

Preventive Schedule

Pediatric Preventive Schedule (newborn through age 18)

Preventive Exams & Screenings

Alcohol and Drug Use Assessment	Covered in primary care setting at 11–18 years for those at high risk
Autism Screening	Covered in primary care setting at 18 and 24 months
Behavioral Counseling to Prevent Skin Cancer	Covered in primary care setting starting at age 10 for those with fair skin
Blood Pressure Screening	Covered at 3–18 years
Cervical Cancer Screening	Pelvic exam/Pap test is covered, as directed by physician
Cholesterol Screening	Covers screening for dyslipidemia at 9–11 years old and for those at high risk
Chlamydia/Sexually Transmitted Disease Screening	Covered, as directed by physician
Congenital Hypothyroidism Screening	Covered for newborns
Critical Congenital Heart Disease (CCHD) Screening with Pulse Oximetry	Covered for newborns—age 6
Developmental Screening	Covered in primary care setting at 9, 18 and 30 months
Developmental Surveillance	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
Fluoride Varnish	Covered up to 4 times a year in primary care setting for ages 5 and younger
Hearing Loss Screening	Covered for newborns and at 4, 5, 6, 8, 10, 12 and 15 years
Hemoglobin/Hematocrit (blood work)	Covered at 12 months and for those at high risk for iron-deficiency anemia
Hemoglobinopathies Screening (Sickle Cell Disease Screening)	Covered for newborns
HIV Screening	Covered at 16–18 years old and for those at high risk
Lead Screening	Covered at 12 and 24 months and for those at high risk
Major Depressive Disorder in Children and Adolescents Screening	Covered in primary care setting at 11–18 years
Newborn Blood Screening	Covered at birth–2 months
Obesity Screening and Counseling	Covers screening of children ages 6 and older for obesity and offers them or refers them to comprehensive, intensive behavioral interventions to promote improvement in weight status
Phenylketonuria Screening	Covered for newborns
Preventive Medicine Evaluation and Management Exam	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
Psychosocial/Behavioral Assessment	Covered 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
Sexually Transmitted Infections Counseling	Covers high-intensity counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents
Tobacco Use Counseling	Covers interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents
Tuberculin Skin Testing (TB test)	Covered for those at high risk
Visual Acuity Screening	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 ([cdc.gov](https://www.cdc.gov)).

Chicken Pox (Varicella)	Covered at 12–15 months and 4–6 years
Diphtheria/Tetanus/Pertussis (DTaP)	Covered at 2 months, 4 months, 6 months, 15–18 months, 4–6 years and 11–12 years (Tdap)
H Influenza Type B (Hib)	Covered at 2 months, 4 months, 6 months and 12–15 months
Hepatitis A (Hep A)	Covered at 12–13 months (2 doses)
Hepatitis B (Hep B)	Covered at birth, 1–2 months and 6–18 months
Human Papillomavirus (HPV)	Covered at 11–12 years, Gardasil or Cervarix for females and Gardasil for males (can be given as young as 9 years)
Influenza—injection	Covered annually. 2 doses ages 6 months–8 years. One dose over age 8
Influenza—nasal spray	FluMist covered annually. 2 doses 2–8 years. One dose over age 8
Measles/Mumps/Rubella (MMR)	Covered at 12–15 months and 4–6 years
Meningococcal Vaccine	Covered at 11–12 years, booster at 16 years; also covered for high risk
Pneumococcal (PCV13)	Covered at 2 months, 4 months, 6 months and 12–15 months
Poliovirus (IPV)	Covered at 2 months, 4 months, 6–18 months and 4–6 years
Rotavirus	Covered at 2 months, 4 months and 6 months. Covered at 2 months and 4 months only if Rotarix is given
Tetanus/Diphtheria/Pertussis (Tdap) and Tetanus/Diphtheria (Td)	Tdap covered at 11 years and older if not previously vaccinated. Td booster is covered every 10 years thereafter

Preventive Drugs

Dental Caries Prevention	Coverage for oral fluoride supplementation (≤ 0.5 mg/day) at currently recommended doses to preschool children older than 6 months whose primary water source is deficient in fluoride
Iron Deficiency Anemia Prevention	Coverage for iron supplementation for those at high risk at 6–12 months
Prophylactic Gonorrhea Medication	Coverage for prophylactic ocular topical medication against gonococcal ophthalmia neonatorum for all newborns

Adult Preventive Schedule (ages 19+)

Preventive Screenings

Abdominal Aortic Aneurysm Screening	Covered once per lifetime for men ages 65–75 who have ever smoked
Alcohol Misuse Screening and Behavioral Counseling Interventions	Covered in primary care setting
Anemia Screening	Covered for asymptomatic pregnant women
Barium Enema	Covered, as directed by physician
Behavioral Counseling to Prevent Skin Cancer	Covered in primary care setting up to age 24 for those with fair skin
Behavioral Dietary Counseling to Promote a Healthy Diet	Covers up to 6 nutritional therapy visits per benefit period by primary care clinicians or by referral to other health care professional
Bone Mineral Density Screening	Covered, as directed by physician
Breast Cancer Chemoprevention	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
Breast Cancer Screening	Mammography is covered, no age limit or frequency limit. Breast exam by practitioner is covered once per benefit period, no age limit
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and Counseling for BRCA Mutation Testing	Counseling and evaluation for BRCA testing are covered for women whose family history is associated with increased risk for deleterious mutations in BRCA1 or BRCA2 genes
Cervical Cancer Screening	Pelvic exam/Pap test is covered, as directed by physician. Also covers screening for cervical dysplasia at age 21
Chlamydial Infection Screening	Covered for sexually active women 24 years and younger and for older women who are at high risk
Colonoscopy	Covered, as directed by physician

Adult Preventive Schedule (Continued)	
Counseling for Prevention of Falls	Covered in primary care setting for community-dwelling adults ages 65+ who are at increased risk for falls
Fecal Occult Blood Test	Covered once per benefit period
Flexible Sigmoidoscopy	Covered, as directed by physician
Depression Screening	Covered in primary care setting
Gonorrhea Screening	Covered for sexually active women, pregnant women 25 and younger, or those at high risk
Hemoglobin/Hematocrit (blood work)	Covered, as directed by physician
Hepatitis B Screening	Covered for pregnant women at first prenatal visit and for adults at high risk
Hepatitis C Screening	Covered for adults at high risk
High Blood Pressure Screening	Covered, as part of routine examination
HIV Screening	Covered for those at high risk and pregnant women
Lung Cancer Screening	Covers annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55–80 years who have a 30 pack/year smoking history and currently smoke or have quit within the past 15 years.
Obesity Screening and Counseling in Adults	Covers screening and offers intensive counseling and behavioral interventions to promote sustained weight loss
Preventive Medicine Evaluation and Management Exam	Covers preventive history and physical examination in primary care setting once per benefit period or as recommended by physician
Primary Care Intervention to Promote Breastfeeding	Intervention covered for women during pregnancy and after birth to promote and support breastfeeding
Prostate Screening	Digital rectal exam and/or prostate specific antigen (PSA) are covered once per benefit period
Rh (D) Incompatibility Screening	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
Screening for Asymptomatic Bacteriuria	Urine culture covered for pregnant women at 12–16 weeks gestation or at first prenatal visit, if later
Screening for Lipid Disorders in Adults	Covered, as directed by physician
Sexually Transmitted Disease Screening	Covered, as directed by physician
Sexually Transmitted Infections Counseling	Covered, as directed by physician
Syphilis Infection Screening	Covered for those at increased risk for infection and all pregnant women
Tobacco Use Counseling	Covers tobacco cessation interventions for those who use tobacco. Covers FDA-approved nicotine replacement therapy when enrolled in the Blue Health Solutions SM Tobacco Cessation program. Covers augmented pregnancy-tailored counseling for pregnant women who smoke
Tuberculin Skin Testing (TB test)	Covered for those at high risk
Type 2 Diabetes Mellitus in Adults Screening	Coverage for asymptomatic adults with sustained blood pressure greater than 135/80 mg Hg
Urinalysis	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 ([cdc.gov](https://www.cdc.gov)).

Chicken Pox (Varicella)	Covered for adults with no history of chicken pox
Measles/Mumps/Rubella (MMR)	Covered as recommended by physician
Hepatitis A (Hep A)	Covered as recommended by physician
Hepatitis B (Hep B)	Covered as recommended by physician
H Influenza Type B (HIB)	Covered as recommended by physician
Human Papillomavirus (HPV)	Covered through age 26, Gardasil or Cervarix for females and Gardasil for males
Influenza—injection	Covered annually for those ages 18–49 who have an egg allergy of any severity, an injection (RIV) is available that contains no egg protein

Immunizations (Continued)

Influenza—nasal spray	FluMist covered annually through age 49
Meningococcal Vaccine	Covered based on individual risk or physician recommendation. Covered for first-year college students up through age 21 who are living in residence halls and have not been vaccinated on or after their 16th birthday
Pneumococcal (PCV13)	Covered once in adults 19 years+ with specified immunocompromised conditions. These adults should also receive a single dose of PPSV23 at least 8 weeks later
Pneumococcal (PPSV23)	Covered once per lifetime ages 65+ in adults with no risk factors. Covered for adults under age 65 with specified risk factors; repeat dose after 5 years
Tetanus/Diphtheria/Pertussis (Td/Tdap)	Booster covered every 10 years; also covered for women with each pregnancy
Zoster	Covered for ages 60+

Preventive Drugs

Aspirin for the Prevention of Cardiovascular Disease	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
Folic Acid Supplementation	Daily supplement of folic acid (0.4 mg to 0.8 mg/day) is covered for women planning or capable of pregnancy
tamoxifen/raloxifene	Covered for women who are at increased risk for breast cancer and at low risk for adverse medication effects

Women's Preventive Services

Well-Woman Visits	Covers well-woman preventive care visits for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preventive medicine evaluation and management exams, cervical cancer screening and the initial prenatal care visit
Screening for Gestational Diabetes	Covers screening for gestational diabetes in pregnant women after 24 weeks of gestation and at 1 st prenatal visit for women identified as high-risk for diabetes
Human Papillomavirus (HPV) Testing	Covers high-risk human papillomavirus DNA testing in women, as directed by a doctor
Counseling for Sexually Transmitted Infections	Covers counseling on sexually transmitted infections for all sexually active women, as directed by a doctor
Counseling and Screening for Human Immune-Deficiency Virus	Covers counseling and screening for human immune-deficiency virus infection for all sexually active women, as directed by a doctor
Contraceptive Methods and Counseling	Covers certain generic FDA-approved prescription oral and Emergency contraceptives and diaphragms, subject to quantity limits. Covers Mirena [®] and certain sterilization procedures. Covers patient education and counseling for all women with reproductive capacity, as directed by a doctor
Breastfeeding Support, Equipment and Counseling	Covers comprehensive lactation support and counseling by an eligible participating provider, during pregnancy and/or in the postpartum period, and costs for renting or purchasing breast pumps from an eligible participating provider
Screening and Counseling for Interpersonal and Domestic Violence	Covers screening and counseling for interpersonal and domestic violence

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 ([HealthCare.gov/center/regulations/prevention.html](https://www.healthcare.gov/center/regulations/prevention.html)).

Note: If you are prescribed preventive drugs that are included in this schedule, but your employer buys 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 see your Contract/Policy for more information.

This schedule highlights the preventive features of the plans offered through Blue Cross of Northeastern Pennsylvania, First Priority Health and First Priority Life Insurance Company. This schedule does not apply to the BlueCare[®] Senior or BlueCare Security plans.

This is not intended to be a substitute for the terms, provisions, limitations and conditions specified by the Contract/Policy.

Please see your Contract/Policy for specifics regarding covered services and applicable deductibles, copays 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.

Blue Cross of Northeastern Pennsylvania administers health insurance plans offered by Blue Cross of Northeastern Pennsylvania, Highmark Blue Shield, First Priority Health[®] and First Priority Life Insurance Company.[®]