



Preventive care services for commercial members

This schedule is a reference tool for planning your preventive care, and lists items/services covered under the Patient Protection and Affordable Care Act (ACA) of 2010 and the Health Care and Education Reconciliation Act of 2010. In accordance with the ACA, the schedule is reviewed and updated periodically based on the recommendations of the U.S. Preventive Services Task Force, Health Resources and Services Administration, Centers for Disease Control and Prevention, 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. Your health care provider is always your best resource for determining if you're at increased risk for a condition. Some services may require precertification/preapproval.

This document does not apply to members enrolled in Medicare Advantage plans.

**If you have questions
about this schedule,
precertification/
preapproval, or your benefit
coverage, please call the
Customer Service number
on the back of your ID card.**

Preventive care services for adults

Preventive service	Recommendation
Visits	
Preventive exams	One exam annually for all adults
Services that may be provided during the preventive exam include but are not limited to the following:	
<ul style="list-style-type: none">High blood pressure screening (office-based)Behavioral counseling for skin cancer	
Screenings	
Abnormal blood glucose and Type 2 diabetes mellitus screening and intensive behavioral counseling	Adults 40 to 70 years who are overweight or obese Intensive behavioral counseling interventions, up to 24 sessions, for adults with a positive screening result
Adult abdominal aortic aneurysm (AAA) screening	Once in a lifetime for asymptomatic males age 65 to 75 years with a history of smoking
Alcohol and drug use/misuse screening and behavioral counseling intervention	Screening for all adults Behavioral counseling in a primary care setting for adults with a positive screening result for drug or alcohol use/misuse
Colorectal cancer screening	Adults age 50 to 75 years using any of the following tests: <ul style="list-style-type: none">Fecal occult blood testing: once a yearHighly sensitive fecal immunochemical testing: once a yearFlexible sigmoidoscopy: once every five yearsBarium enema: once every five yearsCT colonography: once every five yearsStool DNA testing: frequency of testing should be discussed with health care providerColonoscopy: once every 10 years
Depression screening	Annually for all adults
Hepatitis B virus (HBV) screening	All asymptomatic adults at high risk for HBV infection
Hepatitis C virus (HCV) screening	All asymptomatic adults age 18 years and older or as a one-time screening for adults born between 1945 and 1965
High blood pressure screening	Ambulatory blood pressure monitoring for individuals with elevated blood pressure without known hypertension
Human immunodeficiency virus (HIV) screening	All adults
Latent tuberculosis infection screening	Asymptomatic individuals 18 years or older at increased risk for tuberculosis
Lipid disorder screening	Every five years for males age 35 years and older For adults age 20 years and older with an increased risk for coronary artery disease, screening is covered at shorter intervals
Lung cancer screening	Adults age 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years
Obesity screening and behavioral intervention	Obesity screening for all adults Behavioral intervention for adults with a body mass index (BMI) of 30 kg/m ² or higher
Syphilis infection screening	All adults at increased risk for syphilis infection

Preventive service

Recommendation

Talk to your health care provider about preventive services you receive to determine the treatment that is best for you.

Therapy and counseling

Behavioral counseling for prevention of sexually transmitted infections	All sexually active adults
Intensive behavioral counseling interventions to promote a healthful diet and physical activities for cardiovascular disease prevention	Adults age 18 years and older diagnosed as overweight or obese with known cardiovascular disease risk factors
Nutritional counseling for weight management	6 visits per year
Counseling for the prevention of falls	Community-dwelling adults age 65 years and older with an increased risk of falls
Tobacco use counseling	All adults who use tobacco products

Medications

Low-dose aspirin	Adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular disease risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years
Prescription bowel preparation medication	For colorectal cancer screening procedures when medically appropriate and prescribed by a health care provider
Tobacco cessation medication	All adults who use tobacco products
Vitamin D	Community-dwelling adults age 65 years and older with an increased risk of falls

Immunizations¹

Vaccine	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influenza	1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap)	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years					
Varicella	2 doses					
Human papillomavirus (HPV), Female	3 doses					
Human papillomavirus (HPV), Male	3 doses					
Zoster					1 dose	
Measles, mumps, rubella (MMR)	1 or 2 doses					
Pneumococcal 13-valent conjugate (PCV13)	1-time dose					
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses					1 dose
Hepatitis A	2 or 3 doses					
Hepatitis B	3 doses					
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4)	1 or more doses					
Meningococcal B (MenB)	2 or 3 doses					
<i>Haemophilus influenzae</i> type b (Hib)	1 or 3 doses					

For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster

Recommended if some other risk factor is present (on the basis of medical, occupational, lifestyle, or other indication)

¹ More information about recommended immunizations is available from the Centers for Disease Control at [cdc.gov/vaccines/schedules](https://www.cdc.gov/vaccines/schedules).

Preventive care services for females, including pregnant females

Preventive service	Recommendation
Visits	
Well-woman visits	At least annually
Services that may be provided during the well-woman visit include but are not limited to the following:	
<ul style="list-style-type: none"> BRCA-related cancer risk assessment Discussion of chemoprevention for breast cancer Intimate partner violence screening Primary care interventions to promote and support breastfeeding Recommended preventive preconception and prenatal care services Tobacco use counseling 	
Screenings	
Bacteriuria screening	All asymptomatic pregnant females at 12 to 16 weeks gestation or at the first prenatal visit, if later
BRCA-related cancer risk assessment, genetic counseling, and BRCA mutation testing	Genetic counseling for asymptomatic females with either personal history or family history of a BRCA-related cancer BRCA mutation testing, as indicated, following genetic counseling
Breast cancer screening (2D OR 3D mammography)	All females age 40 years and older
Cervical cancer screening (Pap test)	Ages 21 to 65: Every three years Ages 30 to 65: Every 5 years with a combination of Pap test and human papillomavirus (HPV) testing, for those who want to lengthen the screening interval
Chlamydia screening	Sexually active females age 24 years and younger or older sexually active females who are at increased risk for infection
Depression screening	Pregnant and postpartum females
Gestational diabetes mellitus screening	Asymptomatic pregnant females after 24 weeks of gestation or at the first prenatal visit for pregnant females identified to be at high risk for diabetes
Gonorrhea screening	Sexually active females age 24 years and younger or older sexually active females who are at increased risk for infection
Hepatitis B virus (HBV) screening	All pregnant females or asymptomatic adolescents and adults at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All pregnant females
Human papillomavirus (HPV) screening	Age 30 and older: Every three years Ages 30 to 65: Every five years with a combination of Pap test and HPV testing, for those that want to lengthen the screening interval
Iron-deficiency anemia screening	All pregnant females

Preventive service	Recommendation
Screenings	
Osteoporosis (bone mineral density) screening	Every two years for females younger than 65 years who are at high risk for osteoporosis Every two years for females 65 years and older without a history of osteoporotic fracture or without a history of osteoporosis secondary to another condition
RhD incompatibility screening	All pregnant females, follow-up testing for females at high risk
Syphilis screening	All pregnant females at first prenatal visit For high-risk pregnant females, repeat testing in the third trimester and at delivery Females at increased risk for syphilis infection
Medications	
Low-dose aspirin for preeclampsia	Low-dose aspirin for pregnant females who are at high risk for preeclampsia after 12 weeks of gestation
Breast cancer chemoprevention	Asymptomatic females age 35 years and older without a prior diagnosis of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention
Folic acid	Daily folic acid supplements for all females planning for or capable of pregnancy
Miscellaneous	
Breastfeeding supplies/support/counseling	Comprehensive lactation support/counseling for all pregnant females and during the postpartum period
Reproductive education and counseling, contraception, and sterilization	All females with reproductive capacity

Preventive care services for children

Preventive service	Recommendation
Visits	
Pre-birth exams	All expectant parents for the purpose of establishing a pediatric medical home
Preventive exams Services that may be provided during the preventive exam include but are not limited to the following: <ul style="list-style-type: none"> Behavioral counseling for skin cancer prevention Blood pressure screening Congenital heart defect screening Counseling and education provided by health care providers to prevent initiation of tobacco use Developmental surveillance Dyslipidemia risk assessment Hearing risk assessment for children 29 days or older Height, weight, and body mass index measurements Hemoglobin/hematocrit risk assessment Obesity screening Oral health risk assessment Psychosocial/behavioral assessment 	All children up to 21 years of age, with preventive exams provided at: <ul style="list-style-type: none"> 3–5 days after birth By 1 month 2 months 4 months 6 months 9 months 12 months 15 months 18 months 24 months 30 months 3–21 years: annual exams

Preventive service

Recommendation

Screenings

Alcohol and drug use/misuse screening and behavioral counseling intervention	Annually for all children 11 years of age and older Annual behavioral counseling in a primary care setting for children with a positive screening result for drug or alcohol use/misuse
Autism and developmental screening	All children during the 18 month and 24 month preventive exams
Chlamydia screening	All sexually active children up to age 21 years
Depression screening	Annually for all children age 11 years to 21 years
Dyslipidemia screening	Following a positive risk assessment or in children where laboratory testing is indicated
Gonorrhea screening	All sexually active children up to age 21 years
Hearing screening for newborns	All newborns
Hearing screening for children 29 days or older	Following a positive risk assessment or in children where hearing screening is indicated
Hepatitis B virus (HBV) screening	All asymptomatic adolescents at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All children
Lead poisoning screening	All children at risk of lead exposure
Newborn metabolic screening panel (e.g., congenital hypothyroidism, hemoglobinopathies [sickle cell disease], phenylketonuria [PKU])	All newborns
Syphilis screening	All sexually active children up to age 21 years with an increased risk for infection
Visual impairment screening	All children up to age 21 years

Additional screening services and counseling

Behavioral counseling for prevention of sexually transmitted infections	Semiannually for all sexually active adolescents at increased risk for sexually transmitted infections
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Medications

Fluoride	Oral fluoride for children age 6 months to 5 years whose water supply is deficient in fluoride
Iron	Asymptomatic children age 6 to 12 months who have an increased risk of iron deficiency anemia
Prophylactic ocular topical medication for gonorrhea	All newborns within 24 hours after birth

Miscellaneous

Fluoride varnish application	Twice a year for all infants and children starting at age of primary tooth eruption to 5 years of age
Hemoglobin/hematocrit testing	Following a positive risk assessment or in children where laboratory testing is indicated for children up to age 21 years
Tuberculosis testing	All children up to age 21 years

Immunizations (Note: For age 19 to 21 years, refer to the adult schedule above)¹

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs	
Hepatitis B (Hep B)	1st dose	2nd dose			3rd dose												
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1st dose	2nd dose	3rd dose (if needed)												
Diphtheria, tetanus, & acellular pertussis (DtaP: < 7 yrs)			1st dose	2nd dose	3rd dose			4th dose				5th dose					
<i>Haemophilus influenzae</i> type b (Hib)			1st dose	2nd dose			3rd or 4th dose										
Pneumococcal conjugate (PCV13)			1st dose	2nd dose	3rd dose		4th dose										
Inactivated poliovirus (IPV: < 18 yrs)			1st dose	2nd dose	3rd dose					4th dose							
Influenza (IIV; LAIV)					Annual vaccination (IIV only) 1 or 2 doses					Annual vaccination (LAIV or IIV) 1 or 2 doses		Annual vaccination (LAIV or IIV) 1 dose only					
Measles, mumps, rubella (MMR)							1st dose					2nd dose					
Varicella (VAR)							1st dose					2nd dose					
Hepatitis A (HepA)							2-dose series										
Meningococcal11 (Hib-MenCY > 6 weeks; MenACWY-D > 9 mos; MenACWY-CRM ≥ 2 mos)														1st dose		Booster	
Tetanus, diphtheria, & acellular pertussis12 (Tdap: >7 yrs)																TDaP	
Human papillomavirus13 (2vHPV: females only; 4vHPV, 9vHPV: males and females)																	3rd dose series
Meningococcal B																	
Pneumococcal polysaccharide5 (PPSV23)																	

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups
 Range of recommended ages during which catch-up is encouraged and for certain high-risk groups

¹ More information about recommended immunizations is available from the Centers for Disease Control at cdc.gov/vaccines/schedules.



Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス (無料) をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódííłnih koji' 1-800-275-2583.

Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.