

## Pediatric Preventive Schedule (newborn through age 18)

### Preventive Exams and Screenings

<b>Alcohol and Drug Use Assessment</b>	Covered in primary care setting at 11–18 years for those at high risk
<b>Autism Screening</b>	Covered in primary care setting at 18 and 24 months
<b>Behavioral Counseling to Prevent Skin Cancer</b>	Covered in primary care setting starting at age 10 for those with fair skin
<b>Blood Pressure Screening</b>	Covered at 3–18 years
<b>Cholesterol Screening</b>	Covered for those at high risk
<b>Chlamydia/Sexually Transmitted Disease Screening</b>	Covered, as directed by physician
<b>Congenital Hypothyroidism Screening</b>	Covered for newborns
<b>Developmental Screening</b>	Covered in primary care setting at 9, 18 and 30 months
<b>Developmental Surveillance</b>	Covered in primary care setting for newborns and at 3–5 days, 1, 2, 4, 6, 12, 15 and 24 months, and ages 3–18 years
<b>Hearing Loss Screening</b>	Covered for newborns and at 4, 5, 6, 8, 10, 12 and 15 years
<b>Hemoglobin/Hematocrit (blood work)</b>	Covered at 12 months and for those at high risk for iron-deficiency anemia
<b>Hemoglobinopathies Screening (Sickle Cell Disease Screening)</b>	Covered for newborns
<b>HIV Screening</b>	Covered for those at high risk
<b>Lead Screening</b>	Covered at 12 and 24 months and for those at high risk
<b>Major Depressive Disorder in Children and Adolescents Screening</b>	Covered in primary care setting at 12–18 years
<b>Newborn Metabolic Screening</b>	Covered at birth–2 months
<b>Obesity Screening and Counseling</b>	Cover screening of children age 6 and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.
<b>Cervical Cancer Screening</b>	Pelvic exam/Pap test is covered, as directed by physician
<b>Phenylketonuria Screening</b>	Covered for newborns
<b>Preventive Medicine Evaluation and Management Exam</b>	Covers preventive history and physical examination in primary care setting at birth, 3–5 days; 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months, and annually: ages 3–18 years
<b>Psychosocial/Behavioral Assessment</b>	Covered in primary care setting at birth, 3–5 days; 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months, and annually 3–18 years
<b>Sexually Transmitted Infections Counseling</b>	Cover high-intensity counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents
<b>Tuberculin Skin Testing (TB test)</b>	Covered for those at high risk
<b>Visual Acuity Screening</b>	Covered in primary care setting at 1, 2, 3, 4, 5, 6, 8, 10, 12, 15 and 18 years, to detect amblyopia, strabismus and defects in visual acuity

### Childhood Immunizations Age intervals are based on recommendations by the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices, and are subject to change based on CDC recommendations ([www.cdc.gov](http://www.cdc.gov)).

<b>Chicken Pox (Varicella)</b>	Covered at 12–15 months, and 4–6 years
<b>Diphtheria/Tetanus/Pertussis (DTaP)</b>	Covered at 2 months, 4 months, 6 months, 15–18 months, 4–6 years and 11–12 years (Tdap)
<b>H Influenza type B (Hib)</b>	Covered at 2 months, 4 months, 6 months and 12–15 months
<b>Hepatitis A (Hep A)</b>	Covered at 12–13 months (2 doses)
<b>Hepatitis B (Hep B)</b>	Covered at birth, 1–2 months and 6–18 months
<b>Human Papillomavirus (HPV)</b>	Covered at 11–12 years, Gardasil or Cervarix for females and Gardasil for males (can be given as young as 9 years)
<b>Influenza—injection</b>	Covered annually. Two doses ages 6 months–8 years. One dose over age 8.
<b>Influenza—nasal spray</b>	FluMist covered annually. Two doses 2–8 years. One dose over age 8.
<b>Measles/Mumps/Rubella (MMR)</b>	Covered at 12–15 months and 4–6 years
<b>Meningococcal Vaccine</b>	Covered at 11–12 years
<b>Pneumococcal (PCV13)</b>	Covered at 2 months, 4 months, 6 months and 12–15 months

## Pediatric Preventive Schedule (continued)

<b>Poliovirus (IPV)</b>	Covered at 2 months, 4 months, 6–18 months and 4–6 years
<b>Rotavirus</b>	Covered at 2 months, 4 months and 6 months. Covered at 2 months and 4 months only if Rotarix is given
<b>Preventive Drugs</b>	
<b>Dental Caries Prevention</b>	Coverage for oral fluoride supplementation ( $\leq 0.5$ mg/day) at currently recommended doses to preschool children older than 6 months whose primary water source is deficient in fluoride.
<b>Iron Deficiency Anemia Prevention</b>	Coverage for iron supplementation for those at high risk at 6–12 months
<b>Prophylactic Gonorrhea Medication</b>	Coverage for prophylactic ocular topical medication against gonococcal ophthalmia neonatorum for all newborns

## Adult Preventive Schedule (age 19+)

### Preventive Screenings

<b>Abdominal Aortic Aneurysm Screening</b>	Covered once per lifetime for men ages 65–75 who have ever smoked
<b>Alcohol Misuse Screening and Behavioral Counseling Interventions</b>	Covered in primary care setting
<b>Anemia Screening</b>	Covered for asymptomatic pregnant women
<b>Barium Enema</b>	Covered, as directed by physician
<b>Behavioral Counseling to Prevent Skin Cancer</b>	Covered in primary care setting up to age 24 for those with fair skin
<b>Behavioral Dietary Counseling to Promote a Healthy Diet</b>	Covers up to 6 nutritional therapy visits per benefit period by primary care clinicians or by referral to other health care professional
<b>Bone Mineral Density Screening</b>	Covered, as directed by physician
<b>Breast Cancer Chemoprevention</b>	Covers clinician discussion with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention including potential benefits and harms of chemoprevention.
<b>Breast Cancer Screening</b>	Mammography is covered, no age limit or frequency limit. Breast exam by practitioner is covered once per benefit period, no age limit.
<b>Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and Counseling for BRCA Mutation Testing</b>	Counseling and evaluation for BRCA testing covered for women whose family history is associated with increased risk for deleterious mutations in BRCA1 or BRCA2 genes.
<b>Cervical Cancer Screening</b>	Pelvic exam/Pap test is covered, as directed by physician
<b>Chlamydial Infection Screening</b>	Covered for sexually active women 24 years and younger and for older women who are at high risk
<b>Colonoscopy</b>	Covered, as directed by physician
<b>Counseling for Prevention of Falls</b>	Covered in primary care setting for community-dwelling adults age 65+ who are at increased risk for falls
<b>Fecal Occult Blood Test</b>	Covered once per benefit period
<b>Flexible Sigmoidoscopy</b>	Covered, as directed by physician
<b>Depression Screening</b>	Covered in primary care setting
<b>Gonorrhea Screening</b>	Covered for sexually active women, pregnant women 25 and younger, or those at high risk
<b>Hemoglobin/Hematocrit (blood work)</b>	Covered, as directed by physician
<b>Hepatitis B Screening</b>	Covered for pregnant women at first prenatal visit
<b>High Blood Pressure Screening</b>	Covered, as part of routine examination
<b>HIV Screening</b>	Covered for those at high risk and pregnant women
<b>Obesity Screening and Counseling in Adults</b>	Covers screening and offer intensive counseling and behavioral interventions to promote sustained weight loss
<b>Preventive Medicine Evaluation and Management Exam</b>	Covers preventive history and physical examination in primary care setting once per benefit period or as recommended by physician

## Adult Preventive Schedule (continued)

<b>Primary Care Intervention to Promote Breastfeeding</b>	Intervention covered for women during pregnancy and after birth to promote and support breastfeeding
<b>Prostate Screening</b>	Digital rectal exam and/or prostate specific antigen (PSA) are covered once per benefit period
<b>Rh (D) Incompatibility Screening</b>	Covered at first pregnancy related visit. Repeated antibody testing for unsensitized Rh (D)-negative women at 24–28 weeks gestation unless biological father is known to be Rh(D) negative.
<b>Screening for Asymptomatic Bacteriuria</b>	Urine culture covered for pregnant women at 12–16 weeks' gestation or at first prenatal visit, if later
<b>Screening for Lipid Disorders in Adults</b>	Covered, as directed by physician
<b>Sexually Transmitted Disease Screening</b>	Covered, as directed by physician
<b>Sexually Transmitted Infections Counseling</b>	Covered, as directed by physician
<b>Syphilis Infection Screening</b>	Covered for those at increased risk for infection and all pregnant women
<b>Tobacco Use Counseling</b>	Covers tobacco cessation interventions for those who use tobacco. Covers FDA-approved nicotine replacement therapy when enrolled in the Blue Health Solutions tobacco cessation program. Covers augmented pregnancy-tailored counseling for pregnant women who smoke.
<b>Tuberculin Skin Testing (TB test)</b>	Covered for those at high risk
<b>Type 2 Diabetes Mellitus in Adults Screening</b>	Coverage for asymptomatic adults with sustained blood pressure greater than 135/80 mg Hg
<b>Urinalysis</b>	Covered, part of routine examination

**Immunizations** Age intervals are based on recommendations by the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices, and are subject to change based on CDC recommendations ([www.cdc.gov](http://www.cdc.gov)).

<b>Chicken Pox (Varicella)</b>	Covered for adults with no history of chicken pox
<b>Measles/Mumps/Rubella (MMR)</b>	Covered as recommended by physician
<b>Hepatitis A (Hep A)</b>	Covered as recommended by physician
<b>Hepatitis B (Hep B)</b>	Covered as recommended by physician
<b>Human Papillomavirus (HPV)</b>	Covered through age 26, Gardasil or Cervarix for females and Gardasil for males
<b>Influenza—injection</b>	Covered annually
<b>Influenza—nasal spray</b>	FluMist covered annually through age 49
<b>Meningococcal Vaccine</b>	Covered based on individual risk or physician recommendation
<b>Pneumococcal (PCV13)</b>	Covered once in adults 19 years+ with specified immunocompromised conditions. These adults should also receive the PPV23 vaccine.
<b>Pneumococcal (PPV23)</b>	Covered once per lifetime age 65+ in adults with no risk factors. Covered for adults under age 65 with specified risk factors; repeat dose after 5 years.
<b>Tetanus/Diphtheria/Pertussis (Td/Tdap)</b>	Booster covered every 10 years
<b>Zoster</b>	Covered for age 60+

## Preventive Drugs

<b>Aspirin for the Prevention of Cardiovascular Disease</b>	Aspirin ( $\leq 325\text{mg/day}$ ) is covered for men ages 45–79 to reduce myocardial infarctions and for women ages 55–79 to reduce ischemic strokes.
<b>Folic Acid Supplementation</b>	Daily supplement of folic acid (0.4 mg to 0.8 mg/day) is covered for women planning or capable of pregnancy

This schedule includes the preventive services required by section 2713 the "Patient Protection and Affordable Care Act" (PPACA) and will be updated on an ongoing basis in accordance with the most current recommendations and guidelines ([www.HealthCare.gov/center/regulations/prevention.html](http://www.HealthCare.gov/center/regulations/prevention.html)).

Note: If you are prescribed preventive drugs that are included in this schedule, but your employer purchases drug coverage through a source other than Blue Cross of Northeastern Pennsylvania, First Priority Health or First Priority Life Insurance Company, these medications may be covered by your employer's drug plan and not by this schedule. Please consult your contracts/policies for more information.

This schedule highlights the preventive features of the plans<sup>1</sup> offered through Blue Cross of Northeastern Pennsylvania, First Priority Health and First Priority Life Insurance Company. This is not intended to be a substitute for the terms, provisions, limitations and conditions specified by the contract. Please refer to your contract for specifics regarding covered services and applicable deductibles, copayments and/or coinsurance.

Self-funded group benefits may be different from the benefits and services described here. Check your Summary Plan Description for complete details of your benefits.

<sup>1</sup>This schedule does not apply to the BlueCare Senior or BlueCare Security products.