2024 Schedule of Preventive Care Services for

Date reviewed/revised: 12/13/2023

This information highlights the preventative care services required under the Patient Protection and Affordable Care Act of 2010 (PPACA). It is based on recommendations of the U.S. Preventive Services Task Force (USPSTF) and Centers for Disease Control and Prevention (CDC).

Note: These guidelines may change throughout the year. For the most up-to-date recommendations, please visit www.healthcare.gov/preventive-care-benefits.

Your specific needs for preventative services may vary according to your personal risk factors. This is not intended to be a complete list or complete description of available services.

In-network preventative services are provided at no member cost-share. Additional diagnostic studies may be covered if medically necessary for a particular diagnosis or procedure. If applicable, these diagnostic services may be subject to cost-sharing. Members may refer to the benefit plan booklet for specific information on available benefits or contact customer service at the number listed on their ID card.

| General Health Care * | |
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| Women | |
| Breastfeeding support, supplies, and counseling | During pregnancy, and/or in the postpartum period. Includes rental of breastfeeding equipment. |
| Contraceptive methods (FDA-approved/counseling) | At least annually; does not apply to women who are participants or beneficiaries in group health plans sponsored by exempt religious employers. |
| Men and Women | |
| Aspirin prevention medication | Adults age 40-59 who have a 10% or greater 10-year CVD risk. |
| Fall prevention | Exercise interventions to prevent falls in adults 65 or older, living in a community setting. |
| Routine physical exams (Wellness visit) | Annual personal history assessment, blood pressure, body mass index (BMI), physical exam, preventative screening, and counseling |

Screenings *

Women

| BRCA screening/genetic counseling/testing | For all high-risk women |
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| Breast cancer prevention, medication | For all high-risk women |
| Breast cancer (mammogram 2D or 3D) | Every 2 years for women 50 and over OR For women 40 to 49 at higher risk |
| Cervical cancer (pap smear/HPV screening) | For women ages 21-65 as recommended by provider |
| Chlamydia and gonorrhea test | For all sexually active women at high risk |
| Domestic/interpersonal/partner violence screening/counseling | For all women |
| HIV Screening/counseling | For everyone 15 to 65 and other ages at increased risk |
| Osteoporosis (bone density screening) | For all women over 65 or women age 64 and younger that have gone through menopause |
| Urinary incontinence screening | For all women annually |
| Women - Maternity | |
| Alcohol misuse screening/counseling | For all pregnant women: counseling for those who engaged in risky or hazardous drinking |
| Bacteriuria screening | Between 12–16 weeks pregnant or first prenatal visit, urine culture |
| Depression screening, maternal | During pregnancy and postpartum (by 1 month, 2 months, 4 months, and 6 months) |
| Folic acid supplementation | Daily supplement for woman planning or capable of pregnancy |
| Gestational diabetes mellitus | For women 24 weeks (or later) pregnant and those at high risk of developing gestational diabetes |
| Hepatitis B infection | At first prenatal visit |
| HIV infection | For all pregnant women |
| Prenatal care | Duration of pregnancy |
| Preeclampsia prevention and screening | For pregnant women with high blood pressure |
| Rh incompatibility screening | First prenatal visit: blood typing and Rh antibody testing |
| Rh incompatibility screening | For all pregnant women and follow-up testing for women at higher risk |
| Syphilis infection | For all pregnant women |

| Screenings * (Continued) | |
|--|--|
| Tobacco use screening and intervention | For all pregnant women: assess use, advise to stop using tobacco, and provide behavioral interventions |
| Men | |
| Abdominal aortic aneurysm | Ages 65–75: If you have ever smoked, one time screening |
| Men and Women | |
| Alcohol misuse screening/counseling | Age 19 and older: counseling for those who engaged in risky or hazardous drinking |
| Blood pressure | Ages 18–39: for individuals with normal blood pressure who have no other risk factors, recommend assessment every 3–5 years Ages 18–39: for individuals with increased risk of high blood pressure, recommend assessment once every year Ages 40 and older: regardless of risk or blood pressure values, recommend annual assessment |
| Colorectal cancer (colonoscopy) | Beginning at age 45 and continuing through age 75: every 10 years High risk: begin screening earlier or more frequent based on provider recommendations |
| Depression screening | As medically necessary |
| Diabetes (Type 2) Screening | Ages 40–70: overweight or obese adults |
| Hepatitis B screening | For people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.Sborn people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence. |
| Hepatitis C screening | For adults age 18-79 yrs. |
| HIV infection | For everyone age 15 to 65 and other ages at increased risk |
| Lung cancer | Ages 50–80: annual screening if you have a history of heavy smoking or have quit in the past 15 years |
| Obesity screening and counseling | Ages 18 and older: regular screening during physical exam Clinician will refer to counseling if body mass index is 30kg/m2 or higher |
| Sexually transmitted infection prevention counseling | For adults at higher risk |
| Skin cancer counseling | Annually |
| Statin preventative medication | Ages 40-75: high risk |

Screenings * (Continued)

Men and Women

| Syphilis Infection | For adults at higher risk |
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| Tobacco use screening and interventions | Adults and cessation interventions provided for tobacco users |
| Tuberculosis screening | For certain adults without symptoms at high risk |

Immunizations **

Men and Women

| Hemophilus influenza type B (Hib) | Ages 19 and older: 1-3 doses depending on indication |
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| Hepatitis A (Hep A) | Ages 19 and older: 1-3 doses |
| Hepatitis B (Hep B) | Ages 19 and older: 2-4 doses |
| Human Papillomavirus | Ages 19–26: depending on age of initial dose, 3 doses |
| Influenza (flu shot) | Ages 19 and older: annually during influenza season, 1 dose |
| Measles/mumps/rubella (MMR) | Ages 19 and older: 1-2 doses |
| Meningococcal | Ages 19 and older: 1-3 doses, see CDC.gov for booster recommendations |
| Pneumococcal | Ages 19–64: based on individual risk factors, 1 dose Ages 65 and older: 1 dose |
| Tetanus/diphtheria/pertussis (Td or Tdap) | Ages 19 and older: 1 dose of Tdap, then Td booster every 10 years |
| Varicella (Chickenpox) | Ages 19 and older: 2 doses, as necessary based upon past immunization or medical history |
| Zoster (Shingles) | Ages 19-50: 2 doses for immunocompromising conditions Ages 50 and older: 2 doses |

SCHEDULE FOR CHILDREN: BIRTH - 19TH BIRTHDAY

| General Health Care * | |
|---|--|
| Wellness Visits (Routine History and Physical Examination) | Newborn, 2–5 days, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 36 months, 4–19 years: annually |

Exams may include:

- Blood pressure
- Body mass index
- Developmental milestones surveillance
- Head circumference
- Height/length and weight
- Newborn evaluation (including gonorrhea prophylactic topical eye medication)
- Anticipatory guidance for age-appropriate issues including:
 - o Growth and development, breastfeeding/nutrition/support/counseling, obesity prevention, physical activity and psychosocial/behavioral health
 - o Safety, unintentional injuries, firearms, poisoning, media access
 - o Contraception methods/counseling
 - o Tobacco products
 - o Oral health risk assessment/dental care (> 6 months)
 - o Fluoride supplementation when water supply is fluoride deficient (>6 months)
 - o Fluoride varnish to primary teeth (up to age 5 years)
 - o Folic acid (child bearing)

| Screenings * | |
|--|---|
| Alcohol and drug use | Adolescents |
| Anemia screening | At each wellness visit |
| Autism | 18 months, 24 months |
| Behavioral problems | At each wellness visit |
| Bilirubin titer | Newborn |
| Blood pressure | At each wellness visit |
| Cervical abnormalities | Ages 11 and older: assess risk |
| Chlamydia and gonorrhea test | Sexually active females, recommended interval every 1-3 years |
| Depression screening | Age 12–18 |
| Domestic/interpersonal/partner violence screening/counseling | Reproductive age: intervention services available at least annually |
| Dyslipidemia screening | Once for ages 9-11 and 17-21, and for all children with high risk for lipid disorders |
| Hearing | At ages: newborn and adolescents as recommended by their provider |

| Screenings * (Continued) | |
|--|---|
| Hepatitis B infection | Adolescents with high risk |
| HIV | Adolescents with high risk |
| Hypothyroid screening | Newborn |
| Lead | For those at increased risk of exposure |
| Obesity screening and counseling | Ages 6 and older |
| Phenylketonuria (PKU) screening | Newborn |
| Sexually transmitted infections counseling | Adolescents with high risk |
| Sickle cell screening | Newborn |
| Skin cancer counseling | Beginning at 6 months with wellness visits, education to reduce risk of skin cancer |
| Syphilis | Adolescents with high risk |
| Tobacco use intervention | School-age and adolescents: education and brief counseling to prevent initiation of tobacco use |
| Tuberculosis screening | At increased risk |
| Visual acuity | Ages 3–5, one time |
| Vision screening | Ages 3-5 at least once |

| Immunizations ** | |
|---|--|
| Diphtheria/Tetanus/Pertussis (DTaP) | 5 doses: 2 months, 4 months, 6 months, 15–18 months, 4–6 years |
| Hemophilus influenza type B (Hib) | 4 doses: 2 months, 4 months, 6 months, 12–15 months |
| Hepatitis A (Hep A) | 12-23 months: 2 doses |
| Hepatitis B (Hep B) | 3 doses: Birth, 1–2 months, 6–18 months |
| Human papillomavirus | 11–12 years: 2 doses, may start as early as 9 years of age |
| Influenza | 6 months-18 years: annually during flu season |
| Measles/mumps/rubella (MMR) | 2 doses: 12-15 months, 4-6 years |
| Meningococcal | 2 doses: 11-12 years, 16-18 years |
| Pneumococcal | 4 doses: 2 months, 4 months, 6 months, 12–15 months |
| Polio (IPV) | 4 doses: 2 months, 4 months, 6–18 months, 4–6 years |
| Rotavirus (RV) | 2 months, 4 months, and possibly at 6 months (2–3 doses depending on the vaccine used) |
| Tetanus/reduced Diphtheria/Pertussis (Tdap) | DTap: 2 months, 4 months, 6 months, 15-18 months, 4-6 years (5 doses) and Tdap: 11-12 years (One dose) |
| Varicella/Chickenpox (VAR) | 2 doses: 12-15 months, 4-6 years |

*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 Plan's medical benefits.

**Immunization based on individual risk of the member may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the Plan's medical benefits.

Catch-up doses of an immunization may be considered medically necessary and eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the Plan's medical benefits.

Source: U.S. Preventative Services Task Force (USPSTF) and Centers for Disease Control and Prevention (CDC), healthcare.gov

