

## 2022 Schedule of Preventive Care Services

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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](http://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.

<b>Schedule for Adults: Age 19+</b>	
<b>General Health Care *</b>	
<b>Women</b>	
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.
<b>Men and Women</b>	
Aspirin prevention medication	Anyone 50-59 at high risk for cardiovascular disease and colorectal cancer
Fall prevention	Ages 65 or older; exercise intervention to prevent falls in community-dwelling adults at increased risk for falls
Routine physical exams (Wellness visit)	Annual personal history assessment, blood pressure, body mass index (BMI), physical exam, preventative screening, and counseling

<b>Screenings *</b>	
<b>Women</b>	
BRCA screening/genetic counseling/testing	Beginning at age 19; for women with family history of an increased risk for mutations in BRCA1 or BRCA2 genes
Breast cancer prevention counseling	For women with increased risk of breast cancer, review options for risk-reducing medications.
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)	Ages 21–29: pap smear every 3 years or as recommended by your provider
Cervical cancer (pap smear/HPV screening)	Ages 30–65: pap smear every 3 years or pap smear with HPV screening every 5 years
Chlamydia and gonorrhea test	Ages 19–24: all sexually active women Ages 25 and older: at increased risk as recommended by your health care provider
Domestic/interpersonal/partner violence screening/counseling	Ages 19 and older: intervention services available at least annually
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
<b>Women - Maternity</b>	
Alcohol misuse screening/counseling	For all pregnant women: counseling for those who engaged in risky or hazardous drinking
Bacteremia 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	Between 24–28 weeks pregnant High risk: before 24 weeks, ideally at the first prenatal visit
Hepatitis B infection	At first prenatal visit
HIV infection	For all pregnant women

Prenatal care	Duration of pregnancy
Preeclampsia prevention and screening	Monitor blood pressure throughout pregnancy
Rh incompatibility screening	First prenatal visit: blood typing and Rh antibody testing
Rh incompatibility screening	24–28 weeks of pregnancy: repeat Rh antibody testing if un-sensitized Rh-negative women, unless the biological father is known to be Rh-negative
Syphilis infection	For all pregnant women
Tobacco use screening and intervention	For all pregnant women: assess use, advise to stop using tobacco, and provide behavioral interventions
<b>Men</b>	
Abdominal aortic aneurysm	Ages 65–75: If you have ever smoked, one time screening
<b>Men and Women</b>	
Alcohol misuse screening/counseling	Age 19 and older: counseling for those who engaged in risky or hazardous drinking
Blood pressure	<p>Ages 19–39: for individuals with normal blood pressure (&lt;130/85 who have no other risk factors), recommend assessment every 3–5 years</p> <p>Ages 19–39: for individuals with increased risk of high blood pressure, recommend assessment once every year</p> <p>Ages 40 and older: regardless of risk or blood pressure values, recommend annual assessment</p>
Colorectal cancer (CT colonography)	<p>Beginning at age 45 and continuing through age 75: every 5 years</p> <p>High risk: begin screening earlier based on provider recommendations</p>
Colorectal cancer (colonoscopy)	<p>Beginning at age 45 and continuing through age 75: every 10 years</p> <p>High risk: begin screening earlier based on provider recommendations</p>
Depression screening	Ages 19 and older: as medically necessary
Diabetes (type 2)/abnormal blood glucose screening	Ages 40–70: overweight or obese adults should be screened for abnormal blood glucose as part of a heart disease risk assessment
Hepatitis B Screening	For people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born 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 Screening	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 (30 pack per year who are currently smoking or quit within the last 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/m <sup>2</sup> or higher
Obesity/overweight with cardiovascular risk factor	Age 18 and older: regular screening during physical exam Clinician will refer to counseling if body mass index is 25kg/m <sup>2</sup> or higher to promote healthful diet and physical activity.
Sexually transmitted infection counseling	For adults at higher risk
Skin cancer counseling	Ages 19–24: with annual exam, education to reduce risk of skin cancer
Statin preventative medication	Ages 40–75: high risk
Syphilis Infection	For adults at higher risk
Tobacco use screening and interventions	Annual screening, if needed: four counseling sessions and 90 days of FDA approved tobacco cessation drugs when prescribed by a health care provider
Tuberculosis screening	Ages 18 or older: at increased risk

## Immunizations \*\*

### Men and Women

Hemophilus influenza type B (Hib)	Ages 19 and older: when risk factor is present, 1–3 doses
Hepatitis A (Hep A)	Ages 19 and older: based on individual risk factors, two doses
Hepatitis B (Hep B)	Ages 19 and older: based on individual risk factors, three doses
Human Papillomavirus	Ages 19–26: depending on age of initial dose, three doses
Influenza (flu shot)	Ages 19 and older: annually during influenza season, one dose
Measles/mumps/rubella (MMR)	Ages 19 and older: based on risk If born in 1957 or later: individuals with no history of immunization or disease, one or two doses

Meningococcal	Ages 19 and older: based on individual risk factors, one or two doses, then booster every 5 years if risk remains
Pneumococcal	Ages 19–64: based on individual risk factors, one dose Ages 65 and older: one dose
Tetanus/diphtheria/pertussis (Td or Tdap)	Ages 19 and older: one dose of Tdap, then Td booster every 10 years
Varicella (Chickenpox)	Ages 19 and older: two doses, as necessary based upon past immunization or medical history
Zoster (Shingles)	Ages 50–60: two doses, regardless of history of shingles Ages 60 and older: one dose, regardless of history of shingles

### Schedule for Children: Birth–19<sup>th</sup> 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 (risk assessment up to 2 ½ years)
- Body mass index (BMI: beginning at 2 years of age)
- Developmental milestones surveillance
- Head circumference (up to 24 months)
- Height/length and weight
- Newborn evaluation (including gonorrhea prophylactic topical eye medication)
- Weight for length (up to 18 months)
- Anticipatory guidance for age-appropriate issues including:
  - Growth and development, breastfeeding/nutrition/support/counseling, obesity prevention, physical activity and psychosocial/behavioral health
  - Safety, unintentional injuries, firearms, poisoning, media access
  - Contraception methods/counseling
  - Tobacco products
  - Oral health risk assessment/dental care (> 6 months)
  - Fluoride supplementation when water supply is fluoride deficient (>6 months)
  - Fluoride varnish to primary teeth (up to age 5 years)
  - Folic acid (child bearing)

<b>Screening *</b>	
Alcohol and drug use	Ages 11 and older
Anemia screening	At each wellness visit
Anxiety screening	age 12 and older
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	24 months, and every two years between ages 4-12, then every year at 12years.
Hearing	At ages: newborn, 4 years, 5 years, 6 years, 8 years, 10 years One time each between age 11-14, 15-17, and 18 or older
Hepatitis B infection	Non-pregnant adolescents with high risk of infection
Hepatitis C	For adolescents and adults aged 18 to 79
HIV	Age 11 years with high risk of infection
Hypothyroid screening	Newborn
Lead	Ages 6 months, 1 year to 6 years annually
Obesity screening and counseling	Ages 6 and older
Phenylketonuria (PKU) screening	Newborn
Sexually transmitted infections counseling	Ages 11–18: intensive behavioral counseling for those at risk for sexually transmitted infections
Sickle cell screening	Newborn
Skin cancer counseling	Beginning at 6 months with wellness visits, education to reduce risk of skin cancer
Syphilis	At 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 3–6: annually, then at 8 years, 10, years, 12 years, 15 years, and 18 years
<b>Immunizations **</b>	
Diphtheria/Tetanus/Pertussis (DTaP)	2 months, 4 months, 6 months, 15–18 months, 4–6 years
Hemophilus influenza type b (Hib)	2 months, 4 months, 6 months, 12–15 months
Hepatitis A (Hep A)	12–23 months: 2 doses
Hepatitis B (Hep B)	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)	12–15 months, 4–6 years
Meningococcal	11–12 years, 16–18 years
Pneumococcal	2 months, 4 months, 6 months, 12–15 months
Polio (IPV)	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)	11–12 years
Varicella/Chickenpox (VAR)	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)