

# Preventive Care Schedule

Highmark Blue Cross Blue Shield®  
Express Scripts®

Effective January 1, 2016

The plan pays for preventive care only when given by a network provider. Certain vaccines are available at participating pharmacies through Express Scripts. For in-network preventive care, use your Highmark Blue Cross Blue Shield ID card.

Well-child visits (birth–age 18)	Preventive schedule
<ul style="list-style-type: none"> <li>Wellness exam</li> <li>Visual screening</li> <li>Hearing screening</li> </ul>	<ul style="list-style-type: none"> <li>Standard incremental infant checkups for the first 12 months; every 12 months ages 1–18</li> <li>Every 12 months ages 3–5; then at ages 6, 8, 10, 12, 15 and 18</li> <li>Every 12 months ages 4–6; then at ages 8, 10, 12 and 15</li> </ul>
<b>Immunizations:</b> Includes standard childhood immunizations	At scheduled ages for each childhood immunization
Adult (age 19+)	Preventive schedule
<b>Physical examination</b>	Every 12 months
<b>Pelvic and breast examination</b>	Every 12 months
<b>Pap test</b>	Every 12 months
<b>Mammogram (film or digital)</b>	Every 12 months after age 39
<b>Prostate cancer screening</b>	Every 12 months
<b>Urinalysis, venipuncture and CBC</b>	Every 12 months
<b>Cholesterol screening</b>	Every 12 months
<b>Glucose testing (for high-risk patients)</b>	Every 3 years after age 45
<b>Lung cancer screening</b>	Annually for adults ages 55–80 years with 30 pack/year smoking history and currently smoke or quit within the past 15 years
<b>Hepatitis B screening</b>	For high-risk patients as recommended by your doctor
<b>Bone mineral density screening</b>	Every 2 years for women after age 65 and men after age 70 (or younger if high risk for osteoporosis)
<b>Colorectal cancer screening:</b> <ul style="list-style-type: none"> <li>Fecal occult blood test</li> <li>Screening with flexible sigmoidoscopy or double-contrast barium enema</li> <li>Colonoscopy: Includes certain preparations with prescription</li> </ul>	As directed by a physician: <ul style="list-style-type: none"> <li>Every 12 months after age 50</li> <li>Every 5 years after age 50</li> <li>Every 10 years after age 50 (or as recommended by your doctor if high risk)</li> </ul>
<b>Immunizations:</b> Includes expanded age ranges for some immunizations	Expanded adult immunizations for at-risk patients
<b>Zoster (Shingles)</b>	Adults age 60 and over
<b>Influenza (all ages for children and adults)</b>	Every 12 months

## Prevention of Obesity

Obesity places individuals at risk for a number of chronic and debilitating diseases. Highmark is working with physicians, policymakers, The Children's Health Fund and representatives from the private sector to address the childhood obesity crisis and to create solutions to obesity-related problems. As part of Highmark's Prevention of Obesity initiative, the following benefits are part of our preventive schedule. For in-network services for the prevention of obesity, use your Highmark BCBS ID card.

Schedule for children	Preventive schedule
<b>Children with a body mass index (BMI) in the 85th percentile or higher</b>	<ul style="list-style-type: none"> <li>4 additional preventive office visits specifically for obesity counseling</li> <li>4 nutritional counseling visits specifically for obesity</li> <li>1 set of recommended laboratory studies</li> </ul>
Schedule for adults (age 18+)	Preventive schedule
<b>Adults with a BMI of 25 and above</b>	<ul style="list-style-type: none"> <li>4 additional annual preventive office visits specifically for obesity and blood pressure measurement</li> <li>4 additional nutritional counseling visits specifically for obesity</li> <li>1 set of recommended laboratory studies</li> </ul>

# Schedule for Children

	Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months
Wellness exam <sup>1</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Autism screening	As recommended by your doctor									
Blood pressure										
Visual screening <sup>2,3</sup>										
Hearing screening <sup>2</sup>	✓									
Depression screening	Every year beginning at age 11									
Fluoride varnish	Service provided by the primary care doctor or their staff in the doctor's office only. As recommended by your doctor for ages 5 years and young									
Hepatitis B screening	When indicated for high risk as recommended by your doctor									

## SCREENINGS

Newborn blood screening	✓									
Lead						✓				
Hematocrit or Hemoglobin							✓			

## IMMUNIZATIONS <sup>4</sup> (Includes PA state-mandated benefits)

Hepatitis A <sup>4</sup>							Dose 1		Dose 2	
Hepatitis B <sup>4</sup>	Dose 1		Dose 2				Dose 3 (6 to 18 months)			
Diphtheria/Tetanus/Pertussis (DTaP) <sup>5</sup>			Dose 1	Dose 2	Dose 3			Dose 4 (15 to 18 months)		
H. Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3 <sup>5</sup>		Dose 4 (12 to 15 months)			
Polio (IPV) <sup>5</sup>			Dose 1	Dose 2			Dose 3 (6 to 18 months)			
Pneumococcal Conjugate (PCV) <sup>5,6</sup>			Dose 1	Dose 2	Dose 3		Dose 4 (12 to 15 months)			
Measles/Mumps/Rubella (MMR) <sup>4</sup>							Dose 1 (12 to 15 months)			
Chicken Pox <sup>4</sup>							Dose 1 (12 to 15 months)			
Influenza <sup>5</sup>										
Meningococcal										
Rotavirus			Dose 1	Dose 2	Dose 3					

<sup>1</sup> This includes, at appropriate ages, height, weight and body mass index (BMI) measurement and developmental and behavioral assessment, including other care as determined by the doctor. Coverage is based on a calendar year.

<sup>2</sup> As shown and when conditions indicate. If patient is uncooperative, rescreen within six months.

<sup>3</sup> Optometric exams require a vision benefit.

<sup>4</sup> Children can get this vaccine at any age if not previously vaccinated.

<sup>5</sup> Another series/schedule may be recommended by your doctor.

<sup>6</sup> Previously unvaccinated, older infants and children who are beyond the age of the routine infant schedule should follow the dosing guidelines recommended by their doctor.

30 months	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	15 years	18 years
✓	✓	✓	✓	✓	✓	✓	✓	✓	Every year from ages 11 through 18			
	✓	✓	✓	✓	✓	✓	✓	✓	Every year from ages 11 through 18			
	✓	✓	✓	✓		✓		✓		✓	✓	✓
		✓	✓	✓		✓		✓		✓	✓	

ger. Benefit does not apply to services provided by a dentist.

Or when indicated (Please also refer to your state's specific recommendations.)												
Annually for females during adolescence and when indicated												

			Dose 5 (4 to 6 years)			Dose 6 (7 to 10 years, if not fully immunized against pertussis)					Recommended Tdap at 11 to 18 years if 5 or more years have passed since the child's last dose of DTP, DTaP or Td	
			Dose 4 (4 to 6 years)									
The second dose of MMR is routinely recommended at 4 to 6 years but may be administered during any visit, provided at least 1 month has elapsed since receipt of the first dose and that both doses are administered at or after age 12 months.												
			Dose 2 (4 to 6 years)	Children not receiving the vaccine prior to 18 months can receive the vaccine at any time. Children 13 years or older who haven't been vaccinated and haven't had chicken pox should receive 2 doses of the vaccine at least 4 weeks apart. Second dose catch-up is recommended for those who previously received only 1 dose.								
Annually for all children 6 months to 18 years												
											1 dose per lifetime beginning at age 11; booster at age 16	

## 2016 Preventive Immunization Comparison

Vaccine	Express Scripts	Highmark
Chicken Pox (Varicella)	Child	Yes
Diphtheria, Tetanus (Td/Tdap)	Yes	Yes
H. Influenza Type B (Hib)	Child	Yes
Hepatitis A and B	Yes	Yes
Influenza	Yes	Yes
Measles/Mumps/Rubella (MMR)	Child	Yes
Meningococcal	Yes	Yes
Pneumococcal	Yes	Yes
Polio (IPV)	Child	Child
Rabies, Human Diploid	Yes	No
Rabies, PF Chick EMB Cell	Yes	No
Rotavirus	Child	Child
Shingles (Zoster)	Adult	Adult
Travel immunizations only through Express Scripts		
Anthrax	Yes	No
Japanese Encephalitis	Yes	No
Smallpox	Yes	No
Typhoid	Yes	No
Yellow Fever	Yes	No

Certain immunizations available at participating pharmacies through Express Scripts. Call your local network pharmacy directly to verify immunization availability, minimum age requirements and if a prescription is required.

## Preventive Medications

The plan pays for preventive care only when given by a network provider. To determine if a specific medication is covered under the wellness benefit, call Express Scripts at 1-800-555-3432. For over-the-counter medications purchased with a prescription from an in-network pharmacy, use your Express Scripts ID card.

Medication	Coverage
Aspirin	Coverage to persons ages 45 years for men (55 years for women) through 79 years
Fluoride	Coverage to persons through the age of 5 years old
Folic acid	Coverage to females through the age of 50 years old
Iron	Coverage to persons less than 1 year of age
Smoking cessation	Coverage to persons age 18 years and older
Raloxifene Tamoxifen	Coverage for women without a cancer diagnosis who are determined to be at risk for breast cancer by their physician and meet certain criteria
Vitamin D supplement	Coverage to persons age 65 and older at risk for falls

**Note:** This general summary is a reference tool for planning your family's preventive care and is not a complete list of the *Preventive Health Schedule* provided under your plan. Your specific needs may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at an increased risk for a condition. To determine if a specific procedure is covered under the wellness benefit, call Highmark Blue Cross Blue Shield at 1-866-472-0924.

# Women's Health Preventive Schedule

SERVICES	
<b>Contraception and counseling</b>	All women with reproductive capacity; patient education, counseling and certain Food and Drug Administration (FDA)-approved contraceptive methods*, including sterilization and procedures as prescribed
<b>Well-woman visits</b>	Up to 4 visits annually for adult women to obtain the recommended preventive services that are age- and developmentally appropriate, including preconception and the first visit to determine pregnancy
SCREENINGS/PROCEDURES	
<b>Gestational diabetes screening</b>	All women: between 24 and 28 weeks of gestation/High risk: at the first prenatal visit
<b>Interpersonal and domestic violence screening and counseling</b>	Annually
<b>Lactation (breastfeeding) counseling, support and supplies</b>	Comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period and costs for renting breastfeeding equipment

\* **GuideStone will not provide coverage for abortion services or abortion-inducing drugs or devices such as Ella and Plan B, as this violates our biblical convictions on sanctity of life. GuideStone covers certain non-abortive, generic contraceptives under the *Preventive Care Schedule*.**

Because the Children's Health Insurance Program (CHIP) is a government-sponsored program and not subject to PPACA, certain preventive benefits may not apply to CHIP members and/or may be subject to co-payments.

Maternity
<p><b>You should expect to receive the following screenings and procedures:</b></p> <ul style="list-style-type: none"> <li>• Hematocrit and/or Hemoglobin (Anemia)</li> <li>• Urine Culture &amp; Sensitivity (C &amp; S)</li> <li>• Rh typing during your first visit</li> <li>• Rh antibody testing for Rh-negative women</li> <li>• Hepatitis B with immunization, if needed</li> <li>• Tdap with every pregnancy</li> </ul> <p>In addition, your doctor may discuss breastfeeding during weeks 28 through 36 and/or post-delivery, tobacco use and behavioral counseling to reduce alcohol use.</p>

## Ineligible Preventive Services

Services not on the Highmark *Preventive Schedule* will be **denied** if your medical provider submits the claim **with a preventive diagnosis code**. Procedures not on the Highmark *Preventive Schedule* must be submitted with an **eligible accompanying medical diagnosis** in order to be considered.

Commonly denied non-preventive services:
<ul style="list-style-type: none"> <li>• Vitamin D</li> <li>• Hemoglobin (A1C)</li> <li>• Thyroxine</li> <li>• Basic Metabolic Panel*</li> <li>• Vitamin B-12</li> <li>• Uric Acid</li> <li>• Iron</li> <li>• Testosterone (Total)</li> <li>• Creatinine</li> <li>• X-Rays</li> <li>• ECG</li> <li>• 3-D Breast Imaging</li> </ul> <p>*Comprehensive Metabolic Panel is included in a General Health Panel and is covered as preventive.</p>