# 2017 Preventive Schedule

## PLAN YOUR CARE: KNOW WHAT YOU NEED AND WHEN TO GET IT

Preventive or routine care helps us stay well or finds problems early, when they are easier to treat. The preventive guidelines on this schedule depend on your age, gender, health and family history. As a part of your health plan, you may be eligible to receive some of these preventive benefits with little to no cost sharing when using in-network providers. Make sure you know what is covered by your health plan and any requirements before you receive any of these services.

Some services and their frequency may depend on your doctor’s advice. That’s why it’s important to talk with your doctor about the services that are right for you.

### Adults: Ages 19+

#### General Health Care

<table>
<thead>
<tr>
<th>Service</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine Checkup</strong> (This exam is not the work- or school-related physical)</td>
<td>Ages 19 to 49: Every 1 to 2 years</td>
<td>Ages 50 and older: Once a year</td>
</tr>
<tr>
<td><strong>Pelvic, Breast Exam</strong></td>
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<td></td>
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<td>Once a year</td>
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</tbody>
</table>

#### Screenings/Procedures

<table>
<thead>
<tr>
<th>Screening/Procedure</th>
<th>Rate/Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abdominal Aortic Aneurysm Screening</strong></td>
<td>Ages 65 to 75 who have ever smoked: One-time screening</td>
</tr>
<tr>
<td><strong>Ambulatory Blood Pressure Monitoring</strong></td>
<td>To confirm new diagnosis of high blood pressure before starting treatment</td>
</tr>
<tr>
<td><strong>Breast Cancer Genetic (BRCA) Screening</strong> (Requires prior authorization)</td>
<td>Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk</td>
</tr>
<tr>
<td><strong>Cholesterol (Lipid) Screening</strong></td>
<td>Ages 20 and older: Once every 5 years</td>
</tr>
<tr>
<td></td>
<td>High-risk: More often</td>
</tr>
<tr>
<td><strong>Colon Cancer Screening (Including Colonoscopy)</strong></td>
<td>Ages 50 and older: Every 1 to 10 years, depending on screening test</td>
</tr>
<tr>
<td></td>
<td>High-risk: Earlier or more frequently</td>
</tr>
<tr>
<td><strong>Certain Colonoscopy Preps With Prescription</strong></td>
<td>Ages 50 and older: Once every 10 years</td>
</tr>
<tr>
<td></td>
<td>High-risk: Earlier or more frequently</td>
</tr>
<tr>
<td><strong>Diabetes Screening</strong></td>
<td>High-risk: Ages 40 and older, once every 3 years</td>
</tr>
<tr>
<td><strong>Hepatitis B Screening</strong></td>
<td>High-risk</td>
</tr>
<tr>
<td><strong>Hepatitis C Screening</strong></td>
<td>High-risk</td>
</tr>
<tr>
<td><strong>Lung Cancer Screening (Requires use of authorized facility)</strong></td>
<td>Ages 55 to 80 with 30-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years</td>
</tr>
<tr>
<td><strong>Mammogram</strong></td>
<td>Ages 40 and older: Once a year including 3-D</td>
</tr>
<tr>
<td><strong>Osteoporosis (Bone Mineral Density) Screening</strong></td>
<td>Ages 60 and older: Once every 2 years</td>
</tr>
<tr>
<td><strong>Pap Test</strong></td>
<td>Ages 21 to 65: Every 3 years, or annually, per doctor’s advice</td>
</tr>
<tr>
<td></td>
<td>Ages 30 to 65: Every 5 years if combined Pap and HPV are negative</td>
</tr>
<tr>
<td></td>
<td>Ages 65 and older: Per doctor’s advice</td>
</tr>
<tr>
<td><strong>Sexually Transmitted Disease (STD) Screenings (Chlamydia, Gonorrhea, HIV and Syphilis)</strong></td>
<td>Sexually active males and females</td>
</tr>
</tbody>
</table>

*Routine checkup could include health history; physical; height, weight and blood pressure measures; body mass index (BMI) assessment; counseling for obesity, fall prevention, skin cancer and safety; depression screening; alcohol and drug abuse, and tobacco use assessment; and age-appropriate guidance.*
**Immunizations**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox (Varicella)</td>
<td>Adults with no history of chicken pox: One 2-dose series</td>
</tr>
<tr>
<td>Diphtheria, Tetanus (Td/Tdap)</td>
<td>• One-time Tdap</td>
</tr>
<tr>
<td></td>
<td>• Td booster every 10 years</td>
</tr>
<tr>
<td>Flu (Influenza)</td>
<td>Every year (Must get at your PCP’s office or designated pharmacy vaccination provider; call Member Service to verify that your vaccination provider is in the Highmark network)</td>
</tr>
<tr>
<td>Haemophilus Influenzae Type B (Hib)</td>
<td>For adults with certain medical conditions to prevent meningitis, pneumonia and other serious infections; this vaccine does not provide protection against the flu and does not replace the annual flu vaccine</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>At-risk or per doctor’s advice: One 2-dose series</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>At-risk or per doctor’s advice: One 3-dose series</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV)</td>
<td>Ages 9 to 26: One 3-dose series</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>One or two doses</td>
</tr>
<tr>
<td>Meningitis*</td>
<td>At-risk or per doctor’s advice</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>High-risk or ages 65 and older: One or two doses, per lifetime</td>
</tr>
<tr>
<td>Shingles (Zoster)</td>
<td>Ages 60 and older: One dose</td>
</tr>
</tbody>
</table>

**Preventive Drug Measures That Require a Doctor’s Prescription**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>Ages 50 to 59 to reduce the risk of stroke and heart attack</td>
</tr>
<tr>
<td>Folic Acid</td>
<td>Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid</td>
</tr>
<tr>
<td>Raloxifene Tamoxifen</td>
<td>At-risk for breast cancer, without a cancer diagnosis, ages 35 and older</td>
</tr>
<tr>
<td>Tobacco Cessation (Counseling and medication)</td>
<td>Adults who use tobacco products</td>
</tr>
<tr>
<td>Vitamin D Supplements</td>
<td>Ages 65 and older who are at risk for falls</td>
</tr>
</tbody>
</table>

**Preventive Care for Pregnant Women**

<table>
<thead>
<tr>
<th>Screenings and Procedures</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestational diabetes screening</td>
<td>Rh typing at first visit</td>
</tr>
<tr>
<td>Hepatitis B screening and immunization, if needed</td>
<td>Rh antibody testing for Rh-negative women</td>
</tr>
<tr>
<td>HIV screening</td>
<td>Tdap with every pregnancy</td>
</tr>
<tr>
<td>Syphilis screening</td>
<td>Urine culture and sensitivity at first visit</td>
</tr>
<tr>
<td>Smoking cessation counseling</td>
<td></td>
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<tr>
<td>One depression screening for pregnant women and one for postpartum women</td>
<td></td>
</tr>
</tbody>
</table>

**Prevention of Obesity, Heart Disease and Diabetes**

<table>
<thead>
<tr>
<th>Adults With BMI 25 to 29.9 (Overweight) and 30 to 39.9 (Obese) Are Eligible For:</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional annual preventive office visits specifically for obesity and blood pressure measurement</td>
<td>Recommended lab tests:</td>
</tr>
<tr>
<td>Additional nutritional counseling visits specifically for obesity</td>
<td>– ALT</td>
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<td></td>
<td>– AST</td>
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<td></td>
<td>– Hemoglobin A1c or fasting glucose</td>
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<td></td>
<td>– Cholesterol screening</td>
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</tbody>
</table>

* Meningococcal B vaccine per doctor’s advice.
### 2017 Preventive Schedule

**PLAN YOUR CHILD’S CARE: KNOW WHAT YOUR CHILD NEEDS AND WHEN TO GET IT**

Preventive or routine care helps your child stay well or finds problems early, when they are easier to treat. Most of these services may not have cost sharing if you use the plan’s in-network providers. Make sure you know what is covered by your health plan and any requirements before you schedule any services for your child.

It’s important to talk with your child’s doctor. The frequency of services, and schedule of screenings and immunizations depends on what the doctor thinks is right for your child.

#### Children: Birth to 30 Months

<table>
<thead>
<tr>
<th>General Health Care</th>
<th>Birth</th>
<th>1M</th>
<th>2M</th>
<th>4M</th>
<th>6M</th>
<th>9M</th>
<th>12M</th>
<th>15M</th>
<th>18M</th>
<th>24M</th>
<th>30M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Checkup* (This exam is not the preschool- or day care-related physical.)</td>
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<tr>
<td>Hearing Screening</td>
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#### Screenings

<table>
<thead>
<tr>
<th>Screenings</th>
<th>Birth</th>
<th>1M</th>
<th>2M</th>
<th>4M</th>
<th>6M</th>
<th>9M</th>
<th>12M</th>
<th>15M</th>
<th>18M</th>
<th>24M</th>
<th>30M</th>
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<tbody>
<tr>
<td>Autism Screening</td>
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<tr>
<td>Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry</td>
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<td>Developmental Screening</td>
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<tr>
<td>Hematocrit or Hemoglobin Screening</td>
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<tr>
<td>Lead Screening</td>
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<tr>
<td>Newborn Blood Screening</td>
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#### Immunizations

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Birth</th>
<th>1M</th>
<th>2M</th>
<th>4M</th>
<th>6M</th>
<th>9M</th>
<th>12M</th>
<th>15M</th>
<th>18M</th>
<th>24M</th>
<th>30M</th>
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<tbody>
<tr>
<td>Chicken Pox</td>
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<td>Diphtheria, Tetanus, Pertussis (DTaP)</td>
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<td>Flu (Influenza)**</td>
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<tr>
<td>Haemophilus Influenza Type B (Hib)</td>
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<td>Hepatitis A</td>
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<td>Hepatitis B</td>
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<td>Measles, Mumps, Rubella (MMR)</td>
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<tr>
<td>Pneumonia</td>
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<tr>
<td>Polio (IPV)</td>
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<tr>
<td>Rotavirus</td>
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</tbody>
</table>

*Dose 1, Dose 2, Dose 3, Dose 4, Ages 6 months to 30 months: 1 or 2 doses annually.**

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. Additional: Instrument vision screening to assess risk for ages 1 and 2 years. ** Must get at your PCP’s office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.
## General Health Care

<table>
<thead>
<tr>
<th>Children: 3 Years to 18 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine Checkup</strong>* (This exam is not the preschool- or day care-related physical)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Ambulatory Blood Pressure Monitoring</strong></td>
</tr>
<tr>
<td><strong>Depression Screening</strong></td>
</tr>
<tr>
<td><strong>Hearing Screening</strong></td>
</tr>
<tr>
<td><strong>Visual Screening</strong>*</td>
</tr>
</tbody>
</table>

## Screenings

<table>
<thead>
<tr>
<th>Screenings</th>
<th>3Y</th>
<th>4Y</th>
<th>5Y</th>
<th>6Y</th>
<th>7Y</th>
<th>8Y</th>
<th>9Y</th>
<th>10Y</th>
<th>11Y</th>
<th>12Y</th>
<th>15Y</th>
<th>18Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematocrit or Hemoglobin Screening</td>
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<td>Annually for females during adolescence and when indicated</td>
</tr>
<tr>
<td>Lead Screening</td>
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<td>When indicated (Please also refer to your state-specific recommendations)</td>
</tr>
</tbody>
</table>

## Immunizations

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>3Y</th>
<th>4Y</th>
<th>5Y</th>
<th>6Y</th>
<th>7Y</th>
<th>8Y</th>
<th>9Y</th>
<th>10Y</th>
<th>11Y</th>
<th>12Y</th>
<th>15Y</th>
<th>18Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
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<td>Dose 2</td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis (DTaP)</td>
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<td>Dose 5 1 dose of Tdap if 5 doses were not received previously 1 dose every 10 yrs.</td>
</tr>
<tr>
<td>Flu (Influenza)****</td>
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<td>Ages 3 to 18: 1 or 2 doses annually</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV)</td>
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<td>Provides long-term protection against cervical and other cancers. Ages 9 to 26: 3 doses. From dose 1, dose 2 at 2 months, dose 3 at 6 months.</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
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<td>Dose 2 (at least 1 month apart from dose 1)</td>
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<tr>
<td>Meningitis*****</td>
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<td>Dose 1 Age 16: One-time booster</td>
</tr>
<tr>
<td>Pneumonia</td>
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<td>Per doctor’s advice</td>
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<tr>
<td>Polio (IPV)</td>
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<td>Dose 4</td>
</tr>
</tbody>
</table>

## Care for Patients With Risk Factors

<table>
<thead>
<tr>
<th>Care for Patients With Risk Factors</th>
<th>3Y</th>
<th>4Y</th>
<th>5Y</th>
<th>6Y</th>
<th>7Y</th>
<th>8Y</th>
<th>9Y</th>
<th>10Y</th>
<th>11Y</th>
<th>12Y</th>
<th>15Y</th>
<th>18Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRCA Mutation Screening (Requires prior authorization)</td>
<td></td>
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<td>Per doctor’s advice</td>
</tr>
<tr>
<td>Cholesterol Screening</td>
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<td></td>
<td>Screening will be done based on the child’s family history and risk factors</td>
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<tr>
<td>Fluoride Varnish (Must use primary care doctor)</td>
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<td>Ages 5 and younger</td>
</tr>
<tr>
<td>Hepatitis B Screening</td>
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<td>Per doctor’s advice</td>
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<td>Hepatitis C Screening</td>
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<td>High-risk</td>
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<tr>
<td>Sexually Transmitted Disease (STD) Screenings (Chlamydia, Gonorrhea, HIV and Syphilis)</td>
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<td></td>
<td>For all sexually active individuals</td>
</tr>
<tr>
<td>Tuberculin Test</td>
<td></td>
<td></td>
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<td>Per doctor’s advice</td>
</tr>
</tbody>
</table>

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. ** To confirm new diagnosis of high blood pressure before starting treatment. *** Covered when performed in doctor’s office by having the child read letters of various sizes on a Snellen chart. Includes instrument vision screening for ages 3, 4 and 5 years. A comprehensive vision exam is performed by an ophthalmologist or optometrist and requires a vision benefit. **** Must get at your PCP’s office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network. ***** Meningococcal B vaccine per doctor’s advice.
### Preventive Drug Measures That Require a Doctor's Prescription

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Fluoride</td>
<td>For preschool children older than 6 months whose primary water source is deficient in fluoride</td>
</tr>
</tbody>
</table>

### Prevention of Obesity and Heart Disease

**Children With a BMI in the 85th to 94th Percentile (Overweight) and the 95th to 98th Percentile (Obese) Are Eligible For:**

- Additional annual preventive office visits specifically for obesity
- Additional nutritional counseling visits specifically for obesity
- Recommended lab tests:
  - Alanine aminotransferase (ALT)
  - Aspartate aminotransferase (AST)
  - Hemoglobin A1c or fasting glucose (FBS)
  - Cholesterol screening

### Women’s Health Preventive Schedule

(For plans renewed on or after Aug. 1, 2012, or for group plans that have chosen to cover these benefits)

<table>
<thead>
<tr>
<th>Services</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Well-Woman Visits</strong> (Including preconception and first prenatal visit)</td>
<td>Up to 4 visits each year for age and developmentally appropriate preventive services</td>
</tr>
<tr>
<td><strong>Contraception (Birth Control) Methods and Discussion</strong></td>
<td>All women planning or capable of pregnancy</td>
</tr>
<tr>
<td><strong>Screenings/Procedures</strong></td>
<td></td>
</tr>
<tr>
<td>Diabetes Screening</td>
<td>• All women between 24 and 28 weeks pregnant&lt;br&gt;• High-risk: At the first prenatal visit</td>
</tr>
<tr>
<td>HIV Screening and Discussion</td>
<td>All sexually active women: Once a year</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV) Screening Testing</td>
<td>Beginning at age 30: Every 3 years</td>
</tr>
<tr>
<td>Domestic and Intimate Partner Violence Screening and Discussion</td>
<td>Once a year</td>
</tr>
<tr>
<td>Breast-feeding (Lactation) Support and Counseling, and Costs for Equipment</td>
<td>During pregnancy and/or after delivery (postpartum)</td>
</tr>
<tr>
<td>Sexually Transmitted Infections (STI) Discussion</td>
<td>All sexually active women: Once a year</td>
</tr>
</tbody>
</table>

* FDA-approved contraceptive methods may include sterilization and procedures as prescribed. One form of contraception in each of the 18 FDA-approved methods is covered without cost sharing. If the doctor recommends a clinical service or FDA-approved item based on medical necessity, there will be no cost sharing.

Oral and non-oral contraceptives which are abortive in nature are not covered under either the medical or Outpatient Prescription Drug program.

### Information About the Affordable Care Act (ACA)

This schedule is a reference tool for planning your family’s preventive care, and lists items and services required under the Affordable Care Act (ACA), as amended. It is reviewed and updated periodically based on the advice of the U.S. Preventive Services Task Force, laws and regulations, and updates to clinical guidelines established by national medical organizations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your doctor is always your best resource for determining if you’re at increased risk for a condition. Some services may require prior authorization. If you have questions about this schedule, prior authorizations or your benefit coverage, please call the Member Service number on the back of your member ID card.

### Information About Children’s Health Insurance Program (CHIP)

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

The ACA authorizes coverage for certain additional preventive care services. These services do not apply to “grandfathered” plans. These plans were established before March 23, 2010, and have not changed their benefit structure. If your health coverage is a grandfathered plan, you would have received notice of this in your benefit materials.