

# 2016 PREVENTIVE SCHEDULE



This Schedule is a reference tool for planning your family's preventive care, and lists items/services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), 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. Most preventive services are covered with no cost sharing; however, if you have questions about this schedule, prior authorizations, or your specific benefit coverage, please call the Member Service number on the back of your ID card.

## Adult (age 19+) Preventive Schedule

GENERAL HEALTH CARE	
<b>Physical Exams/Health Guidance<sup>1</sup></b>	Every 1-2 years for adults 19-49 years of age. Every year for adults 50 years of age and older.
<b>Pelvic /Breast Exam by Practitioner</b>	Annually.
SCREENINGS/PROCEDURES	
<b>Abdominal Aortic Aneurysm Screening</b>	One-time screening by ultrasonography for men between age 65 and 75 who previously smoked.
<b>BRCA Mutation Screening</b> (Requires prior authorization)	One-time genetic assessment for breast and ovarian cancer susceptibility as recommended by your doctor. Annual preventive breast MRI if BRCA positive or immediate family of BRCA carrier but untested. (If you have/have had cancer, or your mammogram is positive, annual MRIs are diagnostic and will follow your diagnostic benefits.) As recommended by your doctor with women meeting high-risk criteria.
<b>Bone Mineral Density Screening</b>	Once every 2 years: All women 65 years and older or men 70 years and older. Or, younger post-menopausal women who have had a fracture or have one or more risk factors for osteoporosis.
<b>Chlamydia, Gonorrhea, HIV and Syphilis Screenings and Counseling</b>	All sexually active males and females, as recommended by your doctor.
<b>Colorectal Cancer Screening (and certain colonoscopy preps with prescription)</b>	All: Beginning at age 50 annual screening with fecal occult blood test (FOBT), or screening with flexible sigmoidoscopy every 5 years with or without annual FOBT, or double contrast barium enema every 5 years or colonoscopy every 10 years. High-risk: Earlier or more frequently as recommended by your doctor.
<b>Fasting Blood Glucose</b>	For high-risk patients screenings should start at age 45 at three-year intervals. Earlier screening may be indicated based on individual risk factors.
<b>Hepatitis B Screening</b>	For high-risk patients as recommended by your doctor.
<b>Hepatitis C Screening</b>	For high-risk patients as recommended by your doctor.
<b>Cholesterol Screening<sup>2</sup></b>	Routine screening every 5 years beginning at age 20. More frequent testing of those at risk for cardiovascular disease.
<b>Lung Cancer Screening</b> (Requires use of authorized facility)	Annually for adults age 55-80 years with 30 pack/year smoking history and currently smokes or quit within the past 15 years.
<b>Mammogram Screening</b>	Starting at age 40, performed annually if recommended by your doctor.
<b>Pap Test Screening</b>	Ages 21-65: Every 3 years, or annually as recommended by your doctor. From ages 30-65: can be performed every 5 years if combined Pap and HPV are negative. Over age 65: As recommended by your doctor.
IMMUNIZATIONS	
<b>Chicken Pox (Varicella)</b>	One series of two doses at least one month apart for adults with no history of chicken pox.
<b>Diphtheria, Tetanus (Td/Tdap)</b>	One time Tdap. Td booster every 10 years for all adults.
<b>Hepatitis A</b>	Based on individual risk or physician recommendation: One two-dose series.
<b>Hepatitis B</b>	Based on individual risk or physician recommendation: One three-dose series.
<b>H. Influenzae B (HIB)<sup>3</sup></b>	Based on individual risk by physician recommendation.
<b>Human Papillomavirus (HPV)</b>	For individuals age 9 to 26, one three-dose series. Dose 2 at 2 months from Dose 1. Dose 3 at 6 months from Dose 1.
<b>Influenza</b>	Annually.
<b>Measles/Mumps/Rubella (MMR)</b>	One to two doses as recommended by your doctor.
<b>Meningococcal</b>	Based on individual risk or physician recommendation: One or two doses per lifetime.
<b>Pneumococcal</b>	For individuals age 65 and older. Others at high-risk as recommended by your doctor.
<b>Shingles (Zoster)</b>	One dose age 60 years of age and older.

1. Includes discussion of alcohol use, blood pressure screening, depression, intimate partner and domestic violence, sexually transmitted diseases, aspirin therapy and tobacco use.
2. In the previous Preventive Schedule, Cholesterol Screening was labeled Lipid Screening. The benefit remains the same.
3. Hib (Haemophilus influenzae type b) is recommended for adults with certain specified 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 influenza vaccine.

## Schedule for Children: Birth to 30 Months

	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	9 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	24 MONTHS	30 MONTHS
Hearing Screening <sup>1</sup>	✓										
Visual Screening <sup>1,2</sup>											
Wellness Exam <sup>3</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>SCREENINGS</b>											
Autism Screening <sup>9</sup>									✓	✓	
Critical Congenital Heart Disease (CCHD) Screening with Pulse Oximetry	✓										
Developmental Screening <sup>9</sup>						✓			✓		✓
Lead Screening						✓					
Hematocrit or Hemoglobin							✓				
Newborn Blood Screening <sup>10</sup>	✓										
<b>IMMUNIZATIONS<sup>4</sup></b>											
Chicken Pox <sup>5</sup>							Dose 1				
Diphtheria/Tetanus/ Pertussis (DTaP) <sup>6,7</sup>			Dose 1	Dose 2	Dose 3			Dose 4 (15 to 18 months)			
Hepatitis A <sup>5</sup>							Dose 1		Dose 2		
Hepatitis B <sup>5</sup>	Dose 1		Dose 2		Dose 3 (6 to 18 months)						
H. Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3 <sup>6</sup>		Dose 4 (12 to 15 months)				
Influenza <sup>5</sup>					One or two doses annually for all children 6 months to 18 years of age						
Measles/Mumps/ Rubella (MMR) <sup>5</sup>							Dose 1 (12 to 15 months)				
Meningococcal <sup>6</sup>											
Pneumococcal Conjugate (PCV) <sup>6,8</sup>			Dose 1	Dose 2	Dose 3		Dose 4 (12 to 15 months)				
Polio (IPV) <sup>6</sup>			Dose 1	Dose 2	Dose 3 (6 to 18 months)						
Rotavirus			Dose 1	Dose 2	Dose 3						

- As shown and when conditions indicate. If patient is uncooperative, rescreen within six months.
- Vision screening is a covered benefit. It is performed in the physician's office, by having the child read letters of various sizes on a Snellen chart. A comprehensive vision exam is performed by an ophthalmologist or optometrist and requires a vision benefit.
- This includes, at appropriate ages, height, weight and Body Mass Index (BMI) measurement, developmental assessment.
- Additional immunizations and expanded age ranges may be eligible based on state mandates for childhood immunizations.
- Children can get this vaccine at any age if not previously vaccinated.
- Or other series/schedule as recommended by the doctor.
- DTaP is given to children under age 7, in order to develop immunity to diphtheria, tetanus and whooping cough. Tdap provides continued protection in older children and adults.
- Previously unvaccinated older infants and children who are beyond the age of the routine infant schedule should follow the dosing guidelines recommended by their doctor.
- In the previous Preventive Schedule the Autism/Developmental Screening benefit information was located in a footnote for the Wellness Exam. The benefit remains the same.
- In the previous Preventive Schedule, Newborn Blood Screening was labeled Hereditary/Medical Screening. The benefit remains the same.

## Schedule for Children: 3 Years to 18 Years

	3 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	15 YEARS	18 YEARS	
<b>Blood Pressure</b>	✓	✓	✓	✓	✓	✓	✓	✓	Every year from age 11 through 18				
<b>Depression Screening</b>									Every year beginning age 11				
<b>Hearing Screening<sup>1</sup></b>		✓	✓	✓		✓		✓		✓	✓		
<b>Visual Screening<sup>1,2</sup></b>	✓	✓	✓	✓		✓		✓		✓	✓	✓	
<b>Wellness Exam<sup>3</sup></b>	✓	✓	✓	✓	✓	✓	✓	✓	Every year from age 11 through 18				
<b>SCREENINGS</b>													
<b>Lead Screening</b>	When indicated. (Please also refer to your state specific recommendations.)												
<b>Hematocrit or Hemoglobin</b>			Annually for females during adolescence and when indicated.										
<b>IMMUNIZATIONS<sup>4</sup></b>													
<b>Chicken Pox<sup>5</sup></b>			Dose 2		Children not receiving the vaccine prior to 18 months can receive the vaccine at any time. Children 13 years or older who haven't been vaccinated and haven't had chicken pox should receive two doses of the vaccine at least 4 weeks apart. Second dose, catch-up is recommended for those who previously received only 1 dose.								
<b>Diphtheria/ Tetanus/ Pertussis (DTaP)<sup>6,7</sup></b>			Dose 5 (4 to 6 years)		One dose of Tdap if five doses were not received previously								Td every 10 years
<b>Hepatitis A<sup>5</sup></b>													
<b>Hepatitis B<sup>5</sup></b>													
<b>Human Papillomavirus (HPV)</b>							One three dose series for individuals between 9 and 26 years old. Dose 2 at two months from Dose 1. Dose 3 at six months from Dose 1.						
<b>Influenza<sup>5</sup></b>	One or two doses annually for all children 6 months to 18 years of age												
<b>Measles/Mumps/ Rubella (MMR)<sup>5</sup></b>		The second dose of MMR is routinely recommended at 4 to 6 years, but may be administered during any visit, provided at least one month has elapsed since receipt of the first dose and that both doses are administered at or after age 12 months.											
<b>Meningococcal<sup>6</sup></b>									Dose 1		One time booster at 16		
<b>Pneumococcal Conjugate (PCV)<sup>6,8</sup></b>													
<b>Polio (IPV)<sup>6</sup></b>			Dose 4 (4 to 6 years)										
<b>CARE FOR PATIENTS WITH RISK FACTORS (Including discussion of alcohol use, sexual activity and tobacco use.)</b>													
<b>BRCA Mutation Screening<sup>9</sup></b>					As recommended by your doctor with women meeting high-risk criteria.								
<b>Cholesterol Screening</b>	Screening will be done at the doctor's discretion, based on the child's family history and risk factors												
<b>Fluoride Varnish</b>	Service provided by the primary care doctor or their staff in the doctor's office only. As recommended by your doctor for ages 5 years and younger. Benefit does not apply to services provided by a dentist.												
<b>Hepatitis B Screening</b>									When indicated for high-risk				
<b>Hepatitis C Screening</b>												When indicated for high-risk	
<b>Chlamydia, Gonorrhea, HIV and Syphilis Screening and Counseling</b>	As recommended by doctor for all sexually active males and females and other high-risk individuals.												
<b>Tuberculin Test</b>	Testing should be done upon recognition of high-risk factors. Frequency should be determined by community and personal risk factors.												

- As shown and when conditions indicate. If patient is uncooperative, rescreen within six months.
- Vision screening is a covered benefit. It is performed in the physician's office, by having the child read letters of various sizes on a Snellen chart. A comprehensive vision exam is performed by an ophthalmologist or optometrist and requires a vision benefit.
- This includes, at appropriate ages, height, weight and Body Mass Index (BMI) measurement, developmental and behavioral assessment, including autism screening, education and brief counseling to prevent the initiation of tobacco use, and other care as determined by the doctor. Coverage is based on a calendar year.
- Additional immunizations and expanded age ranges may be eligible based on state mandates for childhood immunizations.
- Children can get this vaccine at any age if not previously vaccinated.
- Or other series/schedule as recommended by the doctor.
- DTaP is given to children under age 7, in order to develop immunity to diphtheria, tetanus and whooping cough. Tdap provides continued protection in older children and adults.
- Previously unvaccinated older infants and children who are beyond the age of the routine infant schedule should follow the dosing guidelines recommended by their doctor.
- May require pre-authorization based on your physician's review of Highmark's requirements. Please check with your physician or call the Member Service number on the back of your ID Card.

## MATERNITY

The following services are considered preventive care for pregnant women.

You should expect to receive the following screenings and procedures:

- Gestational diabetes screening
- Hematocrit and/or hemoglobin (anemia)
- Hepatitis B screening and immunization, if needed
- HIV screening
- Rh typing during your first visit
- Rh antibody testing for Rh-negative women
- Tdap with every pregnancy
- Urine culture & sensitivity (C&S) during your first visit

In addition, your doctor may discuss breast feeding during weeks 28 through 36 and/or post-delivery, tobacco use and behavioral counseling to reduce alcohol use.

## BENEFITS FOR PREVENTION OF OBESITY AND CARDIOVASCULAR DISEASE

### Benefits for Children

Children with a body mass index (BMI) in the 85<sup>th</sup> to 94<sup>th</sup> percentile (overweight) and the 95<sup>th</sup> to 98<sup>th</sup> percentile (obese) are eligible for:

- Additional annual preventive office visits specifically for obesity counseling
- Additional nutritional counseling visits specifically for obesity
- Recommended laboratory studies
  - ✓ Alanine Aminotransferase (ALT)
  - ✓ Aspartate Aminotransferase (AST)
  - ✓ Hemoglobin A1c or Fasting Glucose (FBS)
  - ✓ Cholesterol Screening

### Benefits for Adults

Adults with a BMI 25 to 29.9 (overweight) and 30 to 39.9 (obese) are eligible for:

- Additional annual preventive office visits specifically for obesity counseling and blood pressure measurement
- Additional nutritional counseling visits specifically for obesity
- Recommended laboratory studies:
  - ✓ ALT
  - ✓ AST
  - ✓ Hemoglobin A1c or Fasting Glucose (FBS)
  - ✓ Cholesterol Screening

## PREVENTIVE DRUG MEASURES WITH PRESCRIPTION

### **Adult**

Aspirin	For men age 45 to 79 years and women age 55 to 79 years to prevent cardiovascular disease Low dose aspirin, if needed for prevention of preeclampsia in high-risk pregnant women
Folic Acid	All women planning or capable of pregnancy should take a daily supplement containing .4 to .8 mg of folic acid
Raloxifene Tamoxifen	For women without a cancer diagnosis who are determined to be at risk for breast cancer by their physician.
Tobacco cessation	Interventions for those adults who use tobacco products
Vitamin D Supplements	Routine over-the-counter supplements for adults 65 years and older who are at risk for falls

### **Children**

Iron	Routine supplementation for asymptomatic children age 6 to 12 months who are at increased risk for iron deficiency anemia
Oral Fluoride	For preschool children older than 6 months of age whose primary water source is deficient in fluoride

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## Women's Health Preventive Schedule

For non-grandfathered coverage renewing on or after 8/1/2012 or, grandfathered employers who have chosen to cover these benefits

### SERVICES

<b>Contraception and Counseling</b>	All women with reproductive capacity: patient education, counseling and Food and Drug Administration (FDA)-approved contraceptive methods, including sterilization and procedures as prescribed. One form of contraception in each of the 18 FDA approved methods is covered without cost sharing. If the doctor recommends a clinical service or FDA-approved item based on medical necessity there will be no cost sharing.
<b>Well-Woman Visits</b>	Once a year with no cost sharing. If a clinician determines that a patient requires more than one well-woman visit annually, to obtain all necessary recommended preventative services, the additional visit will be provided without cost-sharing, including the first visit to confirm pregnancy.

### SCREENINGS/PROCEDURES

<b>Gestational Diabetes Screening</b>	All women: between 24 and 28 weeks of gestation. High-risk: at the first prenatal visit.
<b>Human Immunodeficiency Virus (HIV) Counseling and Screening</b>	Annually for all sexually active women.
<b>Human Papillomavirus (HPV) Screening Testing</b>	Screening every 3 years beginning at age 30.
<b>Interpersonal and Domestic Violence Screening and Counseling</b>	Annually.
<b>Lactation (Breastfeeding) Counseling, Support and Supplies</b>	Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.
<b>Sexually Transmitted Infections Counseling</b>	Annually for all sexually active women.

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

Grandfathered plans are health care plans that were established before March 23, 2010, and have not changed their benefit structure. Certain PPACA provisions differ or do not apply to these plans. If your health coverage is a grandfathered plan, you would have received notice of this in your benefit materials.