2014 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, the laws and regulations of the Commonwealth of Pennsylvania, 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 ID card.

Adult (age 19+) Preventive Schedule

GENERAL HEALTH CARE	
Physical Exams/Health ¹	Every 1-2 years for adults 19-49 years of age. Every year for adults 50 years of age and older.
Guidance	
Pelvic /Breast Exam by	Annually.
Practitioner	
SCREENINGS/PROCEDURES	
Abdominal Aortic Aneurysm	One-time screening by ultrasonography for men between age 65 and 75 who previously smoked.
Screening	
BRCA Mutation Screening	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.)
Bone Mineral Density Screening	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.
Chlamydia, Gonorrhea, HIV and	All sexually active males and females, as recommended by your doctor.
Syphilis Screenings	All sexually active males and females, as recommended by your doctor.
Colorectal Cancer Screening (and	All: beginning at age 50 annual screening with fecal occult blood test (FOBT), or screening with
certain colonoscopy preps with	flexible sigmoidoscopy every 5 years with or without annual FOBT, or double contrast barium
prescription)	enema every 5 years or colonoscopy every 10 years. High-risk: Earlier or more frequently as
	recommended by your doctor.
Fasting Blood Glucose	For high-risk patients screenings should start at age 45 at three-year intervals.
	Earlier screening may be indicated based on individual risk factors.
Hepatitis C Screening	For high-risk patients: As recommended by your doctor.
Lipid Panel	Routine screening every 5 years beginning at age 20. More frequent testing of those at risk for cardiovascular disease.
Mammogram	Starting at age 40, performed annually if recommended by your doctor.
Pap Test	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	
Chicken Pox (Varicella)	One series of two doses at least one month apart for adults with no history of chicken pox.
Diphtheria, Tetanus (Td/Tdap)	One time Tdap. Td booster every 10 years for all adults.
Hepatitis A	Based on individual risk or physician recommendation: One two-dose series.
Hepatitis B	Based on individual risk or physician recommendation: One three-dose series.
Human Papillomavirus (HPV)	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.
Influenza	Annually.
Measles/Mumps/Rubella (MMR)	One to two doses as recommended by your doctor.
Meningococcal	Based on individual risk or physician recommendation: One or two doses per lifetime.
Pneumococcal	High-risk or at age 65: One to two doses as recommended by your doctor.
Theumococcar	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.

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 ¹	\checkmark										
Visual Screening ^{1,2}											
Wellness Exam ³	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
SCREENINGS		I			L						
Critical Congenital Heart Disease (CCHD) Screening with Pulse Oximetry	~										
Lead Screening						\checkmark					
Hematocrit or Hemoglobin							✓				
Hereditary/Metabolic Screening	✓										
IMMUNIZATIONS ⁴	1	T		1		1					
Chicken Pox⁵							D	ose 1			
Diphtheria/Tetanus/ Pertussis (DTaP) ^{6,7}			Dose 1	Dose 2	Dose 3		Dose 4 (15 to		o 18 months)		
Hepatitis A⁵							Dose 1 se 3 (6 to 18		Dose 2		
Hepatitis B⁵	Dose 1		Dose 2								
H. Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3 ⁶			(12 to 15 onths)			
Influenza⁵					One or two doses annually for all children 6 months to 18						ige
Measles/Mumps/ Rubella (MMR)⁵							Dose 1 (12 to 15 months)				
Meninogococcal ⁶											
Pneumococcal Conjugate (PCV) ^{6,8}			Dose 1	Dose 2	Dose 3		ma	(12 to 15 onths)			
Polio (IPV) ⁶			Dose 1	Dose 2		Dos	se 3 (6 to 18	months)			
Rotavirus			Dose 1	Dose 2	Dose 3						

1. As shown and when conditions indicate. If patient is uncooperative, rescreen within six months.

2. 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.

3. This includes, at appropriate ages, height, weight and Body Mass Index (BMI) measurement, developmental and behavioral assessment, including autism screening, and other care as determined by the doctor. Coverage is based on a calendar year.

4. Additional immunizations and expanded age ranges may be eligible based on state mandates for childhood immunizations.

5. Children can get this vaccine at any age if not previously vaccinated.

6. Or other series/schedule as recommended by the doctor.

7. 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.

8. 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.

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
Blood Pressure	\checkmark	\checkmark	✓	✓	\checkmark	✓	\checkmark	✓	E١	very year fror	n age 11 thro	ough 18
Hearing Screening ¹		\checkmark	\checkmark	\checkmark		\checkmark		\checkmark		\checkmark	\checkmark	
Visual Screening ^{1,2}	\checkmark	\checkmark	✓	✓		\checkmark		\checkmark		✓	 ✓ 	\checkmark
Wellness Exam ³	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	E١	very year from	n age 11 thro	ough 18
SCREENINGS	1	1	I	1		1		1				
Lead Screening			W	hen indica	ted. (Please also	o refer	to your state s	specific I	recomm	endations.)		
Hematocrit or Hemoglobin			When indicated. (Please also refer to your state specific recommendations.) Annually for females during adolescence and when indicated.									
IMMUNIZATIONS ⁴	•	1	I									
Chicken Pox⁵			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 recommende for those who previously received only 1 dose.								pox should	
Diphtheria/Tetanus/ Pertussis (DTaP) ^{6,7}		Do	se 5 (4 to 6 y	ears)	One dose of T rec				·			Td every 10 years
Hepatitis A⁵												
Hepatitis B⁵												
Human Papillomavirus (HPV)				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.								
Influenza⁵				One or tw	o doses annual	ly for a	ll children 6 m	nonths t	o 18 yea	nrs of age		
Measles/Mumps/ Rubella (MMR)⁵		The sec			ely recommende receipt of the fir							
Meninogococcal ⁶									Dose 1 One time booste 16			
Pneumococcal Conjugate (PCV) ^{6,8}												
Polio (IPV) ⁶		Do	se 4 (4 to 6 y	ears)								
CARE FOR PATIENTS	5 WITH	I RISK FA	CTORS (In	cluding d	liscussion of a	alcoh	ol use, sexu	al activ	rity and	d tobacco ι	ise.)	
BRCA Mutation Screening							As re	ecomme	nded by	y doctor		
Chlamydia, Gonorrhea, HIV and Syphilis Screening ⁹			As recommended by doctor									
Cholesterol Screening			Screening will be done at the doctor's discretion, based on the child's family history and risk factors									
Hepatitis C Screening												When indicated for high- risk
HIV Screening											When indica risk ado	
Tuberculin Test	Testi	ng should	l be done up	on recogn	ition of high-ris		rs. Frequency k factors.	should	be dete	rmined by co	ommunity an	d personal

1. As shown and when conditions indicate. If patient is uncooperative, rescreen within six months.

2. 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.

3. 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.

4. Additional immunizations and expanded age ranges may be eligible based on state mandates for childhood immunizations.

5. Children can get this vaccine at any age if not previously vaccinated.

6. Or other series/schedule as recommended by the doctor.

7. 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.

8. 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.

9. Routine screening for all sexually active females and males.

MATERNITY

The following services are considered preventive care for pregnant women.

You should expect to receive the following screenings and procedures:

- 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)

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.

PREVENTION OF OBESITY

Benefits for Children

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

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

Benefits for Adults

Adults with a BMI over 30 are eligible for:

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

PREVENTIVE DRUG ME	ASURES WITH PRESCRIPTION
Adult	
Aspirin	For men age 45 to 79 years and women age 55 to 79 years to prevent cardiovascular disease
Folic Acid	All women planning or capable of pregnancy should take a daily supplement containing .4 to .8 mg of folic
	acid
Tobacco cessation	Interventions for those adults who use tobacco products
Vitamin D	Routine over-the-counter supplements for adults 65 years and older who are at risk for falls
Supplements	
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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