

The greatest advantage of preventive care services is detecting potential problems early. To help members avoid serious illness, our group health plans include coverage for the pediatric and adult preventive care services listed below.

PEDIATRIC CARE (Birth through age 18)*

Service	Preventive Benefit Coverage
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<p>Routine History and Physical Exam Exams may include: newborn screening; height, weight and blood pressure measurements; body mass index (BMI); developmental milestones; sensory screening for vision and hearing.</p>	<p>21 exams between the ages of 0-10, which typically occur as follows:</p> <ul style="list-style-type: none"> - As a newborn and at 2 to 4 weeks; - At months 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30; and - At 3, 4, 5, 6, 7, 8, 9 and 10 years of age. - One exam annually, between 11 and 18 years of age
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<p>Screenings Includes, but is not limited to: newborn screenings for PKU, sickle cell, hemoglobinopathies, and hypothyroidism; lead screening, hemoglobin and hematocrit, urinalysis, lipid screening, tuberculin test, Pap test and screening for sexually transmitted disease (when indicated).</p>	<p>Administered in accordance with age and frequency guidelines recommended by the American Academy of Pediatrics, U.S. Preventive Services Task Force, and the Centers for Disease Control and Prevention.</p>
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<p>Immunizations Includes: Rotavirus, Polio, Diphtheria-Tetanus-Pertussis (DTaP), Tetanus-reduced Diphtheria/Pertussis (Tdap), Measles-Mumps-Rubella (MMR), Haemophilus influenzae type b (Hib), Hepatitis B, Chickenpox (VZV), Hepatitis A, Influenza*, Pneumococcal (PCV), Meningococcal (MCV4); Human Papillomavirus (HPV) for males and females.</p>	<p>Administered in accordance with age and frequency guidelines as required by state law and/or as recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention. Mandated childhood immunizations are covered through age 20, in accordance with state law.</p>
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ADULT CARE (Ages 19 and over)

Service	Preventive Benefit Coverage
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<p>Routine History and Physical Exam Includes pertinent patient education and counseling.</p>	<p>Nine exams between the ages of 19-49, which typically occur as follows:</p> <ul style="list-style-type: none"> - Ages 19-29, once; and - Ages 30-49, every four years - Age 50+, annually
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<p>Screenings Includes, but may not be limited to: Pap smear/pelvic exam, chlamydia/gonorrhea tests (women), HIV tests (men/women), fasting lipid profile, fasting glucose, fecal occult blood test, flexible sigmoidoscopy, colonoscopy, barium enema, prostate specific antigen (PSA), bone mineral density (women), mammogram, abdominal ultrasound (men; screen for abdominal aortic aneurysm).</p>	<p>Administered in accordance with age and frequency guidelines as required by state law and/or as recommended by the U.S. Preventive Services Task Force, National Institutes of Health, Centers for Disease Control and Prevention, American Diabetes Association, and the American Cancer Society.</p>
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Prenatal screenings (when pregnancy is covered) include, but may not be limited to Bacteriuria, Hepatitis, Iron Deficiency Anemia, Rh (D) blood typing and antibody testing, and sexually transmitted diseases.

<p>Immunizations Includes: Tetanus/Diphtheria (Td); Hepatitis A; Hepatitis B; Meningococcal (MCV4/MPSV4); Measles/Mumps/Rubella (MMR); Chickenpox (VZV); Influenza*; Pneumococcal (PPV); Human Papillomavirus (HPV), Zoster</p>	<p>Administered in accordance with age and frequency guidelines as required by state law and/or as recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention.</p>
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* Capital BlueCross has extended coverage of influenza immunization to all individuals with the preventive benefit regardless of risk.

This information highlights the preventive care services available under this *coverage*. It is not intended to be a complete list or complete description of available services. Services may be subject to *copayment, deductible and/or coinsurance*. Additional diagnostic studies may be covered if *medically necessary* for a particular diagnosis or procedure. Refer to the *Certificate of Coverage* for specific information on available *benefits*. This schedule is periodically updated to reflect current recommendations from the American Academy of Pediatrics, National Institutes of Health, U.S. Preventive Services Task Force, American Cancer Society, Advisory Committee on Immunization Practices and Centers for Disease Control and Prevention.

This preventive schedule includes the services deemed to be mandated under the federal Patient Protection and Affordable Care Act (PPACA). As changes are communicated, Capital BlueCross will adjust the preventive schedule as required.

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