For Products issued by:
Capital Advantage Assurance Company®
Subsidiary of Capital Blue Cross

2027 Schedule of Preventive Care Services

This information highlights the preventive care services available under this *coverage* and lists items/services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended. It is reviewed and updated periodically based on the recommendations of the U.S. Preventive Services Task Force (USPSTF); Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (HHS), and other applicable laws and regulations. Accordingly, the content of this schedule is subject to change.

Your specific needs for preventive services may vary according to your personal risk factors. It is not intended to be a complete list or complete description of available services. In-network preventive 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 contract for specific information on available *benefits or contact Customer Service at the number listed on their ID card.*

Schedule for Adults: Age 19 years and older

GENERAL HEALTHCARE*		
For routine history and physical examination, including pertinent patient education. Adult counseling and patient education include:		
Women		
• Breast Cancer Chemoprevention • Contraceptive Methods/Counseling[1] • Folic Acid (childbearing age)	• Hormone Replacement Therapy (HRT) – Risk vs. Benefits • Urinary Incontinence Assessment	At least annually
Men and Women		
• Aspirin Prophylaxis (high-risk) • Drug Use • Family Planning • Fall Prevention (age 65 and older)	• Physical Activity/Exercise • Seat Belt Use • Statin Medication (high-risk) • Unintentional Injuries	At least annually

SCREENINGS/PROCEDURES*	
Women (Preventive care for pregnant women, see Maternity section.)	
Bone Mineral Density (BMD) Test	Age 65 and older, test every 2 years. Age 19-64, test if postmenopausal and at risk for osteoporosis.
BRCA Screening/Genetic Counseling/ Testing	BRCA screening and counseling if at risk and not previously diagnosed with BRCA-related cancer and who have a personal or family history of cancer. BRCA testing once per lifetime if recommended by your healthcare provider.
Domestic/Intimate/Partner Violence Screening and Support	Age 19 and older: Screening annually and offer support services as determined by your healthcare provider.
Mammogram (2D or 3D)	Beginning at age 40 (under age 40 based on provider recommendation), every 1-2 years for women at average risk for breast cancer. Includes additional imaging (MRI, ultrasound), pathology evaluation, and patient navigation services, as determined by your healthcare provider.
Obesity in Midlife Women	Age 40-60 with normal to overweight body mass index (BMI), offer counseling to prevent obesity.
Pelvic Exam/Pap Smear/HPV DNA	Pelvic Exam/Pap Smear: Age 21-65: every 3 years; HPV DNA: Age 30-65, every 5 years. Including pathology evaluation and patient navigation services, as determined by your healthcare provider.
Men	
Abdominal Aortic Aneurysm Screening	Age 65-75, one-time screening for abdominal aortic aneurysm in men who have ever smoked.
Prostate Cancer Screening	Beginning at age 50, annually. Begin at age 19 for high-risk males.
Prostate Specific Antigen	Beginning at age 50, annually.
Men and Women	
Alcohol Use Screening/Counseling	Age 19 and older: Offer behavioral counseling interventions for adults who are engaged in risky or hazardous drinking.
Anxiety/Depression Screening	Age 19 and older: Annually or as determined by your healthcare provider.
Cardiovascular Disease Prevention	Age 19 and older at increased risk of cardiovascular disease (CVD); screening and offer behavioral counseling.
Chlamydia and Gonorrhea Test	Age 19-24 years, test all sexually active women and 25 years and older test based on individual risk and recommendation by your healthcare provider. Test as recommended when prescribed HIV PrEP.
CT Colonography[2]	Beginning at age 45, every 5 years.
Colonoscopy[3]	Beginning at age 45, every 10 years.
Diabetes Screening	Age 35-70, screening tests in primary care settings if overweight or obese (with a BMI of 25 or greater). If normal, rescreen every 3 years. Offer prevention interventions, as determined by your healthcare provider.
Fasting Lipid Profile	Beginning at age 20, every 5 years.
Fecal Occult Blood Test (gFOBT/FIT)[4]	Beginning at age 45, annually.
FIT-DNA Test	Beginning at age 45, every 1-3 years.
Flexible Sigmoidoscopy[3]	Beginning at age 45, every 5 years.
Hepatitis B Test	Age 19 and older if at high risk. Periodic repeat testing with continued risk factors.
Hepatitis C Test	Age 19 and older, offer one-time testing. Periodic repeat testing with continued risk factors.
High Blood Pressure (HBP)	Age 19-39, testing every 3-5 years with no other risk factors. Age 40 and older, or younger if at increased risk, test annually.

HIV PrEP Medication with related Testing/Counseling	If prescribed HIV Preexposure Prophylaxis (PrEP) medications, offer related testing and counseling services as determined by your healthcare provider.
HIV Test	Age 19-65, offer one time testing with unknown risk for HIV. Periodic repeat testing with continued risk factors.
Latent Tuberculosis (TB) Infection Test	Age 19 and older at high risk, offer one time testing. Periodic repeat testing with continued risk factors.
Low-dose CT Scan for Lung Cancer	Age 50-80 at high risk, test annually until smoke-free for 15 years.
Obesity/Weight Loss Interventions	Age 19 and older with a BMI of 30 or greater: Offer behavioral interventions.
STI Counseling	Age 19 and older at increased risk: Behavioral counseling as determined by your healthcare provider.
Skin Cancer Prevention Counseling	Age 19-24: Counseling to minimize exposure to ultraviolet (UV) radiation for adults with fair skin.
Syphilis Test	Age 19 and older test if at high-risk. Periodic repeat testing with continued risk factors as determined by your healthcare provider.
Tobacco Use Assessment/ Counseling/Cessation Interventions	Age 19 and older: 2 cessation attempts per year including behavioral counseling interventions (each attempt includes a maximum of 4 counseling visits of at least 10 minutes per session); Food and Drug Administration (FDA)-approved tobacco cessation medications.[5]
IMMUNIZATIONS**	
COVID-19	Age 19 and older: 2 or 3 dose primary series and booster.
Haemophilus Influenza Type B (Hib)	Age 19 and older: Based on individual risk or healthcare provider recommendation, 1 or 3 doses depending on indication.
Hepatitis A (HepA)	Age 19 and older: Based on individual risk or healthcare provider recommendation, 2, 3 or 4 doses.
Hepatitis B (HepB)	Age 19 and older: Based on individual risk or healthcare provider recommendation, 2 to 4 doses.
Human Papillomavirus (~~9v~~HPV)	Age 19-45: 2 or 3 doses, depending on age at series initiation or healthcare provider recommendation.
Influenza	Age 19 and older: 1 dose annually.
Measles/Mumps/Rubella (MMR)	Age 19 and older: Based on indication (born 1957 or later) or healthcare provider recommendation, 1 or 2 doses.
Meningococcal A, C, W, Y	Age 19 and older: Based on individual risk or healthcare provider recommendation, 1 or 2 doses depending on indication, then booster every 5 years if risk remains.
Meningococcal B (MenB)	Age 19 and older: Based on individual risk or healthcare provider recommendation, 2 or 3 doses depending on indication, then booster every 2-3 years if risk remains.
Monkeypox (Mpox)	Age 19 and older based on individual risk or healthcare provider recommendation, 2 doses.
Pneumococcal (PCV)	Age 19 and older: Based on individual risk and healthcare provider recommendation, 1 or 2 doses.
Respiratory Syncytial Virus (RSV)	Age 50 and older: Based on individual risk and healthcare provider recommendation, 1 dose annually.
Tetanus/Diphtheria/Pertussis (Td/Tdap)	Age 19 and older: 1 dose of Tdap, then Td or Tdap booster every 10 years.
Varicella/Chickenpox (VAR)	Beginning at age 19: 1 or 2 doses (born 1980 or later) based upon past immunization or medical history.
Zoster/Shingles (RZV)	Age 19 and older: Based on individual risk or healthcare provider recommendation, 2 doses.

[1] Coverage is provided without cost-share for all FDA-approved contraceptive methods. See the Rx Preventive Coverage List at CapitalBlueCross.com for details. Coverage includes clinical services, including patient education and counseling, needed for provision of the contraceptive method. If a member's provider recommends a specific FDA-approved method based on medical necessity, the service or item is covered without cost-sharing.
[2] CT Colonography is listed as an alternative to a flexible sigmoidoscopy and colonoscopy.
[3] Only one endoscopic procedure is covered at a time.
[4] For guaiac-based testing (gFOBT), six stool samples are obtained (2 samples on each of 3 consecutive stools, while on appropriate diet, collected at home). For immunoassay testing (FIT), specific manufacturer's instructions are followed.
[5] Refer to the most recent formulary located on the Capital Blue Cross website at CapitalBlueCross.com.

Schedule for Maternity

SCREENING/PROCEDURES*
The recommended services listed below are considered preventive care (including prenatal visits) for pregnant women. You may receive the following screenings and procedures at no member cost share:

- Alcohol Use Screening/Counseling
- Anemia Screening (CBC)
- Anxiety/Depression Screening (prenatal/postpartum)
- Breastfeeding Support/Counseling/Supplies
- Gestational Diabetes Screening (prenatal/postpartum)
- Healthy Weight Gain during Pregnancy
- Hepatitis B Screening (first prenatal visit)
- HIV Screening•
- Low-dose Aspirin Therapy (after 12 weeks gestation with high- risk for preeclampsia)
- Preeclampsia Screening
- Rh Blood Typing
- Rh Antibody Testing for Rh-negative Women
- Rubella Titer
- STI Screening/Testing (Chlamydia/Gonorrhea/Syphilis)
- Tobacco Use Assessment, Counseling and Cessation Interventions
- Urine Bacteria Screening (Asymptomatic)
- Other preventive services may be available as determined by your healthcare provider

* Services that need to be performed more frequently than stated due to specific health needs of the member and would be considered medically necessary may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit. If a clinician determines that a patient requires more than one well-woman visit annually to obtain all necessary recommended preventive services, the additional visits will be provided without cost-sharing. Occupational, school, and other "administrative" exams are not covered.
** Refer to the guidelines set forth by the Centers for Disease Control and Prevention (CDC) for additional immunization information.

Schedule for Children: Birth through the end of the month child turns 19 years old

GENERAL HEALTHCARE

Routine History and Physical Examination – Recommended Initial/Interval of Service:
Newborn, 3-5 days, by 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and 30 months; and 3 years to 19 years annually

Exams may include:

- Blood pressure (risk assessment up to 2 1/2 years)
- Body mass index (BMI; beginning 2 years of age)
- Developmental milestones surveillance (except at time of developmental screening)
- Head circumference (through 24 months)
- Height/Length/Weight
- Newborn evaluation (including gonorrhea prophylactic topical eye medication)
- Sudden cardiac arrest/death (risk assessment beginning 11 years of age)
- Weight for Length (through 18 months)
- Anticipatory guidance for age-appropriate issues including:
  - Growth and development, obesity prevention, physical activity and psychosocial/behavioral health
  - Breastfeeding/nutrition/support/counseling/supplies
  - Safety, unintentional injuries, firearms, poisoning, media access
  - Contraceptive methods/counseling (females)
  - Alcohol, tobacco, or drug use assessment/education
  - Oral health risk assessment/dental care/fluoride supplementation (greater than 6 months)[1]
  - Fluoride varnish painting of primary teeth (up to age 5 years)
  - Folic Acid (childbearing age)

	Newborn	9-12 months	1 year	2y years	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years
SCREENINGS/PROCEDURES*																					
Alcohol, Tobacco and Drug Use Assessment (CRAFFT)													✓	✓	✓	✓	✓	✓	✓	✓	✓
Alcohol Use Screening/Counseling																				✓	✓
Anemia Screening			✓	Assess risk at all other well child visits																	
Anxiety/Depression/Suicide Risk Screening										✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Autism Spectrum Disorder Screening	At 18 months			✓																	
Chlamydia and Gonorrhea Test	For sexually active females: suggested testing interval is 1-3 years.																				
Developmental Screening		✓	✓	✓	At 9 months, 18 months, and 30 months.																
Domestic/Intimate/Partner Violence Screening and Support	Annually for adolescents of childbearing age, 11 years and older; offer support services as determined by your healthcare provider.																				
Hearing Screening/Risk Assessment	Between 3-5 days through 3 years; repeat at 7 and 9 years.																				
Hearing Test (objective method)	✓					✓	✓	✓		✓		✓	Once between ages 11-14, 15-17 and 18+								
Hepatitis B Test	Beginning at newborn, screening if at high-risk for infection. Periodic repeat testing of children with continued high risk.																				
Hepatitis C Test	One-time testing beginning at age 18 years. Periodic repeat testing with continued high risk.																			✓	✓
High Blood Pressure (HBP)					✓	Beginning at 3 years or younger if at high-risk: At every well-child visit. Ambulatory Blood Pressure Monitoring (ABPM) recommended for confirming HBP.															
HIV Screening/Risk Assessment													✓	✓	✓	✓	✓	✓	✓	✓	✓
HIV Test	Routine one-time testing between 15-18 years old. If indicated by high-risk assessment testing may begin earlier. Periodic repeat testing (at least annually) of all high-risk children.																				
Lead Screening Test/Risk Assessment	Screening Test: 12 to 24 months (at risk)[2]; Risk Assessment at 6, 9, 12, 18, 24 months and 3-6 years.																				
Lipid Screening/ Risk Assessment				✓		✓		✓		✓				✓	✓	✓	✓	✓	✓		
Lipid Test	Once between 9-11 years (younger if risk is assessed as high) and once between 17-19 years.																				
Maternal Depression Screening	By 1 month, 2 months, 4 months, and 6 months.																				
Newborn Bilirubin Screening	✓																				
Newborn Blood Screen *(as mandated by the PA Department of Health)*	✓																				
Newborn Critical Congenital Heart Defect Screening	✓																				
Obesity								✓	Beginning at 6 years: At every well-child visit. Offer/refer to intensive counseling and behavioral interventions.												

	Newborn	9-12 months	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years
SCREENINGS/PROCEDURES*																					
STI Screening/Counseling	Beginning at 11 years (at risk, if sexually active): Offer behavioral counseling.												✓	✓	✓	✓	✓	✓	✓	✓	✓
Skin Cancer Prevention Counseling	Beginning at 6 months, counseling to minimize exposure to ultraviolet (UV) radiation for children with fair skin.																				
Syphilis Test	For high-risk children; suggested testing interval is 1-3 years.																				
Tobacco Smoking Screening and Cessation	Beginning at age 18: Two (2) cessation attempts per year including behavioral counseling interventions; (each attempt includes a maximum of 4 counseling visits); FDA approved tobacco cessation medications[3]																			✓	✓
Tuberculin Test	Assess risk at every well child visit, test if recommended by healthcare provider.																				
Vision Risk Assessment	Up to 2 1/2 years								✓		✓		✓		✓	✓		✓	✓	✓	✓
Vision Test (objective method)					✓	✓	✓	✓		✓		✓		✓			✓				
	Optional annual instrument-based testing may be used between 1-5 years of age and between 6-19 years of age in uncooperative children.																				

IMMUNIZATIONS**	
COVID-19	6 months – 18 years; 2 or 3 primary dose series and booster
Diphtheria/Tetanus/Pertussis (DTaP)	2 months, 4 months, 6 months, 15–18 months, 4–6 years; 5 doses
Haemophilus Influenza Type B (Hib)	2 months, 4 months, 6 months, 12–15 months, and 1–18 years based on individual risk; 3 or 4 doses
Hepatitis A (HepA)	12–23 months; 2 doses
Hepatitis B (HepB)	Birth, 1–2 months, 6–18 months; 3 doses, per healthcare provider recommendation.
Human Papillomavirus (HPV)	9-18 years: Starting age and doses are based on individual risk and healthcare provider recommendation; 2 or 3 doses
Influenza[4]	6 months–18 years; annual vaccination, 1 or 2 doses
Measles/Mumps/Rubella (MMR)	12–15 months, 4–6 years; 2 doses
Meningococcal	11–12 years, 16 years; 2 months–18 years for those at high-risk; 2 doses
Meningococcal B (MenB)	10–18 years based on individual risk or healthcare provider recommendation; 2 or 3 doses
Monkeypox (Mpox)	Age 18 and older based on individual risk or healthcare provider recommendation, 2 doses
Pneumococcal (PCV)	2 months, 4 months, 6 months, 12–15 months and 2-18 years based on individual risk and healthcare provider recommendation; 4 doses
Polio (IPV)	2 months, 4 months, 6–18 months, 4–6 years; 4 doses
Respiratory Syncytial Virus (RSV)	Birth, 1–19 months; 1 dose. Children up to 24 months based on individual risk or healthcare provider recommendation; 1 dose annually
Rotavirus (RV)	2 months, 4 months, 6 months; 2 or 3 doses
Tetanus/Reduced Diphtheria/Pertussis (Tdap)	11–12 years; 1 dose
Varicella/Chickenpox (VAR)	12–15 months, 4–6 years; 2 doses

1 Fluoride supplementation pertains only to children who reside in communities with inadequate water fluoride.
2 Encourage all PA Children's Health Insurance Program (CHIP) Members to undergo blood lead level testing before age 2 years. If not previously tested, test between the ages of 3 to 6 years old.
3 Refer to the most recent formulary located on the Capital Blue Cross web site at CapitalBlueCross.com.
4 Children aged 6 months to 8 years who are receiving influenza vaccines for the first time should receive 2 separate doses (greater than 4 weeks apart), both of which are covered.
* Services that need to be performed more frequently than stated due to specific health needs of the member and would be considered medically necessary may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit. If a clinician determines that a patient requires more than one well-woman visit annually to obtain all necessary recommended preventive services, the additional visits will be provided without cost-sharing. Occupational, school, and other "administrative" exams are not covered.
** Refer to the guidelines set forth by the Centers for Disease Control and Prevention (CDC) for additional immunization information including special situations and catch-up vaccinations if necessary.

This preventive schedule is periodically updated to reflect current recommendations from the U.S. Preventive Services Task Force (USPSTF); Health Resources and Services Administration (HRSA), National Institutes of Health (NIH); NIH Consensus Development Conference Statement, March 27–29, 2000; Advisory Committee on Immunization Practices (ACIP); Centers for Disease Control and Prevention (CDC); American Diabetes Association (ADA); American Cancer Society (ACS); Eighth Joint National Committee (JNC 8); U.S. Food and Drug Administration (FDA), American Academy of Pediatrics (AAP), Women's Preventive Services Initiative (WPSI).

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