talk to a nurse. They will help you.

Emergency Care

Emergency care is for sudden or severe problems that need care right away. It can also be care that is needed if your life or health is in danger. Emergency care is a covered benefit. If you need emergency care, call 911 or go to the nearest hospital. You do not need prior approval. If you have an urgent matter that does not threaten your life, you can also call Molina Healthcare's Nurse Advice Line. Highly trained nurses are available to help you at any time of the day. Call 1-888-275-8750, 24 hours a day, 7 days a week.

Looking at What's New

We also look at new types of services and new ways to provide those services. We review new studies to see if new services are proven to be safe and should be added to your benefits package. Molina Healthcare reviews the type of services listed below at least once a year:

- Medical services
- Behavioral health services
- Equipment



Molina Healthcare Patient Safety Program:

Molina Healthcare wants you and your family to be safe and healthy. We have a Patient Safety Program to help us meet this goal. This program gives you safety facts so you can make better healthcare choices. Here are a few of the things we do to improve your safety:



- Give providers and hospitals information on safety issues and where to get help
- Keep track of our members grievances about safety problems in their provider's office or hospital
- Look at reports from groups that check hospital safety. Reports tell us about such things as whether or not there were enough staff in the Intensive Care Unit (ICU), use of computer drug orders and so forth.

Groups that check safety:

- Leap Frog Quality Index Ratings (www.leapfroggroup.org)
- The Joint Commission National Patient Safety Goal Ratings (www.jointcommission.org)

You can look at these websites to:

- See what hospitals are doing to be safer
- Help you know what to look for when you choose a provider or a hospital
- Get information about programs and services for patients with problems like diabetes and asthma

We also let you know:

- How to make your home safer
- How to keep poisons and medicines out of the reach of children
- How to have fun and still be safe outdoors
- Why exercise is good for you

Call our Member Services Department at 1-800-875-0679 to get more information about our Patient Safety Program. You can also visit us online at www.MolinaHealthcare.com.



Behavioral Health

Molina Healthcare offers behavioral health services to help with problems such as stress, depression or confusion. These types of problems can be treated. There are services to help with substance abuse as well. Your PCP can offer a brief screening and help guide you to services. You can also schedule services on your own by calling 1-800-642-3694. There are many types of services you can access. Molina Healthcare is ready to assist you in finding the support or service you need. If you need assistance, please call Member Services at 1-800-875-0679.

We Care About Your Health

Improving Services to Molina Healthcare Members

Your healthcare is important to us. We want to hear how we are doing. That's why you may receive a survey about Molina Healthcare and your healthcare services. One of these surveys is called CAHPS.

CAHPS stands for the Consumer Assessment of Healthcare Providers and Systems. This survey asks questions about your healthcare. It asks about the care you or your child receives from Molina Healthcare. We

may send you a few questions about how we are doing and what is important to you. Please take the time to complete the survey if you receive it. This will help us better serve you.

HEDIS is another tool we use to improve care. HEDIS stands for Healthcare Effectiveness Data and Information Set. This is a process where we collect information on services that you or your child may have received. These services include shots, well-child exams, Pap and mammogram screenings, diabetes

care, and prenatal and after-delivery care. Through this process we can find out how many of our members actually got needed services. This information is made available to you. It can be used to compare one health plan to another plan.

Each year Molina Healthcare strives to improve all services provided. This is done by setting goals. These goals are included in a Quality Improvement



(QI) plan. Our goal is to help you take better care of yourself and your family. As part of the QI plan, Molina Healthcare helps you take care of your health and get the best service possible.

Some of the ways we do this include:

- Well-child exam and immunization reminders
- Asthma and diabetes education
- Education on prenatal care and after-delivery exams
- Pap and mammogram screening reminders
- Better processing of member grievances (complaints)
- Help finding the Molina Healthcare website
- Telling you about special services for members

To learn more or to request a copy of our QI plan, call the Member Services Department at 1-800-875-0679.

Your Rights as A Molina Healthcare Member

Did you know that as a member of Molina Healthcare you have certain rights and responsibilities? Knowing your rights and responsibilities will help you, your family, your provider, and Molina Healthcare ensure that you get the covered services and care that you need.

You have the right to:

- Be treated with respect and dignity;
- Receive needed medical services;
- Privacy and confidentiality (including minors) subject to state and federal laws;
- Select your own PCP;
- Refuse treatment;
- Receive information about your health care and treatment options;
- Participate in decision-making about your healthcare;
- Have access to your medical records and to request changes, if necessary;
- Have someone act on your behalf if you are unable to do so;
- Get information on our Physician Incentive Plan, if any, by calling 1-800-875-0679.
- Be free of restraint or seclusion from a provider who wants to:
 - Make you do something you should not do;
 - Punish you;
 - Get back at you;
 - Make things easier for him or her;
- Be free to exercise these rights without retaliation;
- Receive one copy of your medical records once a year at no cost to you;
- Request an Explanation of Benefits (EOB) by calling Member Services at 1-800-875-0679. The EOB, if requested, will be mailed to the member's home;

- Receive information about Molina Healthcare, its services, its providers, and your rights and responsibilities;
- Participate in making recommendations about health plan policies;
- Freely exercise these rights - Voice grievances or appeals about Molina Healthcare or the care provided;

You also have the responsibility to:

- Carry your Molina Healthcare card and your red or white MO HealthNet card with you at all times
- Show your Molina Healthcare card at all healthcare offices;
- Call your personal PCP about any changes in your health;
- Provide information needed by your PCP to care for you;
- Follow instructions and guidelines given to you by your PCP;
- Make and keep PCP's appointments or call ahead to cancel;

- Only use the emergency room if your life is in danger or for a serious condition;
- Call your family PCP before you see any other healthcare provider, except for those services listed in your Member Handbook that do not need a PCP referral;
- Make sure to see your PCP for regular checkups and shots for your children;
- Call us at 1-800-875-0679 if your Molina Healthcare card does not come in the mail or if you lose your card;
- Learn all you can about good health and work to keep your family healthy;

These are only a few of your rights and responsibilities. You may look in your Member Handbook for a list of all your rights and responsibilities. You may also visit the Molina Healthcare website at www.MolinaHealthcare.com or call Member Services at 1-800-875-0679.

Second Opinion and Third Opinion

You may want an opinion from a different health care provider. In such cases, you must ask your PCP or Molina Healthcare to get a second opinion. Molina Healthcare will pay for it. This can be from an out-of-network provider. You may get an opinion from a third provider if your PCP and second opinion provider do not agree. Molina Healthcare will pay for a third opinion. It is always important that you take all your health insurance cards to your appointment.

Out-of-Network Services

If a Molina Healthcare provider is unable to provide you with necessary and covered services, Molina Healthcare must cover the needed services through an out-of-network provider. This must be done in a timely manner for as long as Molina Healthcare is unable to provide the service.

Transition of Care

If you need to change your health care provider, Molina Healthcare can help you continue to get the

care you need from your current provider for up to ninety (90) days. Your need for care must be medically necessary. You do not pay the provider for any amount owed for medical care other than what you have paid in the past based on your benefit plan.



Grievances and Appeals

You may not always be happy with Molina Healthcare. We want to hear from you. Molina Healthcare has people who can help you. **Molina Healthcare cannot take your benefits away because you make a grievance, appeal or ask for a State Fair Hearing.**

There are two (2) ways to tell Molina Healthcare about a problem:

GRIEVANCE or APPEAL

A Grievance is a way for you to show dissatisfaction about things like:

- The quality of care or services you received;
- The way you were treated by a provider; or
- A disagreement you may have with a MO HealthNet Managed Care health plan policy.

An Appeal is a way for you to ask for a review when your MO HealthNet Managed Care health plan

takes action to:

- Deny or give a limited approval of a requested service;
- Deny, reduce, suspend, or end a service already approved; or
- Deny payment for a service;

Or fails to:

- Act within required time frames for getting a service;
- Make a grievance decision within thirty (30) days of receipt of request;
- Make an expedited decision within three (3) days of receipt of request;
- Make an appeal decision within thirty (30) days of receipt of request.

Molina Healthcare must give you a written Notice of Action if any of these actions happen. The Notice of Action will tell you what we did and why and give you your rights to appeal or ask for a State Fair Hearing.

You Have Some Special Rights When Making a Grievance or Appeal:

1. A qualified clinical professional will look at medical grievances or appeals.
2. If you do not speak or understand English, call 1-800-875-0679 to get help from someone who speaks your language.
3. You may ask anyone such as a family member, your minister, a friend, or an attorney to help you make a grievance or an appeal.
4. If your physical or behavioral health is in danger, a review will be done within three working days or sooner. This is called an expedited review. Call Molina Healthcare and tell us if you think you need an expedited review.
5. Molina Healthcare may take up to 14 days longer to decide if you request the change of time or if we think it is in your best interest. If Molina Healthcare changes the time we must tell you in

writing the reason for the delay.

6. If you have been getting medical care and your MO HealthNet Managed Care health plan reduces, suspends, or ends the service, you can appeal. In order for medical care not to stop while you appeal the decision, you must appeal within 10 days from the date the notice of action was mailed and tell us not to stop the service while you appeal. If you do not win your appeal you may have to pay for the medical care you got during this time.
7. You may request enrollment in another MO HealthNet Managed Care health plan if the issue cannot be resolved.

How to Make a Grievance or Appeal or Ask for a State Fair Hearing:

1. GRIEVANCE - You may file a grievance on the telephone, in person, or in writing. Call Molina Healthcare at 1-800-875-0679 to file a grievance.

- Molina Healthcare will write you within 10 days and let you know we got your grievance.
 - Molina Healthcare must give written notice of a decision within 30 days.
2. APPEAL - You may file an appeal orally or in writing to Molina Healthcare. Unless you need an expedited review, you must complete a written request even if you filed orally.
- You must appeal within 90 days from the date of our Notice of Action.
 - For help on how to make an appeal, call Molina Healthcare at 1-800-875-0679.
 - Send your written appeal to:
Molina Healthcare of Missouri
Grievance and Appeals Unit
12400 Olive Blvd., Suite 100
St. Louis, MO 63141
- Molina Healthcare must write you within 10 days and let you know we got your appeal.
 - Molina Healthcare must give written notice of a decision within 30 days unless it is an expedited review.
3. STATE FAIR HEARING – You have the right to ask for a State Fair Hearing when your MO HealthNet Managed Care health plan takes an action or when your appeal is not decided in your favor. You may ask for a State Fair Hearing orally or in writing. Unless you need an expedited review, you must complete a written request even if you asked orally.
- You must ask for a State Fair Hearing within 90 days from the date of the MO HealthNet Managed Care health plan's written Notice of Action or Appeal Decision Letter.
 - For help on how to ask for a State Fair Hearing, call the MO HealthNet Division at 1-800-392-2161.



- If you do not speak or understand English, call 1-800-392-2161 to get help from someone who speaks your language.
- You can send your written request to Participant Services Unit, MO HealthNet Division, P.O. Box 6500, Jefferson City, MO 65102-6500.
- You will be sent a form to complete. Once you send the form back, a date will be set for your hearing.
- You may ask anyone such as a family member, your minister, a friend, or an attorney to help you with a State Fair Hearing.
- A decision will be made within 90 days from the date you asked for a hearing.
- If your physical or behavioral health is in danger, a decision will be made within 3 working days. This is called an expedited hearing. Call 1-800-392-2161 if you think you need an expedited hearing.
- If you have been getting medical care and your MO HealthNet Managed Care health plan reduces, suspends, or ends the service, you can ask for a State Fair Hearing. In order for medical care not to stop you must ask for a State Fair Hearing within 10 days of the date the written notice of action was mailed and tell us not to stop the service while you appeal. If you do not win, you may have to pay for the medical care you got during this time.

We are Here to Help You

It may be hard for members to get the care they need when receiving health services for ongoing health problems. If this happens to you, Molina Healthcare is here to help. Our staff can help you coordinate your care to make sure you receive the proper care.

Molina Healthcare staff can:

- Help you find community and social service resources that are not benefits.
- Help you access services that you are eligible to receive
- Help coordinate appointments and tests
- Help coordinate transportation
- Help access resources to help individuals with special health care needs and/or their caregivers deal with day to day stress
- Help you and your family coordinate moving you from one healthcare setting to another. This can include being discharged from the hospital.

Please call Member Services at 1-800-875-0679 to learn more about how we can help you get the care you need.



Adult Immunization Schedule

| Vaccine | 20-26 | 27-49 | 50-59 | 60-64 | 65 & older |
|--|--------------------------------|-------|-------|--------|-------------------|
| Influenza | Yearly | | | | |
| Pneumococcal ¹ | | | | | 1 dose |
| Tetanus, diphtheria, pertussis (Td, Tdap) ¹ | 1 dose Tdap, Td every 10 years | | | | Td every 10 years |
| Measles, Mumps, Rubella (MMR) ¹ | 1 or 2 doses | | | | |
| Varicella (Chickenpox) ¹ | 2 doses | | | | |
| Zoster (Shingles) ¹ | | | | 1 dose | |
| Hepatitis A (HepA) ² | 2 doses | | | | |
| Hepatitis B (HepB) ² | 3 doses | | | | |
| Meningococcal ² | 1 or more doses | | | | |
| Women | | | | | |
| Human Papillomavirus (HPV) | 3 doses | | | | |

¹If no proof of vaccine or immunity

²If at high risk

Child and Adolescent Immunization Schedule

| Vaccine | Months | | | | | | | | | |
|--------------------------------|--------|-------|-------|--------------------|-----------|------|-----------|---------------|----|---------------------|
| | Birth | 2 | 4 | 6 | 12 | 18 | 4-6 | 11 | 12 | 13-19 (Catch-up) |
| Hepatitis B | HepB* | HepB | HepB* | HepB | | | | | | |
| Rotavirus | | RV | RV | RV | | | | | | |
| Diphtheria, Tetanus, Pertussis | | DTaP | DTaP | DTaP | DTaP | | DTaP | Tdap | | |
| Haemophilus influenzae Type B | | Hib | Hib | Hib | Hib | | | | | |
| Pneumococcal | | PCV | PCV | PCV | PCV | | | | | |
| Inactivated Poliovirus | | Polio | Polio | Polio | | | Polio | | | |
| Influenza | | | | Influenza (Yearly) | | | | | | |
| Measles, Mumps, Rubella | | | | | MMR | | MMR | | | |
| Varicella | | | | | Varicella | | Varicella | | | |
| Hepatitis A | | | | | HepA | HepA | | | | |
| Meningococcal | | | | | | | | MCV | | |
| Human Papillomavirus | | | | | | | | HPV (3 doses) | | |

* If the birth dose of HepB is given, the 4 month dose may be omitted.

Preventive Health Guidelines (adults)

| | Adults (21 to 64 years old) | Older Adults (65 years and older) |
|--|--|--|
| Well Visits | Every 1 – 3 years | Every 1 – 3 years |
| Exams and Screenings | <ul style="list-style-type: none"> • Immunizations • Height, weight & body mass index (BMI) • Blood Pressure: Yearly • Cholesterol screening: Every 5 years • Colorectal cancer screening: Every 5-10 years based on provider recommendations | <ul style="list-style-type: none"> • Immunizations • Vision & hearing • Bone density for osteoporosis: 65 years & older. 60 years and older at increased risk for osteoporotic fractures. |
| | Women | |
| | <ul style="list-style-type: none"> • Chlamydia & STD for sexually active women • Mammogram: Yearly for 40 years of age and over • Pap test & pelvic exam: Yearly | |
| | Men | |
| | | <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm (AAA) screening: once for men 65 to 75 years of age who have ever smoked |
| | Prenatal and Perinatal | |
| All pregnant women should receive timely prenatal visits in the first trimester and throughout the pregnancy. | | |
| <p>First Trimester: Get prenatal care as soon as you know you are pregnant. Second Trimester: Monthly. Third Trimester: Every 2 weeks.</p> <p>Postpartum: 21 – 56 days after delivery.</p> | | |

Preventive Health Guidelines (children)

| | Infants and Children (0 to 24 months) | Children and Adolescents (3 to 20 years old) |
|----------------------|--|---|
| Well Visits | Newborn, by one month, 2-3, 4-5, 6-8, 9-11, 12-14, 15-17, 18-23, 24 months | 3 years and yearly thereafter |
| Exams and Screenings | <ul style="list-style-type: none"> • Immunizations • Physical examinations • Developmental assessment • Behavioral assessment • Lead testing • Hearing & vision screenings • TB test • Dental screening every six months | <ul style="list-style-type: none"> • Immunizations • Pap tests, Chlamydia, HIV, STD tests for sexually active teens |





12400 Olive Blvd., Suite 100
St. Louis, MO 63141

