

This information highlights the preventive care services available under this *coverage*. It is not intended to be a complete list or complete description of available services. In-network preventive services are provided at no *member cost share*.  
Additional diagnostic studies may be covered if *medically necessary* for a particular diagnosis or procedure. *Members* may refer to the benefit contract for specific information on available *benefits* or contact Customer Service at the number listed on their ID card.

SERVICE	RECOMMENDED AGES/FREQUENCY*
Routine History and Physical Examination – Initial/Interval Exams should include: <ul style="list-style-type: none"> <li>• Newborn screening (including gonorrhea prophylactic topical eye medication and hearing loss)</li> <li>• Head circumference (up to 24 months)</li> <li>• Height/length and weight</li> <li>• Body mass index (BMI; beginning at 2 years of age)</li> <li>• Blood pressure (ages 0-11 months; 1-4 years; 5-10 years; 11-14 years; 15-17 years)</li> <li>• Sensory screening for vision and hearing</li> <li>• Developmental milestones (screening/surveillance)</li> <li>• Iron supplementation (6 to 12 months) at increased risk for iron deficiency anemia***</li> <li>• Autism screening (18 + 24 months)</li> <li>• STI prevention counseling (males/females, as appropriate)</li> <li>• Oral health risk assessment (0-11 months; 1-4 years; 5-10 years)</li> <li>• Anticipatory guidance for age-appropriate issues including:                             <ul style="list-style-type: none"> <li>- Growth and development, breastfeeding/nutrition, obesity prevention, physical activity and psychosocial/behavioral health</li> <li>- Safety, unintentional injuries, firearms, poisoning, media access</li> <li>- Pregnancy prevention</li> <li>- Tobacco products</li> <li>- Dental care/fluoride supplementation (≥ 6 months)<sup>3</sup></li> <li>- Fluoride varnish painting of primary teeth (to age 5 years)</li> <li>- Sun/UV radiation skin exposure</li> </ul> </li> </ul>	Newborn, 3-5 days, by 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years to 18 years annually
SCREENINGS	RECOMMENDED AGES/FREQUENCY*
Newborn screen (including hypothyroidism, sickle cell disease and PKU)	At birth
Lead screening	9-12 months (at risk) <sup>1</sup>
Hemoglobin and Hematocrit	At 12 months: routine one-time testing Assess risk at all other well child visits
Urinalysis	5 years (at risk)
Lipid screening (risk assessment)	Every 2 years, starting at 2 years -- 2, 4, 6, 8 and 10 years Annually, starting at 11 years
Fasting Lipid Profile	Routinely, at 18 years (younger if risk assessed as high)
Tuberculin test	Assess risk at every well child visit
Vision test (objective method)	Beginning at 3 years: annually
Hearing test (objective method)	At birth and at 4, 5, 6, 8 and 10 years
Depression screening (PHQ-2)	Beginning at 11 years: annually
Alcohol and drug use assessment (CRAFFT)	Beginning at 11 years: annually
STI/HIV screening	Beginning at 11 years: annually
Syphilis test (males/females)	18 years and younger (high risk males/females***): suggested testing interval is 1-3 years
HIV test (males/females)	Age 15-18: routine one-time testing Regardless of age: repeat testing of all high risk persons;*** suggested testing interval is 1-5 years
Chlamydia test (females)	18 years and younger (sexually active females as well as other asymptomatic females at increased risk*** for infection): annually
Gonorrhea test (females)	18 years and younger (high risk sexually active females***): suggested testing interval is 1-3 years.
Cervical Dysplasia	For sexually active females

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IMMUNIZATIONS	RECOMMENDED AGES/FREQUENCY */**
Rotavirus (RV)	2 months, 4 months, or 6 months for specific vaccines
Polio (IPV)	2 months, 4 months, 6–18 months, 4–6 years
Diphtheria/Tetanus/Pertussis (DTaP)	2 months, 4 months, 6 months, 15–18 months, 4–6 years
Tetanus/reduced Diphtheria/Pertussis (Tdap)	11–12 years (catch-up through age 18)
Human papillomavirus (HPV2/HPV4 -- females); (HPV4 -- males)	11–12 years (3 doses) (catch-up through age 18)
Measles/Mumps/Rubella (MMR)	12–15 months, 4-6 years (catch-up through age 18)
Hemophilus influenza type b (Hib)	2 months, 4 months, 6 months for specific vaccines & 12-15 months
Varicella/Chickenpox (VAR)	12-15 months, 4-6 years (catch-up through age 18)
Hepatitis A (HepA)	12–23 months (2 doses) (catch-up through age 18)
Influenza	6 months-18 years; annually <sup>2</sup> during flu season
Pneumococcal conjugate (PCV13)	2 months, 4 months, 6 months, 12–15 months
Pneumococcal polysaccharide (PPSV23)	2-18 years (1 or 2 doses) [high risk: see CDC]
Hepatitis B (HepB)	Birth, 1–2 months, 6–18 months (catch-up through age 18)
Meningococcal (MenACWY-D/MenACWY-CRM) [high risk: see CDC]	11–12 years, 16 years (catch-up through age 18)

This preventive schedule is periodically updated to reflect current recommendations from the American Academy of Pediatrics (AAP), U.S. Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices (ACIP), Centers for Disease Control and Prevention (CDC) [www.cdc.gov].

This schedule includes the services deemed to be mandated under the federal Patient Protection and Affordable Care Act (PPACA). As changes are communicated, Capital BlueCross will adjust the preventive schedule as required. Visit capbluecross.com for the most recent list of covered services.

**Sections Header footnotes:**

\*Services that need to be performed more frequently than stated due to specific health needs of the *member* and that would be considered *medically necessary* may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit.

\*\*Capital BlueCross considers *members* to be “high risk” or “at risk” in accordance with the guidelines set forth by the Centers for Disease Control and Prevention (CDC).

\*\*\*Capital BlueCross considers individuals to be “high risk” or “at risk” in accordance with the recommendations set forth by the U.S. Preventive Services Task Force (USPSTF) [www.ahrq.gov/clinic/uspstfix.htm]

**Footnotes:**

<sup>1</sup> Encourage all PA-CHIP members to undergo blood lead level testing before age 2 years.

<sup>2</sup> Children aged 8 years and younger who are receiving influenza vaccines for the first time should receive 2 separate doses, both of which are covered. Household contacts and out-of-home caregivers of a high risk *member*, including a child aged 0-59 months, should be immunized against influenza.

<sup>3</sup> Fluoride supplementation pertains only to children who reside in communities with inadequate water fluoride.

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SERVICE		RECOMMENDED AGES/FREQUENCY*
Routine History and Physical Examination, including BMI and pertinent patient education <i>Adult counseling and patient education include:</i>		WOMEN --19+: at least annually
<b>Women</b>	<ul style="list-style-type: none"> <li>Folic Acid (childbearing age)</li> <li>Contraceptive methods/counseling<sup>7</sup></li> <li>HRT (risk vs. benefits)</li> <li>Breast Cancer chemoprevention (high risk)***</li> <li>Breastfeeding support/counseling/supplies</li> </ul>	MEN --19-29: once 30-49: every 4 years 50+: annually
<b>Men</b>	Prostate Cancer Screening	
<b>For Both</b>	<ul style="list-style-type: none"> <li>STI prevention counseling</li> <li>Seat Belt use</li> <li>Aspirin prophylaxis (high risk) ***</li> <li>Physical Activity</li> <li>Drug and Alcohol use</li> <li>Unintentional Injuries</li> <li>Family Planning</li> <li>Sun/UV skin radiation</li> <li>Calcium/vitamin D intake</li> <li>Fall Prevention</li> <li>Domestic/Interpersonal Violence</li> </ul>	
SCREENINGS		RECOMMENDED AGES/FREQUENCY*
<b>Women</b>		
Anemia screening		Routine basis for pregnant women
Gestational Diabetes screening		24 to 28 weeks for pregnant women and those at high risk of developing gestational diabetes
Urinary Tract or other Infectious screening		Pregnant women
Rh Incompatibility screening		All pregnant women and follow-up testing for women at high risk
Pelvic Exam/Pap Smear [USPSTF cytology option] <sup>5</sup>		Age 21-29; every 3 years
Pelvic Exam/Pap Smear [USPSTF cytology option] <sup>5</sup>		Age 30-65; every 3 years
Pelvic Exam/Pap Smear/HPV DNA [USPSTF co-testing option] <sup>5</sup>		Age 30-65; every 5 years
Pelvic Exam/HPV DNA (women) [IOM option] <sup>5</sup>		Beginning at 30; every 3 years
Chlamydia Test (women)		Age 19-24: Test all sexually active females; annually Age 25 and older: Test all females at increased risk; *** suggested testing interval is 1-3 years
Gonorrhea Test (women)		Age 19 and older: Test all high risk sexually active females;*** suggested testing interval is 1-3 years.
BRCA screening/genetic counseling/testing		Beginning at 19 (high risk women); *** reassess screening every 5-10 years or as determined by her health care provider.
Mammogram		Beginning at 40; every 1-2 years
Bone Mineral Density (BMD) Testing for Osteoporosis		Age 19-64; testing every 2 years may be appropriate for women at high risk. ***Women over age 60 depending on risk factors.
<b>Men and Women</b>		
Syphilis Test		Age 19 and older: Test all high risk men/women; *** suggested testing interval is 1-3 years
STI prevention screening		For Adults at higher risk
Obesity/Healthy diet screening/counseling		Age 19 and older (high risk); *** every year
Tobacco use counseling and cessation interventions		Age 19 and older, 2 cessation attempts per year (each attempt includes a maximum of 4 counseling visits); FDA-approved tobacco cessation medications <sup>6</sup> .
HIV Test		Age 19-65: Routine one-time testing of persons not known to be at increased risk for HIV infection Age 19 and older: Repeat testing all high risk persons; *** suggested testing interval is 1-5 years
Hepatitis B Screening		Age 19 and older at high risk and for pregnant women at their first prenatal visit.
Hepatitis C Test		Offer one-time testing of adults born between 1945 and 1965 Periodic testing of persons with <i>continued high risk</i> *** for HCV infection
Depression Screening		Age 19 and older;
Blood Pressure		Age 19 and older: every 2 years (general ≥ 60: < 150/90; general < 60 and all others: < 140/90)
Diabetes Screening Test (type 2)		Beginning at 19; test asymptomatic adults with sustained BP > 135/80 every 3 years
Fasting Lipid Profile		Beginning at 20; every 5 years
Fecal Occult Blood Test <sup>1</sup>		Beginning at 50; annually
Flexible Sigmoidoscopy <sup>2</sup>		Beginning at 50; every 5 years
Colonoscopy <sup>2</sup>		Beginning at 50; every 10 years
Barium Enema X-ray <sup>3</sup>		Beginning at 50; every 5 years
Prostate Specific Antigen		Offer beginning at 50 and annually thereafter
Low-dose CT Scan		Age 55-80 (high risk): *** Annual testing until smoke-free for 15 years.
Abdominal Ultrasound (men)		Age 65-75: one-time screening for abdominal aortic aneurysm in men who have ever smoked

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IMMUNIZATIONS	RECOMMENDED AGES/FREQUENCY */**
Tetanus/diphtheria/pertussis (Td/Tdap)	19+; Td every 10 years (substitute one dose of Tdap for Td, regardless of interval since last booster)
Human papillomavirus (HPV2/HPV4 -- women); (HPV4 -- men)	19–26; three doses, if not previously immunized (for men 22-26, see CDC)
Hepatitis A (HepA)	19+; two doses (high risk; see CDC)
Hepatitis B (HepB)	19+; three doses (high risk; see CDC)
Hemophilus influenza type b (Hib)	19+; one or three doses (high risk; see CDC)
Influenza4	19+; one dose annually during influenza season
Meningococcal (MCV4/MPSV4)	19+; one or more doses: (college students and others at high risk not previously immunized; see CDC)
Pneumococcal (conjugate) (PCV13)	19+; one dose (high risk; see CDC)
Pneumococcal (polysaccharide) (PPSV23)	19–64; one or two doses (high risk; see CDC) Beginning at 65; one dose (regardless of previous PPSV23 immunization; see CDC)
Measles/Mumps/Rubella (MMR)	19-54; one or two doses, give as necessary based upon past immunization history 55+; one or two doses (high risk; see CDC)
Varicella (Chickenpox)	Beginning at 19; two doses, give as necessary based upon past immunization or medical history
Zoster (Shingles)	Beginning at 50; one dose, regardless of prior zoster episodes (see CDC)

This preventive schedule is periodically updated to reflect current recommendations from the U.S. Preventive Services Task Force (USPSTF); National Institutes of Health (NIH); NIH Consensus Development Conference Statement, March 27–29, 2000; Advisory Committee on Immunization Practices (ACIP); Centers for Disease Control and Prevention (CDC); American Diabetes Association (ADA); American Cancer Society (ACS); Eighth Joint National Committee (JNC 8); Institute of Medicine (IOM); U.S. Food and Drug Administration (FDA).

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**Sections Header footnotes:**

\* Services that need to be performed more frequently than stated due to specific health needs of the member and that would be considered medically necessary may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit. If a clinician determines that a patient requires more than one well-woman visit annually to obtain all necessary recommended preventive services, the additional visits will be provided without cost-sharing. Occupational, school and other “administrative” exams are not covered.

\*\*Capital BlueCross considers individuals to be “high risk” or “at risk” in accordance with the guidelines set forth by the Centers for Disease Control and Prevention (CDC) [[www.cdc.gov](http://www.cdc.gov)]

\*\*\*Capital BlueCross considers individuals to be “high risk” or “at risk” in accordance with the recommendations set forth by the U.S. Preventive Services Task Force USPSTF) [[www.ahrq.gov/clinic/uspstfix.htm](http://www.ahrq.gov/clinic/uspstfix.htm)]

**Footnotes:**

<sup>1</sup> For guaiac-based testing, six stool samples are obtained (2 samples on each of 3 consecutive stools, while on appropriate diet, collected at home). For immunoassay testing, specific manufacturer’s instructions are followed.

<sup>2</sup> Only one endoscopic procedure is covered at a time, without overlap of the recommended schedules.

<sup>3</sup> Barium enema is listed as an alternative to a flexible sigmoidoscopy, with the same schedule overlap prohibition as found in footnote #2.

<sup>4</sup> Capital BlueCross has extended coverage of influenza immunization to all individuals with the preventive benefit regardless of risk.

<sup>5</sup> Recommendations of both the USPSTF and the IOM are included in order to aid clinicians in counseling their patients about preferred or acceptable preventive strategies. It should be noted that screening for cervical cancer should not be the sole health care concern when conducting ongoing well-woman visits.

<sup>6</sup> Refer to the most recent Formulary that is listed on the Capital BlueCross web site at [[capbluecross.com](http://capbluecross.com)].

<sup>7</sup> Coverage is provided without cost-share for all FDA-approved generic contraceptive methods and all FDA-approved contraceptives without a generic equivalent. See the Rx Preventive Coverage List at [capbluecross.com](http://capbluecross.com) for details. Coverage includes clinical services, including patient education and counseling, needed for provision of the contraceptive method. If an individual’s provider recommends a particular service or FDA-approved item based on a determination of medical necessity with respect to that individual, the service or item is covered without cost-sharing.