

2026 Preventive Schedule

Effective 1/1/2026

WHAT PREVENTIVE CARE COVERAGE DO I HAVE?

The *Preventive Schedule* is a list of general care guidelines. We encourage you to take a copy of the schedule with you when you or a family member visits your medical provider.

The schedule includes tests that are performed for both routine and diagnostic reasons. If you are seeing your doctor and have not been diagnosed with a medical condition, you should expect the services to be performed for routine/preventive care and covered at 100%, not subject to your deductible or co-insurance. **Only those procedures that are listed on the *Preventive Schedule* are covered at 100% with no deductible or co-insurance during a preventive exam.** If your doctor orders other tests, those tests may be subject to your deductible and/or co-insurance or they may be denied in certain instances.



If you have a medical condition and the tests are being done to monitor the condition, then the services would be performed for diagnostic reasons and be subject to your program's deductible and/or co-insurance.

HOW CAN I PAY TWO DIFFERENT AMOUNTS FOR THE SAME PROCEDURE?

YOUR BENEFIT PAYMENT DEPENDS ON HOW YOUR DOCTOR CODES YOUR PROCEDURE.

Preventive care, or routine care, is typically covered at 100%. Diagnostic tests or screenings performed for treating or diagnosing a medical condition are typically covered at your plan's standard benefit level.

WHAT'S THE DIFFERENCE?

In general, the reason for the exam. When you see a doctor for routine care, you would not have symptoms or a previous medical history that would require the doctor to perform the procedure(s). When you receive diagnostic care, the doctor is performing the procedure(s) to find out what is wrong with you or to treat your condition.

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.

QUESTIONS?

If you or your doctor have questions about the administration of the care as listed on the schedule, please call our Member Experience Specialists at the number listed on the back of your ID card.

SEE THE FOLLOWING EXAMPLES:

John, Janice and Judy have procedures performed from their network physicians. All three have the same medical plan. However, they pay different amounts for their care because John is receiving preventive care, Janice is receiving diagnostic care and Judy is receiving both.

| John | Janice | Judy |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reason for exam: John turned 40 and figured he should have an annual exam and once-over to see how his health is. | Reason for exam: Janice is a diabetic and is recovering from a near-heart attack. The doctor put her on a strict diet and exercise regimen and wants to perform follow-up tests to measure her improvement. | Reason for exam: Judy needs to follow up with her doctor to see if the cholesterol-reducing medication is working. While there, she decides to take care of her routine physical and get a flu shot since flu season is coming. |
| Procedures performed: <ul style="list-style-type: none">• Physical Exam• Blood Pressure• Cholesterol Screening• Lipid Panel• Fasting Glucose• Urinalysis | Procedures performed: <ul style="list-style-type: none">• Physical Exam• Blood Pressure• Cholesterol Screening• Lipid Panel• Fasting Glucose• Urinalysis | Procedures performed: <ul style="list-style-type: none">• Physical Exam• Lipid Panel• Flu Shot• Urinalysis |
| Doctor codes and submits as: Routine | Doctor codes and submits as: Diagnostic | Doctor codes and submits as: Some procedures as diagnostic, some as routine |
| Benefit payment: All of these procedures are covered at 100%. | Benefit payment: All of these procedures and the office visit are covered at the standard benefit level. | Benefit payment: Procedures billed as routine will be covered at 100%. Procedures billed as diagnostic will be covered at the standard benefit level. |

WHAT IS THE DIFFERENCE IN A COMPREHENSIVE METABOLIC PANEL AND A GENERAL HEALTH PANEL?

Comprehensive Metabolic Panel:

A Comprehensive Metabolic Panel (CMP) is a blood test that measures your sugar (glucose) level, electrolyte and fluid balance, kidney function and liver function. Glucose is a type of sugar your body uses for energy. Electrolytes keep your body's fluids in balance. Your *Preventive Schedule* has enhancements that include the CMP and General Health Panel.

General Health Panel:

As a measure of general health, this panel includes the Complete Blood Count (CBC), CMP and Thyroid tests.

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 to be considered.

Commonly denied non-preventive services:

- Vitamin D
- Hemoglobin (A1C)
- Thyroxine
- Basic Metabolic Panel*
- Vitamin B-12
- Uric Acid
- Iron
- Testosterone (Total)
- Creatinine
- X-Rays
- ECG

*Comprehensive Metabolic Panel is included in a General Health Panel and is covered as preventive.

Preventive Immunization Comparison

The chart below shows the vaccines covered by Highmark® and Express Scripts® Pharmacy Benefit Services. Age limits may apply.

Highmark covers the vaccines if administered by a network provider at your doctor's office. Use your GuideStone ID card in order to be covered by Highmark Blue Cross Blue Shield (BCBS®).

Express Scripts covers the vaccines if administered by a participating pharmacy. Not all contracted pharmacies will be able to give all covered vaccines at all times. Contact your participating pharmacy regarding vaccine availability and times for administration by a pharmacist. Use your GuideStone ID card at the pharmacy in order to be covered by Express Scripts.

| Vaccines covered at a network doctor's office or participating pharmacy |
|-------------------------------------------------------------------------|
| Chicken Pox (Varicella) |
| Covid-19 |
| Dengue |
| Diphtheria/Tetanus/Pertussis (DTaP/Td/Tdap) |
| Haemophilus Influenzae Type B |
| Hepatitis A and B |
| Herpes Zoster (Shingles) |
| Human Papillomavirus (HPV) |
| Influenza |
| Measles/Mumps/Rubella (MMR) |
| Meningococcal |
| Pneumococcal |
| Poliovirus (IPV) |
| Respiratory Syncytial Virus (RSV) |
| Rotavirus |
| Varicella |

The following vaccines are covered only by Express Scripts. Use your Express Scripts ID card at the pharmacy in order to be covered by Express Scripts.

| Vaccines available only at a participating pharmacy |
|-----------------------------------------------------|
| Anthrax |
| Bacille Calmette-Guerin (Tuberculosis Vaccine; BCG) |
| Cholera |
| Hepatitis A |
| Japanese Encephalitis (JE) |
| Rabies |
| Typhoid |
| Yellow Fever |

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 GuideStone ID card.

| Medication | Coverage |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Aspirin | Coverage to persons age 45 years old for men (55 years old for women) through age 79 years old |
| Colonoscopy preparation | Coverage to persons ages 50 years old and older every 10 years, or earlier or more frequent for persons determined to be at high risk for colon cancer |
| 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 old and older |
| Statins | Coverage of low to moderate dose statins for persons ages 40 to 75 years old |
| 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 |

Disclaimer

The information provided on the following pages is provided by Highmark Inc. d/b/a Highmark Blue Cross Blue Shield. GuideStone's health plan is a self-funded health and welfare benefit program established and maintained by GuideStone Financial Resources of the Southern Baptist Convention, a church-related organization that does not receive federal financial assistance. GuideStone administers the health plan pursuant to its ministry assignment from the Southern Baptist Convention and in accordance with its sincerely held religious beliefs. As such, some of the services noted in the following pages may not be covered by your GuideStone health plan.

2026 Preventive Schedule

Effective 1/1/2026

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. 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. All benefits for over-the-counter drugs and supplies must be purchased through in-network pharmacy providers in order to be covered.* Make sure you know what is covered by your health plan and any requirements before you receive any services. Recommended annual services are based on a calendar year, which resets on January 1 of every year.

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 your age, gender, and family history. CHIP members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

Questions?



Call Member Service



Ask your doctor



Log in to your account

Adults: Ages 19+



Female



Male

GENERAL HEALTH CARE

| | | |
|--|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| | Annual Checkup** (Routine, not a work- or school-related physical) | <ul style="list-style-type: none">Ages 19 – 49: Every one to two yearsAges 50 and older: Once a year |
| | Depression Screening and Anxiety Screening | Once a year |
| | Illicit Drug-Use Screening | Once a year |
| | Pelvic and Breast Exam | Once a year |

SCREENINGS/PROCEDURES










| | | |
|--|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Abdominal Aortic Aneurysm Screening | Ages 65 – 75 who have ever smoked: One-time screening |
| | Ambulatory Blood Pressure Monitoring | To confirm new diagnosis of high blood pressure before starting treatment |
| | Breast Cancer Genetic (BRCA) Screening (Requires prior authorization) | Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk |
| | Cholesterol (Lipid) Screening | <ul style="list-style-type: none">Ages 20 and older: Once every five yearsHigh-risk: More often |
| | Colon Cancer Screening (Including colonoscopy) | <ul style="list-style-type: none">Ages 45 and older: Every one to 10 years, depending on screening resultsHigh-risk: Earlier or more frequently |
| | Colon Cancer Screening (Colonoscopy) | Ages 45 and older: Following a positive result obtained within one year by another mandated screening method |
| | Certain Colonoscopy Preps With Prescription | <ul style="list-style-type: none">Ages 45 and older: Once every 10 yearsHigh-risk: Earlier or more frequently |

* For example, if the in-network pharmacy provider is located within a larger retail setting, the drug/supply must be purchased through the pharmacy provider's register (and not the general retail register) in order to be covered.












** A 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; age-appropriate guidance, and intimate partner violence screening and counseling for reproductive age women.

** United States Preventive Services Task Force (USPSTF)-mandated routine labs

SCREENINGS/PROCEDURES

| | | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Diabetes Screening | Ages 40 and older who are at high risk: Once every three years |
|  | Hepatitis B Screening | <ul style="list-style-type: none"> Once per lifetime for adults High-risk: More often |
|  | Hepatitis C Screening | Ages 18 – 79 |
|  | Latent Tuberculosis Screening | High-risk |
|  | Lung Cancer Screening (Requires use of authorized facility) | Ages 50 – 80 with 20-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years |
|  | Mammogram | <ul style="list-style-type: none"> Ages 40 and older: Once a year, including 3D Screening, follow-up MRI, or ultrasound: Per doctor's advice |
|  | Osteoporosis Screening (Bone Mineral Density) | Ages 65 and older: Once every two years, or younger if at risk as recommended by physician |
|  | Pap Test (Cervical Cancer Screening) | <ul style="list-style-type: none"> Ages 21 – 65: Every three years, or annually, per doctor's advice Ages 30 – 65: Every five years if HPV only or combined Pap and HPV are negative Ages 65 and older: Per doctor's advice |
|  | Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis) | <ul style="list-style-type: none"> Sexually active males and females HIV screening for adults to age 65 in the general population and those at risk, then screening over age 65 with risk factors |

IMMUNIZATIONS**

| | | |
|-------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Chicken Pox (Varicella) | Adults with no history of chicken pox: One two-dose series |
|  | COVID-19 Vaccine | Per doctor's advice |
|  | Diphtheria, Tetanus (Td/Tdap) | One dose Tdap, then Td or Tdap booster every 10 years |
|  | Flu (Influenza) | Every year |
|  | Haemophilus Influenzae Type B (Hib) | 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 |
|  | Hepatitis A | At-risk or per doctor's advice: One two-, three-, or four-dose series |
|  | Hepatitis B | <ul style="list-style-type: none"> Ages 19 – 59: Two to four doses per doctor's advice Ages 60 and older: High-risk per doctor's advice |
|  | Human Papillomavirus (HPV) | <ul style="list-style-type: none"> Up to age 26: One three-dose series Ages 27 – 45, at-risk or per doctor's advice |
|  | IPV Polio Vaccine | Adults never vaccinated or with incomplete vaccination history |
|  | Measles, Mumps, Rubella (MMR) | One or two doses |
|  | Meningitis* | At-risk or per doctor's advice |

* Meningococcal B vaccine per doctor's advice.

** 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.

IMMUNIZATIONS**



Pneumonia

High-risk or ages 50 and older: One or two doses, per lifetime



RSV Vaccine

- Ages 60 and older
- Pregnant women



Shingles

- Shingrix — Ages 50 and older: Two doses
- Ages 19 – 49: Immunocompromised per doctor's advice

PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION



Aspirin

Pregnant women at risk for preeclampsia



Folic Acid

Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid



Chemoprevention drugs such as raloxifene, tamoxifen, or aromatase inhibitors***

At risk for breast cancer, without a cancer diagnosis, ages 35 and older



Tobacco Cessation
(Counseling and medication)

Adults who use tobacco products



Low-to-Moderate Dose Select Generic Statin Drugs for Prevention of Cardiovascular Disease (CVD)

Ages 40 – 75 years with one or more CVD risk factors (such as dyslipidemia, diabetes, hypertension, or smoking) and have calculated 10-year risk of a cardiovascular event of 10% or greater




Select PrEP Drugs and Certain Related Services for Prevention of HIV Infection

Adults at risk for HIV infection, without an HIV diagnosis




** 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.

*** Aromatase inhibitors when the other drugs can't be used such as when there is a contraindication or they are not tolerated.


PREVENTIVE CARE FOR PREGNANT WOMEN

| | |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  Screenings, Procedures, and Counseling | <ul style="list-style-type: none"> • Gestational diabetes screening • Hepatitis B screening and immunization, if needed • HIV screening • Syphilis screening • Smoking cessation counseling • Depression screening and anxiety screening during pregnancy and postpartum • Depression prevention counseling during pregnancy and postpartum • Rh typing at first visit • Rh antibody testing for Rh-negative women • RSV vaccine per CDC guidelines • Tdap with every pregnancy • Urine culture and sensitivity at first visit • Alcohol misuse screening and counseling • Nutritional counseling for pregnant women to promote healthy weight during the pregnancy |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  Adults with BMI 25 to 29.9 (overweight) and 30 to 39.9 (obese) are eligible for: | <ul style="list-style-type: none"> • Additional annual preventive office visits specifically for obesity and blood pressure measurement • Additional nutritional counseling visits specifically for obesity • Recommended lab tests: <ul style="list-style-type: none"> – ALT – AST – Hemoglobin A1c or fasting glucose – Cholesterol screening |
|  Adults with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome | Nutritional counseling |
|  Adults with BMI 40 and over | Nutritional counseling and fasting glucose screening |

ADULT DIABETES PREVENTION PROGRAM (DPP)

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
|  Applies to Adults <ul style="list-style-type: none"> • Without a diagnosis of diabetes (does not include a history of gestational diabetes) • Overweight or obese (determined by BMI) • Fasting Blood Glucose of 100–125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140–199mg/dl | Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

2026 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.

Services include Bright Futures recommendations. CHIP members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

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.

Questions?



Call Member Service



Ask your doctor



Log in to your account

Children: Birth to 30 Months¹

| GENERAL HEALTH CARE | BIRTH | 1M | 2M | 4M | 6M | 9M | 12M | 15M | 18M | 24M | 30M |
|--------------------------------------------------------------------------|------------------------------------------------|--------|---------------------------------------------------------------|--------|---------------------------------------------------|----|-------------|--------|--------|-----|-----|
| Annual Checkup* (Routine, not preschool- or daycare-related physical) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Hearing Screening | ● | | | | | | | | | | |
| SCREENINGS | | | | | | | | | | | |
| Autism Screening | | | | | | | | | ● | ● | |
| Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry | ● | | | | | | | | | | |
| Developmental Screening | | | | | | ● | | | ● | | ● |
| Hematocrit or Hemoglobin Anemia Screening | | | | | | | ● | | | | |
| Hepatitis C Screening | | | Per MD recommendation with material exposure during pregnancy | | | | | | | | |
| Lead Screening** | | | | | | | ● | | | ● | |
| Newborn Blood Screening and Bilirubin | ● | | | | | | | | | | |
| IMMUNIZATIONS | | | | | | | | | | | |
| Chicken Pox | | | | | | | Dose 1 | | | | |
| COVID-19 Vaccine | Per doctor's advice | | | | | | | | | | |
| Diphtheria, Tetanus, Pertussis (DTaP) | | | Dose 1 | Dose 2 | Dose 3 | | | Dose 4 | | | |
| Flu (Influenza)*** | | | | | Ages 6 months to 30 months: 1 or 2 doses annually | | | | | | |
| Haemophilus Influenzae Type B (Hib) | | | Dose 1 | Dose 2 | Dose 3 | | Dose 3 or 4 | | | | |
| Hepatitis A | | | | | | | Dose 1 | | Dose 2 | | |
| Hepatitis B | Dose 1 | Dose 2 | | | Dose 3 | | | | | | |
| Measles, Mumps, Rubella (MMR) | | | | | | | Dose 1 | | | | |
| Pneumonia | | | Dose 1 | Dose 2 | Dose 3 | | Dose 4 | | | | |
| Polio (IPV) | | | Dose 1 | Dose 2 | Ages 6 months to 18 months: Dose 3 | | | | | | |
| Rotavirus | | | Dose 1 | Dose 2 | Dose 3 | | | | | | |
| RSV Vaccine | Per MD recommendation following CDC guidelines | | | | | | | | | | |

* 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.

** Per Bright Futures. Refer to state-specific recommendations as needed.

*** 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.

Children: 3 Years to 18 Years¹

| GENERAL HEALTH CARE | 3Y | 4Y | 5Y | 6Y | 7Y | 8Y | 9Y | 10Y | 11Y | 12Y | 15Y | 18Y |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------|------------------------------------------------------------|----|----|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------|----------------------------------|------------------------------|-----|
| Routine Checkup* (This exam is not the preschool- or day care–related physical) | ● | ● | ● | ● | ● | ● | ● | ● | Once a year from ages 11 – 18 | | | |
| Ambulatory Blood Pressure Monitoring** | | | | | | | | | | | | ● |
| Anxiety Screening | | | | | | Once a year from ages 8 – 18 | | | | | | |
| Depression Screening | | | | | | | | | | Once a year from ages 12 – 18 | | |
| Illicit Drug–Use Screening | | | | | | | | | | | | ● |
| Hearing Screening*** | | ● | ● | ● | | ● | | ● | | ● | ● | ● |
| Visual Screening*** | ● | ● | ● | ● | | ● | | ● | | ● | ● | |
| SCREENINGS | | | | | | | | | | | | |
| Hematocrit or Hemoglobin Anemia Screening | | | Annually for females during adolescence and when indicated | | | | | | | | | |
| Lead Screening | When indicated (Please also refer to your state-specific recommendations) | | | | | | | | | | | |
| Cholesterol (Lipid) Screening | | | | | | | Once between ages 9 – 11 and ages 17 – 21 | | | | | |
| IMMUNIZATIONS | | | | | | | | | | | | |
| Chicken Pox | | Dose 2 | | | | | | | | | | |
| COVID-19 Vaccine | Per doctor’s advice | | | | | | | | | | | |
| Dengue Vaccine | | | | | | | 9 – 16 years living in dengue endemic areas in U.S. Territories AND have laboratory confirmation of previous dengue infection | | | | | |
| Diphtheria, Tetanus, Pertussis (DTaP) | | Dose 5 | | | | | | | One dose Tdap | | | |
| Flu (Influenza)**** | Ages 3 – 18: 1 or 2 doses annually | | | | | | | | | | | |
| Human Papillomavirus (HPV) | | | | | | | Provides long-term protection against cervical and other cancers. 2 doses when started ages 9 – 14. 3 doses, all other ages. | | | | | |
| Measles, Mumps, Rubella (MMR) | | Dose 2 | | | | | | | | | | |
| Meningitis***** | | | | | | | | | Dose 1 | | Age 16: One- time booster | |
| Pneumonia | Per doctor’s advice | | | | | | | | | | | |
| Polio (IPV) | | Dose 4 | | | | | | | | | | |

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance; alcohol and drug abuse, and tobacco use assessment.

** To confirm new diagnosis of high blood pressure before starting treatment.

*** Hearing screening once between ages 11 – 14, 15 – 17, and 18 – 21. Vision screening 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.

| CARE FOR PATIENTS WITH RISK FACTORS | 3Y | 4Y | 5Y | 6Y | 7Y | 8Y | 9Y | 10Y | 11Y | 12Y | 15Y | 18Y |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----|----|----|---------------------|----|----|-----|-------------------------------------------------------------------------------------|-----|-----|-------------|
| BRCA Mutation Screening (Requires prior authorization) | | | | | Per doctor's advice | | | | | | | |
| Cholesterol Screening | Screening will be done based on the child's family history and risk factors | | | | | | | | | | | |
| Fluoride Varnish (Must use primary care doctor) | Ages 5 and younger | | | | | | | | | | | |
| Hepatitis B Screening | | | | | | | | | Per doctor's advice | | | |
| Hepatitis C Screening | | | | | | | | | | | | <div></div> |
| Latent Tuberculosis Screening | | | | | | | | | | | | High-risk |
| Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis) | | | | | | | | | For all sexually active individuals HIV routine check, once between ages 15 – 21 | | | |
| Tuberculin Test | Per doctor's advice | | | | | | | | | | | |

Children: 6 Months to 18 Years¹

PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION


| | |
|---------------|-----------------------------------------------------------------------------------|
| Oral Fluoride | For ages 6 months to 16 years whose primary water source is deficient in fluoride |
|---------------|-----------------------------------------------------------------------------------|

PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE

| | |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Children with a BMI in the 85th to 94th percentile (overweight) and the 95th to 98th percentile (obese) are eligible for: | <ul style="list-style-type: none"> • Additional annual preventive office visits specifically for obesity • Additional nutritional counseling visits specifically for obesity • Recommended lab tests: <ul style="list-style-type: none"> – Alanine aminotransferase (ALT) – Aspartate aminotransferase (AST) – Hemoglobin A1c or fasting glucose (FBS) – Cholesterol screening |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|---------------------------------------------------------------------------------------------------|------------------------|
| Age 18 with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome | Nutritional counseling |
|---------------------------------------------------------------------------------------------------|------------------------|

ADULT DIABETES PREVENTION PROGRAM (DPP) AGE 18

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
|  Applies to Adults 18+ <ul style="list-style-type: none"> • Without a diagnosis of diabetes (does not include a history of gestational diabetes) • Overweight or obese (determined by BMI) • Fasting Blood Glucose of 100–125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140–199mg/dl | Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|



Women's Health Preventive Schedule

| SERVICES | |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Contraception (Birth Control) Methods and Discussion* | All women planning or capable of pregnancy |
| Well-Woman Visits (Includes: Preconception and first prenatal visit, urinary incontinence screening) | Up to four visits each year for developmentally and age-appropriate preventive services |
| SCREENINGS/PROCEDURES | |
| Anxiety Screening | The Women's Preventive Services Initiative recommends screening for anxiety in adolescent girls and adult women, including those who are pregnant or postpartum. |
| Breast Cancer Diagnostic Screening for Women at Average Risk | Age 40 and older breast mammogram, MRI, ultrasound, biopsy when there is no diagnosis of breast cancer |
| Breastfeeding (Lactation) Support and Counseling, and Costs for Equipment | During pregnancy and/or after delivery (postpartum) |
| Diabetes Screening | Screen for diabetes in pregnancy at first prenatal visit or at weeks 24 – 28 and after pregnancy in women with a history of gestational diabetes and no diagnosis of diabetes. |
| HIV Screening and Discussion | <ul style="list-style-type: none"> • All sexually active women: Once a year • Ages 15 and older, receive a screening test for HIV at least once during their lifetime • Risk assessment and prevention education for HIV infection beginning at age 13 • Screen for HIV in all pregnant women upon initiation of prenatal care with rescreening during pregnancy based on risk factors |
| Human Papillomavirus (HPV) Screening Testing | Beginning at age 30: Every three years |
| Intimate Partner and Domestic Violence Screening and Counseling (Provide or refer to intervention services) | Adolescent and adult women |
| Navigation Services** | Services for Cervical and Breast Cancer Screening |
| Nutritional Counseling | Ages 40 – 60 with normal BMI and overweight BMI |
| Sexually Transmitted Infections (STI) Discussion | All sexually active women: Once a year |

* FDA-approved contraceptive methods may include sterilization and procedures as prescribed. One or more forms of contraception in each of the 18 FDA-approved methods, as well as any particular service or FDA approved, cleared or granted contraceptive product that an individual's provider determines is medically appropriate, are covered without cost sharing. Exception Process: Your provider may request an exception for use of a prescribed nonformulary contraception drug due to medical necessity by completing the online request form. When approved, the prescribed drug will then be made available to you with zero-dollar cost share. Note: On page 2 of the form under the title Prior Authorization reads "Contraceptives require a statement of medical necessity only". The following link works for all states. [<https://content.highmarkprc.com/Files/Region/PA/Forms/MM-056.pdf>] Only FDA approved contraception apps, which are not part of the 18 method categories, and are available for download to a cell phone are reimbursable through the paper claim process with a prescription. Members need to submit three documents to obtain reimbursement; 1) completed the paper Claim Form: [https://www.highmarkbcbs.com/redesign/pdfs/mhs/Medical_Claim_Form.pdf] Under section DIAGNOSIS OR NATURE OF ILLNESS OR INJURY – write "contraception app purchase" 2) receipt of payment for the FDA approved contraception app, 3) provider prescription for the FDA approved contraception app.

** Navigation Services can be found in the My Highmark App, online at www.highmark.com, or by calling the number on the back of your ID card.

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company.

Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY:711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。
请拨打您的身份证背面的号码（TTY：711）。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

אכטונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועילעבל פאר אייך. רופט די נומער וואס איז אויף די פארקערטע זייט פון אייער ID קארטל (TTY:711).

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। আপনার আইডি কার্ডের (TTY:711) পিছনে থাকা নম্বরে ফোন করুন।

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

توجه: فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (TTY: 711)۔

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ΠΡΟΣΟΧΗ: Σε περίπτωση που μιλάτε Ελληνικά, οι διαθέσιμες υπηρεσίες γλωσσικής βοήθειας σας παρέχονται δωρεάν. Καλέστε τον αριθμό στο πίσω μέρος της ταυτότητας σας (TTY:711).

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 applicable laws and regulations, the Blue Cross Blue Shield Association 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.



myhighmark.com