

# Preventive Care Schedule

Effective January 1, 2012

The plan pays for preventive care only when given by a network provider. For in-network preventive care, use your Highmark Blue Cross Blue Shield ID card.

Well child visits (birth – age 18)	Preventive schedule
<ul style="list-style-type: none"> <li>Wellness exam</li> <li>Visual screening</li> <li>Hearing screening</li> </ul>	<ul style="list-style-type: none"> <li>Standard incremental infant check-ups for the first 12 months; every 12 months ages 1-18</li> <li>Every 12 months ages 3-5; then at ages 6, 8, 10, 12 and 15</li> <li>Every 12 months ages 4-6; then at ages 8, 10, 12 and 15</li> </ul>
<b>Immunizations:</b> Includes standard childhood immunizations	At scheduled ages for each childhood immunization
Adult (age 19+)	Preventive schedule
<b>Physical examination</b>	Every 12 months
<b>Pelvic and breast examination</b>	Every 12 months
<b>Pap test</b>	Every 12 months
<b>Mammogram</b>	Every 12 months after age 39
<b>Prostate cancer screening</b>	Every 12 months
<b>Urinalysis, venipuncture and CBC</b>	Every 12 months
<b>Lipid panel</b>	Every 12 months
<b>Glucose testing</b> (for high-risk patients)	Every 3 years after age 45
<b>Bone mineral density screening</b>	Every 2 years if high risk for osteoporosis
<b>Colorectal cancer screening</b> <ul style="list-style-type: none"> <li>Fecal occult blood test</li> <li>Screening with flexible sigmoidoscopy or double contrast barium enema</li> <li>Colonoscopy</li> </ul>	As directed by a physician <ul style="list-style-type: none"> <li>Every 12 months after age 50</li> <li>Every 5 years after age 50</li> <li>Every 10 years after age 50 (or as recommended by your doctor if high risk)</li> </ul>
<b>Immunizations:</b> Includes expanded age ranges for some immunizations	Expanded adult immunizations for at-risk patients
Maternity	
<p><b>You should expect to receive the following screenings and procedures:</b></p> <ul style="list-style-type: none"> <li>Hematocrit and/or Hemoglobin (Anemia)</li> <li>Urine Culture &amp; Sensitivity (C &amp; S)</li> <li>Rh typing during your first visit</li> <li>Rh antibody testing for Rh-negative women</li> <li>Hepatitis B</li> </ul> <p>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.</p>	

**Note:** This schedule, based on recommendations from the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists, the American Cancer Society January 2008 Colorectal Cancer Screening guidelines and items/services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), is a reference tool for planning your family's preventive care. Your specific needs may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at an increased risk for a condition. If you have questions about your coverage, please call the toll-free Member Service Number on your identification card.

# Schedule for Children

	Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months
Wellness exam <sup>1</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blood Pressure										
Visual Screening <sup>2,3</sup>										
Hearing Screening <sup>2</sup>	✓									

SCREENINGS										
Hereditary/ Metabolic	✓									
Lead						✓				
Hematocrit or Hemoglobin							✓			

IMMUNIZATIONS <sup>4</sup> (Includes PA state-mandated benefits)										
Hepatitis A <sup>5</sup>							Dose 1		Dose 2	
Hepatitis B <sup>5</sup>	Dose 1		Dose 2				Dose 3 (6 to 18 months)			
Diphtheria/Tetanus/Pertussis (DTaP) <sup>6</sup>			Dose 1	Dose 2	Dose 3			Dose 4 (15 to 18 months)		
H. Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3 <sup>6</sup>		Dose 4 (12 to 15 months)			
Polio (IPV) <sup>6</sup>			Dose 1	Dose 2			Dose 3 (6 to 18 months)			
Pneumococcal Conjugate (PCV) <sup>6,7</sup>			Dose 1	Dose 2	Dose 3		Dose 4 (12 to 15 months)			
Measles/Mumps/Rubella (MMR) <sup>5</sup>							Dose 1 (12 to 15 months)			
Chicken Pox <sup>5</sup>							Dose 1 (12 to 15 months)			
Influenza <sup>5</sup>							Annually for all children 6 months to 18 years			
Meninogoccal										
Rotavirus			Dose 1	Dose 2	Dose 3					

- 1 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.
- 2 As shown and when conditions indicate. If patient is uncooperative, rescreen within six months.
- 3 Optometric exams require a vision benefit.
- 4 Additional immunizations and expanded age ranges may be eligible based on the PA state mandate 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 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.

30 months	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	15 years	18 years
✓	✓	✓	✓	✓	✓	✓	✓	✓	Every year from ages 11 through 18			
	✓	✓	✓	✓	✓	✓	✓	✓	Every year from ages 11 through 18			
	✓	✓	✓	✓		✓		✓		✓	✓	✓
		✓	✓	✓		✓		✓		✓	✓	

Or when indicated (Please also refer to your state's specific recommendations.)												
Annually for females during adolescence and when indicated.												

Dose 5 (4 to 6 years)												
Dose 6 (7 to 10 years, if not fully immunized against Pertussis)						Recommended Tdap at 11 to 18 years if five or more years have passed since the child's last dose of DTP, DTaP or Td.						
Dose 4 (4 to 6 years)												
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.												
Dose 2 (4 to 6 years)				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, catchup recommended for those who previously received only 1 dose.								
										One dose per lifetime beginning at age 11; booster at age 16		

## Prevention Of Obesity

Obesity places individuals at risk for a number of chronic and debilitating diseases. Highmark is working with physicians, policymakers, The Children’s Health Fund and representatives from the private sector to address the childhood obesity crisis and to create solutions to obesity-related problems. As part of Highmark’s “Prevention of Obesity” initiative, the following benefits are part of our Preventive Schedule. **For in-network services for the prevention of obesity, use your Highmark BCBS ID card.**

Schedule for children	Preventive schedule
<b>Children with a body mass index (BMI) in the 95<sup>th</sup> percentile are eligible for:</b>	<ul style="list-style-type: none"> <li>• Four additional annual preventive office visits specifically for obesity</li> <li>• Four annual nutritional counseling visits specifically for obesity</li> <li>• One set of recommended laboratory studies</li> </ul>
<b>Children with a BMI in the 85<sup>th</sup> percentile are eligible for:</b>	<ul style="list-style-type: none"> <li>• One additional annual preventive office visit specifically for obesity and blood pressure measurement</li> </ul>
Schedule for adults (age 19+)	Preventive schedule
<b>Adults with a BMI over 30 are eligible for:</b>	<ul style="list-style-type: none"> <li>• Two additional annual preventive office visits specifically for obesity and blood pressure measurement</li> <li>• Two annual nutritional counseling visits specifically for obesity</li> <li>• One set of recommended laboratory studies</li> </ul>

## Preventive Medications

The plan pays for preventive care only when given by a network provider. To determine if a specific medication is covered under the wellness benefit, call Medco at 1-800-555-3432. For over-the-counter medications purchased with a prescription from an in-network pharmacy, use your Medco ID card.

Medication	Coverage
<b>Aspirin</b>	Coverage to persons ages 45 years through 79 years
<b>Fluoride</b>	Coverage to persons through the age of five years old
<b>Folic acid</b>	Coverage to females through the age of 50 years old
<b>Iron</b>	Coverage to persons less than one year of age
<b>Smoking cessation</b>	Coverage to persons age 18 years and older

This general summary is not a complete list of the preventive health schedule provided under your plan. To determine if a specific procedure is covered under the wellness benefit, call Highmark Blue Cross Blue Shield® at 1-866-472-0924.



2401 Cedar Springs Road, Dallas, TX 75201-1498  
1-888-98-GUIDE • www.GuideStone.org