

The Illinois Central College Health Care Plan is amended effective 7/27/09 to provide limited coverage for screening colonoscopies under the wellness section of the Plan.

A \$1,550 benefit for a screening colonoscopy will be provided to any plan participant who meets the guidelines shown below. A co-pay of \$50 will be required. All plan participants must use the Central Illinois Endoscopy Center for this service.

Beginning at age 50, men and women who are at average risk for developing colorectal cancer should have one of the 5 screening options below:

- **A fecal occult blood test (FOBT)* or fecal immunochemical test (FIT)* every year**, OR**
- **A flexible sigmoidoscopy every 5 years**, OR**
- **Annual FOBT* (or FIT) and flexible sigmoidoscopy every 5 years, OR**
- **A double-contrast barium enema every 5 years, OR**
- **A colonoscopy every 10 years.**

***For FOBT, the take-home multiple sample method should be used. Of the first three options above, the American Cancer society prefers combined testing over either annual FOBT or FIT, or flexible sigmoidoscopy every five years alone. People who are at moderate or high risk for colorectal cancer should talk with a doctor about a different testing schedule.**

****Colonoscopy should be done if the FOBT or FIT shows blood in the stool, if sigmoidoscopy results show an adenomatous polyp or cancer, or if double-contrast barium enema studies shows anything abnormal. If possible, polyps should be removed during the colonoscopy.**

If you are considered to be at an increased risk for either colorectal cancer or adenomatous polyps, in any first-degree relative before age 60, or in two or more first-degree relatives at any age (if not a hereditary syndrome), a colonoscopy is recommended beginning at age 40, or 10 years before the youngest case in the immediate family, whichever is earlier.