

## SERVICES AND BENEFITS

### APPENDIX I

- **Medical Care**
  - EKG (Two per year)
  - Pulmonary Function Test (Spirometry)
  - Urinalysis
  - Blood Sugar
  - Fecal occult blood test
  - PPD (skin test for tuberculosis – one per year)
  - Flu vaccine (One per year)
  - Tetanus Vaccine (after injury)
  
- **Gynecological Care**
  - Pap smear (one every two years)
  - Family Planning
  
- **Pediatrics**
  - Childhood vaccine administration (cost of immunization is an additional charge)
  - Pediatric Well Care visits
  - Audiometry
  
- Lab Test: blood, urine and stool (two per year) see appendix V for details
  
- Imaging: **X-rays** (three per year), **Sonograms** (two per year), **Mammogram** (one every two years)
  
- Referral for discounted colonoscopy and upper endoscopy