#### **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.

Adı	Ilts: Ages 19+ 🛉 Male	Female							
Gene	ral Health Care								
<b>İ</b>	Routine Checkup* (This exam is not the work- or school-related physical)	<ul> <li>Ages 19 to 49: Every 1 to 2 years</li> <li>Ages 50 and older: Once a year</li> </ul>							
4	Pelvic, Breast Exam	Once a year							
Scree	nings/Procedures								
İ	Abdominal Aortic Aneurysm Screening	Ages 65 to 75 who have ever smoked: One-time screening							
<b>İ</b>	Ambulatory Blood Pressure Monitoring	To confirm new diagnosis of high blood pressure before starting treatment							
<b>†</b>	Breast Cancer Genetic (BRCA) Screening (Requires prior authorization)	Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk							
<b>İ</b>	Cholesterol (Lipid) Screening	<ul><li>Ages 20 and older: Once every 5 years</li><li>High-risk: More often</li></ul>							
<b>İ</b>	Colon Cancer Screening (Including Colonoscopy)	<ul> <li>Ages 50 and older: Every 1 to 10 years, depending on screening test</li> <li>High-risk: Earlier or more frequently</li> </ul>							
<b>İ</b>	Certain Colonoscopy Preps With Prescription	<ul> <li>Ages 50 and older: Once every 10 years</li> <li>High-risk: Earlier or more frequently</li> </ul>							
14	Diabetes Screening	High-risk: Ages 40 and older, once every 3 years							
1	Hepatitis B Screening	High-risk							
1	Hepatitis C Screening	High-risk							
1	Latent Tuberculosis Screening	High-risk							
1	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							
<b>†</b>	Mammogram	Ages 40 and older: Once a year including 3-D							
<b>İ</b>	Osteoporosis (Bone Mineral Density) Screening	Ages 60 and older: Once every 2 years							
ŧ	Pap Test	<ul> <li>Ages 21 to 65: Every 3 years, or annually, per doctor's advice</li> <li>Ages 30 to 65: Every 5 years if combined Pap and HPV are negative</li> <li>Ages 65 and older: Per doctor's advice</li> </ul>							
<b>†</b> 🛉	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.



Immunizations       Adults with no history of Chicken por: One 2-does series         Ophtheria, Tetanus (Td/Tdap)       - One time Tdap         To boots revery to yoars       Every year (Mut get at your PC's office or designated pharmacry vaccination provide is the Highman Reversion against the file and designated pharmacry vaccination provides in the Highman Reversion against the file and designated pharmacry vaccination provides in the Highman Reversion against the file and designated pharmacry vaccination provides in the Highman Reversion against the file and designated pharmacry vaccination against the file and designated pharmacry vaccination against the file and designated pharmacry vaccination against the file and designated pharmacry vaccination against the file and designated pharmacry vaccine againsthe file and designated pharmacry vaccine againsthe file and desig	Adults: Age	s 19+ 👖 Male 🏼 🐐	Female					
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<ul> <li>Adults With BMI 25 to 29.9 (Overweight) and 30 to 39.9 (Obese) Are Eligible For:</li> <li>Additional annual preventive office visits specifically for obesity and blood pressure measurement</li> <li>AST</li> <li>Additional nutritional counseling visits specifically for obesity</li> <li>Hemoglobin A1c or fasting glucos</li> <li>Cholesterol screening</li> </ul>	•		<ul> <li>Hepatitis B screening and immunization, if needed</li> <li>HIV screening</li> <li>Syphilis screening</li> <li>Smoking cessation counseling</li> <li>Depression screening during pregnancy and postpartum</li> </ul>	<ul> <li>Rh antibody testing for Rh-negative women</li> <li>Tdap with every pregnancy</li> <li>Urine culture and sensitivity</li> </ul>				
<ul> <li>and 30 to 39.9 (Obese) Are Eligible For:</li> <li>visits specifically for obesity and - ALT</li> <li>blood pressure measurement - AST</li> <li>Additional nutritional counseling</li> <li>Hemoglobin A1c or fasting glucos</li> <li>visits specifically for obesity - Cholesterol screening</li> </ul>								
<ul> <li>Applies to Adults</li> <li>Without a diagnosis of Diabetes (does not include a history of Gestational Diabetes) and</li> <li>Overweight or obese (determined by BMI) and</li> <li>Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7 to 6.4 percent or Impaired Glucose Tolerance Test of</li> </ul>			visits specifically for obesity and blood pressure measurement • Additional nutritional counseling	<ul> <li>ALT</li> <li>AST</li> <li>Hemoglobin A1c or fasting glucose</li> </ul>				
<ul> <li>Without a diagnosis of Diabetes (does not include a history of Gestational Diabetes) and</li> <li>Overweight or obese (determined by BMI) and</li> <li>Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7 to 6.4 percent or Impaired Glucose Tolerance Test of</li> </ul>	dult Diabetes Pr	evention Program (DPP)						
dl or HGBA1c of 5.7 to 6.4 percent or Impaired Glucose Tolerance Test of	<ul> <li>Without a d not include Diabetes) a</li> <li>Overweigh BMI) and</li> </ul>	liagnosis of Diabetes (does e a history of Gestational Ind t or obese (determined by		lifestyle change DPP programs for				
	dl or HGBA Impaired G	1c of 5.7 to 6.4 percent or lucose Tolerance Test of						

\* 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 Months<sup>1</sup>

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					1		1		1	1	1
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							Do	se 1			
Diphtheria, Tetanus, Pertussis (DTaP)			Dose 1	Dose 2	Dose 3			Do	se 4		
Flu (Influenza)**					Ages 6 months to 30 months: 1 or 2 doses annually				У		
Haemophilus Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3		Do	se 4			
Hepatitis A							Dose 1		Dose 2		
Hepatitis B	Dose 1		Dose 2				Dose 3	1			
Measles, Mumps, Rubella (MMR)							Do	se 1			
Pneumonia			Dose 1	Dose 2	Dose 3		Do	se 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.

### **11** Children: 3 Years to 18 Years<sup>1</sup>

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)	•	•	•	•	•	•	•	•			ages 11 t	
Ambulatory Blood Pressure Monitoring**												•
Depression Screening									Once a	year from	ages 11 t	:o 18
Hearing Screening		•	•	•		•		•		•	•	
Visual Screening***	•	•	•	•		•		•		•	•	•
Screenings												
Hematocrit or Hemoglobin Screening			Annual	ly for fem	ales duri	ng adoles	scence an	ıd when i	ndicated			
Lead Screening	When ir	ndicated	(Please al	so refer t	o your st	ate-specif	îc recom	mendatic	ons)			
Immunizations												
Chicken Pox		Dose 2								vaccina	reviously ted: Dose (s apart)	1 and 2
Diphtheria, Tetanus, Pertussis (DTaP)		Dose 5				of Tdap if d previou		were not				1 dose every 10 yrs.
Flu (Influenza)****	Ages 3 t	to 18: 1 o	r 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)			(at least 1 om dose									
Meningitis*****									Dose 1		Age 16 time bo	
Pneumonia	Per doc	tor's advi	ce									
Polio (IPV)		Dose 4										
Care for Patients With Ris	sk Facto	ors										
BRCA Mutation Screening (Requires prior authorization)					Per do	ctor's advi	ice					
Cholesterol Screening	Screenii	ng will be	done ba	sed on the	e child's f	amily hist	ory and ri	sk factors				
Fluoride Varnish (Must use primary care doctor)	Ages 5 a	and young	ger									
Hepatitis B Screening									Per doc	tor's advie	ce	
Hepatitis C Screening											High-ri	sk
Latent Tuberculosis Screening												High- risk
Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV and Syphilis)							viduals					
Tuberculin Test	Per doc	tor's advi	ce									

\* 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 Years<sup>1</sup>

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> <li>Additional annual preventive office visits specifically for obesity</li> <li>Additional nutritional counseling visits specifically for obesity</li> <li>Recommended lab tests: <ul> <li>Alanine aminotransferase (ALT)</li> <li>Aspartate aminotransferase (AST)</li> <li>Hemoglobin A1c or fasting glucose (FBS)</li> <li>Cholesterol screening</li> </ul> </li> </ul>					
Adult Diabetes Prevention Program (DPP)	Age 18					
<ul> <li>Applies to Adults</li> <li>Without a diagnosis of Diabetes (does not include a history of Gestational Diabetes) and</li> <li>Overweight or obese (determined by BMI) and</li> <li>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.</li> </ul>	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.

### <sup>1</sup>INFORMATION 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.