


















ADULT (AGE 19+) PREVENTIVE SCHEDULE

PLAN YOUR CARE: KNOW WHAT YOU NEED AND WHEN TO GET IT

Preventive or routine care helps us stay well or finds problems early, when they are easier to treat. The preventive guidelines on this schedule depend on your age, gender, health, and family history. As a part of your health plan, you may be eligible to receive some of these preventive benefits with little to no cost sharing when using in-network providers. Make sure you know what is covered by your health plan and any requirements before you receive any of these services.

Some services and their frequency may depend on your doctor's advice. That's why it's important to talk with your doctor about the services that are right for you.

Adults: Ages 19+ Male Female

General Health Care	
 Routine Checkup* (This exam is not the work- or school-related physical)	<ul style="list-style-type: none"> Ages 19 to 49: Every 1 to 2 years Ages 50 and older: Once a year
 Pelvic, Breast Exam	Once a year
Screenings/Procedures	
 Abdominal Aortic Aneurysm Screening	Ages 65 to 75 who have ever smoked: One-time screening
 Ambulatory Blood Pressure Monitoring	To confirm new diagnosis of high blood pressure before starting treatment
 Breast Cancer Genetic (BRCA) Screening (Requires prior authorization)	Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk
 Cholesterol (Lipid) Screening	<ul style="list-style-type: none"> Ages 20 and older: Once every 5 years High-risk: More often
 Colon Cancer Screening (Including Colonoscopy)	<ul style="list-style-type: none"> Ages 50 and older: Every 1 to 10 years, depending on screening test High-risk: Earlier or more frequently
 Certain Colonoscopy Preps With Prescription	<ul style="list-style-type: none"> Ages 50 and older: Once every 10 years High-risk: Earlier or more frequently
 Diabetes Screening	High-risk: Ages 40 and older, once every 3 years
 Hepatitis B Screening	High-risk
 Hepatitis C Screening	High-risk
 Latent Tuberculosis Screening	High-risk
 Lung Cancer Screening (Requires use of authorized facility)	Ages 55 to 80 with 30-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years
 Mammogram	Ages 40 and older: Once a year including 3-D
 Osteoporosis (Bone Mineral Density) Screening	Ages 60 and older: Once every 2 years
 Pap Test	<ul style="list-style-type: none"> Ages 21 to 65: Every 3 years, or annually, per doctor's advice Ages 30 to 65: Every 5 years if combined Pap and HPV are negative Ages 65 and older: Per doctor's advice
 Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV and Syphilis)	Sexually active males and females

* Routine checkup could include health history; physical; height, weight and blood pressure measures; body mass index (BMI) assessment; counseling for obesity, fall prevention, skin cancer, and safety; depression screening; alcohol and drug abuse, and tobacco use assessment; and age-appropriate guidance.

Adults: Ages 19+



Immunizations	
Chicken Pox (Varicella)	Adults with no history of chicken pox: One 2-dose series
Diphtheria, Tetanus (Td/Tdap)	<ul style="list-style-type: none"> • One-time Tdap • Td booster every 10 years
Flu (Influenza)	Every year (Must get at your PCP's office or designated pharmacy vaccination provider; call Member Service to verify that your vaccination provider is in the Highmark network)
Haemophilus Influenzae Type B (Hib)	For adults with certain medical conditions to prevent meningitis, pneumonia and other serious infections; this vaccine does not provide protection against the flu and does not replace the annual flu vaccine
Hepatitis A	At-risk or per doctor's advice: One 2-dose series
Hepatitis B	At-risk or per doctor's advice: One 3-dose series
Human Papillomavirus (HPV)	To age 26: One 3-dose series
Measles, Mumps, Rubella (MMR)	One or two doses
Meningitis*	At-risk or per doctor's advice
Pneumonia	High-risk or ages 65 and older: One or two doses, per lifetime
Shingles (Zoster)	Ages 60 and older: One dose
Preventive Drug Measures That Require a Doctor's Prescription	
Aspirin	<ul style="list-style-type: none"> • Ages 50 to 59 to reduce the risk of stroke and heart attack • Pregnant women at risk for preeclampsia
Folic Acid	Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid
Raloxifene Tamoxifen	At-risk for breast cancer, without a cancer diagnosis, ages 35 and older
Tobacco Cessation (Counseling and medication)	Adults who use tobacco products
Vitamin D Supplements	Ages 65 and older who are at risk for falls
Low to Moderate Dose Select Generic Statin Drugs For Prevention of Cardiovascular Disease (CVD)	Ages 40 to 75 years with 1 or more CVD risk factors (such as dyslipidemia, diabetes, hypertension, or smoking) and have calculated 10-year risk of a cardiovascular event of 10% or greater.
Preventive Care for Pregnant Women	
Screenings and Procedures	<ul style="list-style-type: none"> • Gestational diabetes screening • Hepatitis B screening and immunization, if needed • HIV screening • Syphilis screening • Smoking cessation counseling • Depression screening during pregnancy and postpartum • Rh typing at first visit • Rh antibody testing for Rh-negative women • Tdap with every pregnancy • Urine culture and sensitivity at first visit
Prevention of Obesity, Heart Disease and Diabetes	
Adults With BMI 25 to 29.9 (Overweight) and 30 to 39.9 (Obese) Are Eligible For:	<ul style="list-style-type: none"> • Additional annual preventive office visits specifically for obesity and blood pressure measurement • Additional nutritional counseling visits specifically for obesity • Recommended lab tests: <ul style="list-style-type: none"> – ALT – AST – Hemoglobin A1c or fasting glucose – Cholesterol screening
Adult Diabetes Prevention Program (DPP)	
Applies to Adults	<ul style="list-style-type: none"> • Without a diagnosis of Diabetes (does not include a history of Gestational Diabetes) and • Overweight or obese (determined by BMI) and • Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7 to 6.4 percent or Impaired Glucose Tolerance Test of 140-199mg/dl. Enrollment in certain select CDC recognized lifestyle change DPP programs for weight loss.

* Meningococcal B vaccine per doctor's advice.



CHILDREN'S PREVENTIVE SCHEDULE

Preventive or routine care helps your child stay well and finds problems early, when they are easier to treat. Most of these services may not have cost sharing if you use the Plan's in-network providers. Make sure you know what is covered by your health plan and any requirements before you schedule any services for your child.

It's important to talk with your child's doctor. The frequency of services, and schedule of screenings and immunizations, depends on what the doctor thinks is right for your child.

Children: Birth to 30 Months¹

General Health Care	Birth	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M
Routine Checkup* (This exam is not the preschool- or day care-related physical.)	●	●	●	●	●	●	●	●	●	●	●
Hearing Screening	●										
Screenings											
Autism Screening									●	●	
Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry	●										
Developmental Screening						●			●		●
Hematocrit or Hemoglobin Screening							●				
Lead Screening						●					
Newborn Blood Screening	●										
Immunizations											
Chicken Pox								Dose 1			
Diphtheria, Tetanus, Pertussis (DTaP)			Dose 1	Dose 2	Dose 3				Dose 4		
Flu (Influenza)**						Ages 6 months to 30 months: 1 or 2 doses annually					
Haemophilus Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3			Dose 4			
Hepatitis A							Dose 1		Dose 2		
Hepatitis B	Dose 1		Dose 2				Dose 3				
Measles, Mumps, Rubella (MMR)								Dose 1			
Pneumonia			Dose 1	Dose 2	Dose 3			Dose 4			
Polio (IPV)			Dose 1	Dose 2	Ages 6 months to 18 months: Dose 3						
Rotavirus			Dose 1	Dose 2	Dose 3						

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. Additional: Instrument vision screening to assess risk for ages 1 and 2 years.

** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.



Children: 3 Years to 18 Years¹


General Health Care	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y	
Routine Checkup* (This exam is not the preschool- or day care-related physical)	●	●	●	●	●	●	●	●	Once a year from ages 11 to 18				
Ambulatory Blood Pressure Monitoring**												●	
Depression Screening									Once a year from ages 11 to 18				
Hearing Screening		●	●	●		●		●		●	●		
Visual Screening***	●	●	●	●		●		●		●	●	●	
Screenings													
Hematocrit or Hemoglobin Screening			Annually for females during adolescence and when indicated										
Lead Screening	When indicated (Please also refer to your state-specific recommendations)												
Immunizations													
Chicken Pox		Dose 2									If not previously vaccinated: Dose 1 and 2 (4 weeks apart)		
Diphtheria, Tetanus, Pertussis (DTaP)		Dose 5				1 dose of Tdap if 5 doses were not received previously						1 dose every 10 yrs.	
Flu (Influenza)****	Ages 3 to 18: 1 or 2 doses annually												
Human Papillomavirus (HPV)								Provides long-term protection against cervical and other cancers. 2 doses when started ages 9-14. 3 doses all other ages.					
Measles, Mumps, Rubella (MMR)		Dose 2 (at least 1 month apart from dose 1)											
Meningitis*****									Dose 1		Age 16: One-time booster		
Pneumonia	Per doctor's advice												
Polio (IPV)		Dose 4											
Care for Patients With Risk Factors													
BRCA Mutation Screening (Requires prior authorization)					Per doctor's advice								
Cholesterol Screening	Screening will be done based on the child's family history and risk factors												
Fluoride Varnish (Must use primary care doctor)	Ages 5 and younger												
Hepatitis B Screening									Per doctor's advice				
Hepatitis C Screening											High-risk		
Latent Tuberculosis Screening												High-risk	
Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV and Syphilis)									For all sexually active individuals				
Tuberculin Test	Per doctor's advice												

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. ** To confirm new diagnosis of high blood pressure before starting treatment. *** Covered when performed in doctor's office by having the child read letters of various sizes on a Snellen chart. Includes instrument vision screening for ages 3, 4 and 5 years. A comprehensive vision exam is performed by an ophthalmologist or optometrist and requires a vision benefit. **** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network. ***** Meningococcal B vaccine per doctor's advice





Children: 6 Months to 18 Years¹

Preventive Drug Measures That Require a Doctor's Prescription	
Oral Fluoride	For preschool children older than 6 months whose primary water source is deficient in fluoride
Prevention of Obesity and Heart Disease	
Children With a BMI in the 85th to 94th Percentile (Overweight) and the 95th to 98th Percentile (Obese) Are Eligible For:	<ul style="list-style-type: none"> • Additional annual preventive office visits specifically for obesity • Additional nutritional counseling visits specifically for obesity • Recommended lab tests: <ul style="list-style-type: none"> – Alanine aminotransferase (ALT) – Aspartate aminotransferase (AST) – Hemoglobin A1c or fasting glucose (FBS) – Cholesterol screening
Adult Diabetes Prevention Program (DPP) Age 18	
 Applies to Adults <ul style="list-style-type: none"> • Without a diagnosis of Diabetes (does not include a history of Gestational Diabetes) and • Overweight or obese (determined by BMI) and • Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7 to 6.4 percent or Impaired Glucose Tolerance Test of 140-199mg/dl. 	Enrollment in certain select CDC recognized lifestyle change DPP programs for weight loss.

INFORMATION ABOUT THE AFFORDABLE CARE ACT (ACA)

This schedule is a reference tool for planning your family's preventive care, and lists items and services required under the Affordable Care Act (ACA), as amended. It is reviewed and updated periodically based on the advice of the U.S. Preventive Services Task Force, laws and regulations, and updates to clinical guidelines established by national medical organizations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at increased risk for a condition. Some services may require prior authorization. If you have questions about this schedule, prior authorizations, or your benefit coverage, please call the Member Service number on the back of your member ID card.

¹INFORMATION ABOUT CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

Because the Children's Health Insurance Program (CHIP) is a government-sponsored program and not subject to ACA, certain preventive benefits may not apply to CHIP members and/or may be subject to copayments.

The ACA authorizes coverage for certain additional preventive care services. These services do not apply to "grandfathered" plans. These plans were established before March 23, 2010, and have not changed their benefit structure. If your health coverage is a grandfathered plan, you would have received notice of this in your benefit materials.

