

This information highlights the preventive care services available under this *coverage* 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 recommendations of the U.S. Preventive Services Task Force (USPSTF); Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, and other applicable laws and regulations. Accordingly, the content of this schedule is subject to change.

Your specific needs for preventive services may vary according to your personal risk factors. It is not intended to be a complete list or complete description of available services. In-network preventive services are provided at no Member Cost-share. Additional diagnostic studies may be covered if *medically necessary* for a particular diagnosis or procedure; if applicable, these diagnostic services may be subject to cost-sharing. Members may refer to the benefit contract for specific information on available *benefits* or *contact Customer Service at the number listed on their ID card.*

Schedule for Adults: Age 19+

GENERAL HEALTHCARE*

For Routine History and Physical Examination, including pertinent patient education. Adult counseling and patient education include:

Women

<ul style="list-style-type: none"> Breast Cancer chemoprevention Contraceptive methods/counseling¹ Folic Acid (childbearing age) 	<ul style="list-style-type: none"> Hormone Replacement Therapy (HRT) – risk vs. benefits Urinary Incontinence Assessment 	At least annually
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Men and Women

<ul style="list-style-type: none"> Aspirin prophylaxis (high risk) Calcium/vitamin D intake Drug use Family Planning Fall Prevention (age 65 and older) 	<ul style="list-style-type: none"> Physical Activity/Exercise Seat Belt use Statin Medication (high risk) Unintentional Injuries 	At least annually
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SCREENINGS/PROCEDURES*

Women (Preventive care for pregnant women, see Maternity section.)

Bone Mineral Density (BMD) test	Testing every 2 years for women age 19-64 at increased risk for Osteoporosis. Once every 2 years for women over age 65 and older.
BRCA screening/genetic counseling/testing	For women at risk, including those not previously diagnosed with BRCA-related cancer but who have a personal or family history of cancer.
Chlamydia and Gonorrhea test	Test all sexually active women from age 19-24 years; women at increased risk at age 25 years and older, as recommended by your healthcare provider. Suggested testing is every 1-3 years.
Domestic/Interpersonal/Partner Violence screening/counseling	At least annually for women age 19 and older; provide or refer services as determined by your healthcare provider.
Mammogram (2D or 3D)	Beginning at age 40, every 1-2 years.
Pelvic Exam/Pap Smear/HPV DNA	Pelvic Exam/Pap Smear: Age 21-65: every 3 years; HPV DNA: Age 30-65, every 5 years.

Men

Abdominal Duplex Ultrasound	One-time screening for abdominal aortic aneurysm in men age 65-75 who have ever smoked.
Prostate Cancer screening	Beginning at age 19 for high risk males. Beginning at age 50, annually.
Prostate Specific Antigen	Beginning at age 50, annually.

Men and Women

Alcohol use screening/counseling	Behavioral counseling interventions for adults age 19 and older who are engaged in risky or hazardous drinking.
CT Colonography ²	Beginning at age 50, every 5 years.
Colonoscopy ³	Beginning at age 50, every 10 years.
Depression screening	Age 19 and older: Annually or as determined by your healthcare provider.
Diabetes (type 2)/Abnormal Blood Glucose Screening	Test all adults age 40-70 who are overweight or obese; if normal, rescreen every 3 years. If abnormal, offer Intensive Behavioral Therapy (IBT) counseling to promote a healthful diet and physical activity.
Fasting Lipid Profile	Beginning at age 20, every 5 years.
Fecal Occult Blood test (gFOBT/FIT) ⁴	Beginning at age 50, annually.
FIT-DNA Test	Beginning at age 50, every 3 years.
Flexible Sigmoidoscopy ³	Beginning at age 50, every 5 years.
Hepatitis B test	For adults age 19 and older who have not been vaccinated for hepatitis B virus (HBV) infection and other high risk adults; Periodic repeat testing of adults with continued high risk for HBV infection.
Hepatitis C test	Offer one-time testing for adults age 18-79. Periodic repeat testing of adults with continued high risk for HCV infection.
High Blood Pressure (HBP)	Every 3-5 years for adults age 19-39 with BP<130/85 who have no other risk factors. Annually for adults age 40 and older, and annually for all adults at increased risk for HBP.

HIV test	Routine one-time testing of adults age 19-65 at unknown risk for HIV infection. Periodic repeat testing (at least annually) of all high risk adults age 19 and older.
Latent Tuberculosis (TB) Infection Test	At least one-time testing of adults age 19 and older at high risk. Periodic repeat testing of adults with continued high risk for TB infection.
Low-dose CT Scan for Lung Cancer	Annual testing until smoke-free for 15 years for high risk adults 55-80 years of age.
Obesity	Age 19 and older: Every visit (BMI of 30 or greater: Intensive Multicomponent Behavioral Therapy (IBT) counseling available).
Obesity/Overweight + Cardiovascular Risk Factor combination	Age 19 and older for high risk adults: BMI of 25 or greater, Intensive Behavioral Therapy (IBT) counseling available to promote a healthful diet and physical activity.
STI counseling	Age 19 and older for high risk adults: Moderate and Intensive Behavioral Therapy (IBT) counseling available.
Sun/UV (ultraviolet) Radiation Skin Exposure; Skin Cancer counseling	Counseling to minimize exposure to UV radiation for adults age 19-24 with fair skin.
Syphilis test	Test all high risk adults age 19 and older; suggested testing is every 1-3 years.
Tobacco use assessment/counseling and cessation interventions	Age 19 and older: 2 cessation attempts per year (each attempt includes a maximum of 4 counseling visits of at least 10 minutes per session); FDA-approved tobacco cessation medications ⁵ ; individualize risk in pregnant women.

IMMUNIZATIONS**

Haemophilus Influenza type b (Hib)	Age 19 and older: Based on individual risk or healthcare provider recommendation, one or three doses
Hepatitis A (HepA)	Age 19 and older: Based on individual risk or healthcare provider recommendation, two or three doses
Hepatitis B (HepB)	Age 19 and older: Based on individual risk or healthcare provider recommendation, two or three doses
Human Papillomavirus (9vHPV)	Age 19-26: Two or three doses, depending on age at series initiation
Influenza	Age 19 and older: One dose annually during influenza season
Measles/Mumps/Rubella (MMR)	Age 19 and older: Based on indication (born 1957 or later) or healthcare provider recommendation, one or two doses
Meningococcal (conjugate) (MenACWY)	Age 19 and older: Based on individual risk or healthcare provider recommendation: One or two doses depending on indication, then booster every 5 years if risk remains
Meningococcal B (MenB)	Age 19 and older: Based on individual risk or healthcare provider recommendation: Two or three doses depending on indication, then booster every 2-3 years if risk remains
Pneumococcal (conjugate) (PCV13)	Age 19-64: One dose (high risk; serial administration with PPSV23 may be indicated)
Pneumococcal (polysaccharide) (PPSV23)	Age 19-64: One or two doses Age 65 and older: Based on individual risk or healthcare provider recommendation: One dose at least 5 years after PPSV23
Tetanus/diphtheria/pertussis (Td or Tdap)	Age 19 and older: One dose of Tdap, then Td or Tdap booster every 10 years.
Varicella (Chickenpox)	Beginning at age 19; two doses, as necessary based upon past immunization or medical history
Zoster (Shingles)	Beginning at age 50; two doses, regardless of prior zoster episodes

¹ Coverage is provided without cost-share for all FDA-approved generic contraceptive methods and all FDA-approved contraceptives without a generic equivalent. See the Rx Preventive Coverage List at capbluecross.com for details. Coverage includes clinical services, including patient education and counseling, needed for provision of the contraceptive method. If an individual's provider recommends a particular service or FDA-approved item based on a determination of medical necessity with respect to that individual, the service or item is covered without cost-sharing.

² CT Colonography is listed as an alternative to a flexible sigmoidoscopy and colonoscopy, with the same schedule overlap prohibition as found in footnote #3.

³ Only one endoscopic procedure is covered at a time, without overlap of the recommended schedules.

⁴ For guaiac-based testing (gFOBT), six stool samples are obtained (2 samples on each of 3 consecutive stools, while on appropriate diet, collected at home). For immunoassay testing (FIT), specific manufacturer's instructions are followed.

⁵ Refer to the most recent Formulary located on the Capital BlueCross web site at capbluecross.com.

Schedule for Maternity

SCREENINGS/PROCEDURES*

The recommended services listed below are considered preventive care (including prenatal visits) for pregnant women. You may receive the following screenings and procedures at no member cost share:

- Anemia screening (CBC)
- Breastfeeding support/counseling/supplies
- Depression screening (prenatal/ postpartum)
- Gestational Diabetes screening (prenatal/postpartum)
- Hepatitis B screening at the first prenatal visit
- HIV screening
- Low-dose aspirin after 12 weeks of gestation for preeclampsia in high risk women
- Preeclampsia screening
- Rh blood typing
- Rh antibody testing for Rh-negative women
- Rubella Titer
- Syphilis screening
- Tobacco Use Assessment, Counseling and Cessation Interventions
- Asymptomatic Urine Bacteria Screening
- Other preventive services may be available as determined by your healthcare provider

* Services that need to be performed more frequently than stated due to specific health needs of the member and that would be considered medically necessary may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit. If a clinician determines that a patient requires more than one well-woman visit annually to obtain all necessary recommended preventive services, the additional visits will be provided without cost-sharing. Occupational, school and other "administrative" exams are not covered.

** Refer to the guidelines set forth by the Centers for Disease Control and Prevention (CDC) for additional immunization information.

Schedule for Children: Birth through the end of the month Child turns 19

GENERAL HEALTHCARE

Routine History and Physical Examination – Recommended Initial/Interval of Service:

Newborn, 3-5 days, by 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and 30 months; and 3 years to 19 years annually.

Exams may include:

- Blood pressure (risk assessment up to 2½ years)
- Body mass index (BMI; beginning at 2 years of age)
- Developmental milestones surveillance (except at time of developmental screening)
- Head circumference (through 24 months)
- Height/length and weight
- Newborn evaluation (including gonorrhea prophylactic topical eye medication)
- Weight for length (through 18 months)
- Anticipatory guidance for age-appropriate issues including:
 - Growth and development, breastfeeding/nutrition/support/counseling/supplies, obesity prevention, physical activity and psychosocial/behavioral health
 - Safety, unintentional injuries, firearms, poisoning, media access
 - Contraceptive methods/counseling (females)
 - Tobacco products, use/education
 - Oral health risk assessment/dental care/fluoride supplementation (> 6 months)¹
 - Fluoride varnish painting of primary teeth (to age 5 years)
 - Folic Acid (childbearing age)

	Newborn	9-12 months	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years
SCREENINGS/PROCEDURES*																					
Alcohol, tobacco and drug use assessment (CRAFT)														✓	✓	✓	✓	✓	✓	✓	✓
Alcohol use screening/counseling																				✓	✓
Anemia screening			✓	Assess risk at all other well child visits																	
Autism spectrum disorder screening	At 18 months	✓																			
Chlamydia test	For sexually active females: suggested testing interval is 1-3 years.																				
Depression screening (PHQ-2)														✓	✓	✓	✓	✓	✓	✓	✓
Developmental screening		✓	✓	✓	At 9 months, 18 months and 2½ years																
Domestic/Interpersonal/Intimate Partner Violence	At least annually for adolescents of childbearing age, 11 years of age and older; provide or refer services as determined by your healthcare provider.																				
Gonorrhea test	For sexually active females: suggested testing interval is 1-3 years.																				
Hearing screening/risk assessment	Between 3-5 days through 3 years; repeat at 7 and 9																				
Hearing test (objective method)	✓				✓	✓	✓		✓		✓		✓	Once between ages 11-14, 15-17 and 18+							
Hepatitis B test	Beginning at 11 years (children who have not been vaccinated for hepatitis B virus (HBV) infection/other high risk); Periodic repeat testing of children with continued high risk for HBV infection.																				
High blood pressure (HBP)				✓	Beginning at 3 years or younger for at risk: at every well-child visit. Confirm HBP outside office by Ambulatory Blood Pressure Monitoring (ABPM) before treating.																
HIV screening/risk assessment	Annually beginning at 11 years																				
HIV test	Routine one-time testing between 15-18 years old. If indicated by high risk assessment testing may begin earlier. Periodic repeat testing (at least annually) of all high risk children.																				
Lead screening test/risk assessment	Screening Test: 12 to 24 months (at risk) ² ; Risk Assessment at 6, 9, 12, 18, 24 months and 3-6 years.																				
Lipid screening/risk assessment				✓		✓		✓		✓				✓	✓	✓	✓	✓	✓		
Lipid test	Once between 9-11 years (younger if risk is assessed as high) and once between 17-19 years.																				
Maternal depression screening	By 1 month, 2 month, 4 month and 6 months																				
Newborn bilirubin screening	✓																				
Newborn blood screen (as mandated by the PA Department of Health)	✓																				
Newborn critical congenital heart defect screening	✓																				

	Newborn	9-12 months	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years						
Obesity								✓	Beginning at 6 years: at every well-child visit. Offer/refer to intensive counseling and behavioral interventions.																		
STI counseling	Beginning at 11 years (at risk, sexually active): offer Intensive Behavioral Therapy (IBT) counseling												✓														
STI screening													✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Sun/UV (ultraviolet) radiation skin exposure; skin cancer counseling	Beginning at 6 months, counseling to minimize exposure to UV radiation for children with fair skin.																										
Syphilis test	For high risk children; suggested testing interval is 1-3 years.																										
Tobacco smoking screening and cessation	Beginning at age 18: two (2) cessation attempts per year (each attempt includes a maximum of 4 counseling visits); FDA-approved tobacco cessation medications ³																			✓	✓						
Tuberculin test	Assess risk at every well child visit.																										
Vision risk assessment	Up to 2½ years								✓		✓		✓		✓	✓		✓	✓	✓	✓						
Vision test (objective method)	Optional annual instrument-based testing may be used between 1-5 years of age and between 6-19 years of age in uncooperative children.																										

IMMUNIZATIONS**

Diphtheria/Tetanus/Pertussis (DTaP)	2 months, 4 months, 6 months, 15–18 months, 4–6 years
Haemophilus influenza type b (Hib)	2 months, 4 months, 6 months (4 dose), 12–15 months, (catch-up through age 5) for specific vaccines and 5–18 years for those at high risk, as indicated
Hepatitis A (HepA)	12–23 months (2 doses) (catch-up through age 18)
Hepatitis B (HepB)	Birth, 1–2 months, 6–18 months (catch-up through age 18)
Human papillomavirus (HPV)	11–12 years (2 doses) (catch-up through age 18: 2 or 3 doses) and 9–10 years for those at high risk or individualization for non-high risk
Influenza ⁴	6 months–18 years; annually during flu season
Measles/Mumps/Rubella (MMR)	12–15 months, 4-6 years (catch-up through age 12)
Meningococcal (MenACWY-D/MenACWY-CRM)	11–12 years, 16 years (catch-up through age 18); 2 months–18 years for those at high risk
Meningococcal B (MenB)	16–18 years for individuals not at high risk; 10–18 years for those at high risk
Pneumococcal conjugate (PCV13)	2 months, 4 months, 6 months, 12–15 months (catch up through age 5) and 5–18 years for those at high risk
Pneumococcal polysaccharide (PPSV23)	2–18 years (1 or 2 doses) for those at high risk
Polio (IPV)	2 months, 4 months, 6–18 months, 4–6 years (catch-up through age 17)
Rotavirus (RV)	2 months, 4 months, 6 months (3 doses) for specific vaccines
Tetanus/reduced Diphtheria/Pertussis (Tdap)	11–12 years (catch-up through age 18)
Varicella/Chickenpox (VAR)	12–15 months, 4–6 years (catch-up through age 18)

¹ Fluoride supplementation pertains only to children who reside in communities with inadequate water fluoride.

² Encourage all PA-CHIP Members to undergo blood lead level testing before age 2 years.

³ Refer to the most recent Formulary located on the Capital BlueCross web site at capbluecross.com.

⁴ Children aged 6 months to 8 years who are receiving influenza vaccines for the first time should receive 2 separate doses (> 4 weeks apart), both of which are covered.

* Services that need to be performed more frequently than stated due to specific health needs of the member and that would be considered medically necessary may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit. If a clinician determines that a patient requires more than one well-woman visit annually to obtain all necessary recommended preventive services, the additional visits will be provided without cost-sharing. Occupational, school and other "administrative" exams are not covered.

** Refer to the guidelines set forth by the Centers for Disease Control and Prevention (CDC) for additional immunization information.

This preventive schedule is periodically updated to reflect current recommendations from the U.S. Preventive Services Task Force (USPSTF); Health Resources and Services Administration (HRSA), National Institutes of Health (NIH); NIH Consensus Development Conference Statement, March 27–29, 2000; Advisory Committee on Immunization Practices (ACIP); Centers for Disease Control and Prevention (CDC); American Diabetes Association (ADA); American Cancer Society (ACS); Eighth Joint National Committee (JNC 8); U.S. Food and Drug Administration (FDA), American Academy of Pediatrics (AAP), Women's Preventive Services Initiative (WPSI)

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