

# 2019 Preventive Schedule




Effective 1/1/2019

## 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 by calling Highmark at 1-866-472-0924.

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.

### QUESTIONS?

-  **Call Member Service**
-  **Ask your doctor**
-  **Log in to your account**

## Adults: Ages 19+





Male



Female

### General Health Care

 <b>Routine Checkup*</b> (This exam is not the work- or school-related physical)	<ul style="list-style-type: none"> <li>• Ages 19 to 49: Every 1 to 2 years</li> <li>• Ages 50 and older: Once a year</li> </ul>
 <b>Pelvic, Breast Exam</b>	Once a year



### Screenings/Procedures

 <b>Abdominal Aortic Aneurysm Screening</b>	Ages 65 to 75 who have ever smoked: One-time screening
 <b>Ambulatory Blood Pressure Monitoring</b>	To confirm new diagnosis of high blood pressure before starting treatment
 <b>Breast Cancer Genetic (BRCA) Screening</b> (Requires prior authorization)	Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk
 <b>Cholesterol (Lipid) Screening</b>	<ul style="list-style-type: none"> <li>• Ages 20 and older: Once every 5 years</li> <li>• High-risk: More often</li> </ul>
 <b>Colon Cancer Screening</b> (Including Colonoscopy)	<ul style="list-style-type: none"> <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>Certain Colonoscopy Preps</b> With Prescription	<ul style="list-style-type: none"> <li>• Ages 50 and older: Once every 10 years</li> <li>• High-risk: Earlier or more frequently</li> </ul>
 <b>Diabetes Screening</b>	High-risk: Ages 40 and older, once every 3 years
 <b>Hepatitis B Screening</b>	High-risk
 <b>Hepatitis C Screening</b>	High-risk
 <b>Latent Tuberculosis Screening</b>	High-risk
 <b>Lung Cancer Screening</b> (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>Mammogram</b>	Ages 40 and older: Once a year including 3-D
 <b>Osteoporosis (Bone Mineral Density) Screening</b>	Ages 60 and older: Once every 2 years












\* 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.

# Adults: Ages 19+






## Screenings/Procedures

 <b>Pap Test</b>	<ul style="list-style-type: none"> <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>Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV and Syphilis)</b>	Sexually active males and females

## Immunizations

 <b>Chicken Pox (Varicella)</b>	Adults with no history of chicken pox: One 2-dose series
 <b>Diphtheria, Tetanus (Td/Tdap)</b>	<ul style="list-style-type: none"> <li>• One-time Tdap</li> <li>• Td booster every 10 years</li> </ul>
 <b>Flu (Influenza)</b>	Every year (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)
 <b>Haemophilus Influenzae Type B (Hib)</b>	For adults with certain 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 flu vaccine
 <b>Hepatitis A</b>	At-risk or per doctor's advice: One 2-dose series
 <b>Hepatitis B</b>	At-risk or per doctor's advice: One 3-dose series
 <b>Human Papillomavirus (HPV)</b>	To age 26: One 3-dose series
 <b>Measles, Mumps, Rubella (MMR)</b>	One or two doses
 <b>Meningitis*</b>	At-risk or per doctor's advice
 <b>Pneumonia</b>	High-risk or ages 65 and older: One or two doses, per lifetime
 <b>Shingles</b>	<ul style="list-style-type: none"> <li>• Zostavax - Ages 60 and older: One dose</li> <li>• Shingrix - Ages 50 and older: Two doses</li> </ul>

## Preventive Drug Measures That Require a Doctor's Prescription

 <b>Aspirin</b>	<ul style="list-style-type: none"> <li>• Ages 50 to 59 to reduce the risk of stroke and heart attack</li> <li>• Pregnant women at risk for preeclampsia</li> </ul>
 <b>Folic Acid</b>	Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid
 <b>Raloxifene Tamoxifen</b>	At-risk for breast cancer, without a cancer diagnosis, ages 35 and older
 <b>Tobacco Cessation (Counseling and medication)</b>	Adults who use tobacco products
 <b>Low to Moderate Dose Select Generic Statin Drugs For Prevention of Cardiovascular Disease (CVD)</b>	Ages 40 to 75 years with 1 or more CVD risk factors (such as dyslipidemia, diabetes, hypertension, or smoking) and have calculated 10-year risk of a cardiovascular event of 10% or greater.

\* Meningococcal B vaccine per doctor's advice.

## Preventive Care for Pregnant Women



### Screenings and Procedures

- Gestational diabetes screening
- Hepatitis B screening and immunization, if needed
- HIV screening
- Syphilis screening
- Smoking cessation counseling
- Depression screening during pregnancy and postpartum
- Rh typing at first visit
- Rh antibody testing for Rh-negative women
- Tdap with every pregnancy
- Urine culture and sensitivity at first visit

## Prevention of Obesity, Heart Disease and Diabetes



### Adults With BMI 25 to 29.9 (Overweight) and 30 to 39.9 (Obese) Are Eligible For:

- Additional annual preventive office visits specifically for obesity and blood pressure measurement
- Additional nutritional counseling visits specifically for obesity
- Recommended lab tests:
  - ALT
  - AST
  - Hemoglobin A1c or fasting glucose
  - Cholesterol screening

## Adult Diabetes Prevention Program (DPP)



### Applies to Adults

- Without a diagnosis of Diabetes (does not include a history of Gestational Diabetes) and
- Overweight or obese (determined by BMI) and
- 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.

Enrollment in certain select CDC recognized lifestyle change DPP programs for weight loss.



# 2019 Preventive Schedule

## PLAN YOUR CHILD'S CARE: KNOW WHAT YOUR CHILD NEEDS AND WHEN TO GET IT

Preventive or routine care helps your child stay well or 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.

## QUESTIONS?

-  Call Member Service
-  Ask your doctor
-  Log in to your account

## Children: Birth to 30 Months<sup>1</sup>

General Health Care	Birth	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M
<b>Routine Checkup*</b> (This exam is not the preschool- or day care-related physical.)	●	●	●	●	●	●	●	●	●	●	●
<b>Hearing Screening</b>	●										
<b>Screenings</b>											
<b>Autism Screening</b>									●	●	
<b>Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry</b>	●										
<b>Developmental Screening</b>						●			●		●
<b>Hematocrit or Hemoglobin Screening</b>							●				
<b>Lead Screening</b>						●					
<b>Newborn Blood Screening and Bilirubin</b>	●										
<b>Immunizations</b>											
<b>Chicken Pox</b>								Dose 1			
<b>Diphtheria, Tetanus, Pertussis (DTaP)</b>			Dose 1	Dose 2	Dose 3			Dose 4			
<b>Flu (Influenza)**</b>						Ages 6 months to 30 months: 1 or 2 doses annually					
<b>Haemophilus Influenzae Type B (Hib)</b>			Dose 1	Dose 2	Dose 3		Dose 4				
<b>Hepatitis A</b>							Dose 1		Dose 2		
<b>Hepatitis B</b>	Dose 1	Dose 2			Dose 3						
<b>Measles, Mumps, Rubella (MMR)</b>							Dose 1				
<b>Pneumonia</b>			Dose 1	Dose 2	Dose 3		Dose 4				
<b>Polio (IPV)</b>			Dose 1	Dose 2	Ages 6 months to 18 months: Dose 3						
<b>Rotavirus</b>			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.

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

General Health Care	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y	
<b>Routine Checkup*</b> (This exam is not the preschool- or day care-related physical)	●	●	●	●	●	●	●	●	Once a year from ages 11 to 18				
<b>Ambulatory Blood Pressure Monitoring**</b>												●	
<b>Depression Screening</b>									Once a year from ages 11 to 18				
<b>Hearing Screening***</b>		●	●	●		●		●		●	●	●	
<b>Visual Screening***</b>	●	●	●	●		●		●		●	●	●	
Screenings													
<b>Hematocrit or Hemoglobin Screening</b>			Annually for females during adolescence and when indicated										
<b>Lead Screening</b>	When indicated (Please also refer to your state-specific recommendations)												
<b>Cholesterol (Lipid) Screening</b>								Once between ages 9-11 and ages 17-21					
Immunizations													
<b>Chicken Pox</b>		Dose 2								If not previously vaccinated: Dose 1 and 2 (4 weeks apart)			
<b>Diphtheria, Tetanus, Pertussis (DTaP)</b>		Dose 5				1 dose of Tdap if 5 doses were not received previously						1 dose every 10 yrs.	
<b>Flu (Influenza)****</b>	Ages 3 to 18: 1 or 2 doses annually												
<b>Human Papillomavirus (HPV)</b>								Provides long-term protection against cervical and other cancers. 2 doses when started ages 9-14. 3 doses all other ages.					
<b>Measles, Mumps, Rubella (MMR)</b>		Dose 2 (at least 1 month apart from dose 1)											
<b>Meningitis*****</b>									Dose 1		Age 16: One-time booster		
<b>Pneumonia</b>	Per doctor's advice												
<b>Polio (IPV)</b>		Dose 4											
Care for Patients With Risk Factors													
<b>BRCA Mutation Screening</b> (Requires prior authorization)					Per doctor's advice								
<b>Cholesterol Screening</b>	Screening will be done based on the child's family history and risk factors												
<b>Fluoride Varnish</b> (Must use primary care doctor)	Ages 5 and younger												
<b>Hepatitis B Screening</b>									Per doctor's advice				
<b>Hepatitis C Screening</b>											High-risk		
<b>Latent Tuberculosis Screening</b>												High-risk	
<b>Sexually Transmitted Disease (STD) Screenings and Counseling</b> (Chlamydia, Gonorrhea, HIV and Syphilis)									<ul style="list-style-type: none"> <li>• For all sexually active individuals</li> <li>• HIV routine check once between ages 15-18</li> </ul>				
<b>Tuberculin Test</b>	Per doctor's advice												

\*Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance; alcohol and drug abuse, and tobacco use assessment. \*\* To confirm new diagnosis of high blood pressure before starting treatment. \*\*\* Hearing screening once between ages 11-14, 15-17 and 18-21. Vision screening 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:**

- Additional annual preventive office visits specifically for obesity
- Additional nutritional counseling visits specifically for obesity
- Recommended lab tests:
  - Alanine aminotransferase (ALT)
  - Aspartate aminotransferase (AST)
  - Hemoglobin A1c or fasting glucose (FBS)
  - Cholesterol screening

## Adult Diabetes Prevention Program (DPP) Age 18



### Applies to Adults

- Without a diagnosis of Diabetes (does not include a history of Gestational Diabetes) and
- Overweight or obese (determined by BMI) and
- 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.

Enrollment in certain select CDC recognized lifestyle change DPP programs for weight loss.

# Women's Health Preventive Schedule

## Services

### Well-Woman Visits

(Includes: preconception and first prenatal visit, urinary incontinence screening)

Up to 4 visits each year for age and developmentally appropriate preventive services

### Contraception (Birth Control) Methods and Discussion\*

All women planning or capable of pregnancy

## Screenings/Procedures

### Diabetes Screening

- High-risk: At the first prenatal visit
- All women between 24 and 28 weeks pregnant
- Postpartum women without Diabetes but with a history of gestational diabetes

### HIV Screening and Discussion

All sexually active women: Once a year

### Human Papillomavirus (HPV) Screening Testing

Beginning at age 30: Every 3 years

### Domestic and Intimate Partner Violence Screening and Discussion

Once a year

### Breast-feeding (Lactation) Support and Counseling, and Costs for Equipment

During pregnancy and/or after delivery (postpartum)

### Sexually Transmitted Infections (STI) Discussion

All sexually active women: Once a year

\* FDA-approved contraceptive methods may include sterilization and procedures as prescribed. One form of contraception in each of the 18 FDA-approved methods is covered without cost sharing, as long as the entire method is non-abortive. Additionally, oral and non-oral contraceptives which are abortive in nature are not covered under either the medical or Outpatient Prescription Drug Program.

## 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 "grand-fathered" 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.

# Preventive Immunization Comparison

The chart below shows the vaccines covered by Highmark and Express Scripts. Age limits may apply.

Highmark covers the vaccines if administered by a network provider at your doctor's office. Use your Highmark BCBS ID card in order to be covered by Highmark.

Express Scripts covers the vaccines if administered by a participating pharmacy. Not all contracted pharmacies will be able to give all covered vaccines at all times. Contact your participating pharmacy regarding vaccine availability and times for administration by a pharmacist. Use your Express Scripts ID card at the pharmacy in order to be covered by Express Scripts.

Vaccines covered at a network doctor's office or participating pharmacy
Chicken Pox (Varicella)
Diphtheria/Tetanus/Pertussis (DTaP/Td/Tdap)
H. Influenzae Type B (Hib)
Hepatitis A and B
Human Papillomavirus (HPV)
Influenza
Measles/Mumps/Rubella (MMR)
Meningococcal
Pneumococcal
Polio (IPV)
Rotavirus
Shingles (Shingrix)
Shingles (Zoster)

The following vaccines are covered only by Express Scripts. Use your Express Scripts ID card at the pharmacy in order to be covered by Express Scripts.

Vaccines available only at a participating pharmacy
Japanese Encephalitis
Rabies
Typhoid
Yellow Fever

## 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 Express Scripts at 1-800-555-3432. For over-the-counter medications purchased with a prescription from an in-network pharmacy, use your Express Scripts ID card.

Medication	Coverage
<b>Aspirin</b>	<ul style="list-style-type: none"> <li>• Ages 50 to 59 to reduce the risk of stroke and heart attack</li> <li>• Pregnant women at risk for preeclampsia</li> </ul>
<b>Colonoscopy preparation</b>	Coverage to persons ages 50 years old and older every 10 years, or earlier or more frequent for persons determined to be at high risk for colon cancer
<b>Fluoride</b>	Coverage to persons through the age of 5 years old
<b>Folic acid</b>	Coverage to females through the age of 50 years old
<b>Iron</b>	Coverage to persons less than 1 year of age
<b>Smoking Cessation</b>	Coverage to persons age 18 years old and older
<b>Statins</b>	Coverage of low to moderate dose statins for persons ages 40 to 75 years old
<b>Raloxifene Tamoxifen</b>	Coverage for women without a cancer diagnosis who are determined to be at risk for breast cancer by their physician and meet certain criteria

## Ineligible Preventive Services

Services not on the Highmark Preventive Schedule will be denied if your medical provider submits the claim with a preventive diagnosis code. Procedures not on the Highmark Preventive Schedule must be submitted with an eligible accompanying medical diagnosis to be considered.

### Commonly denied non-preventive services:

- Vitamin D
- Hemoglobin (A1C)
- Thyroxine
- Basic Metabolic Panel\*
- Vitamin B-12
- Uric Acid
- Iron
- Testosterone (Total)
- Creatinine
- X-Rays
- ECG

\* Comprehensive Metabolic Panel is included in a General Health Panel and is covered as preventive.