

SERVICE		RECOMMENDED AGES/FREQUENCY **
Routine History and Physical Examination, including BMI and pertinent patient education <i>Adult counseling and patient education include:</i>		WOMEN --19+: at least annually MEN -- 19-29: once 30-49: every 4 years 50+: annually
<i>Women</i>	<i>Men</i>	
<ul style="list-style-type: none"> Folic Acid (childbearing age) Contraceptive methods/counseling Mammography screening HRT (risk vs. benefits) Breast Cancer chemoprevention (high risk)**** Breastfeeding support/counseling/supplies 	<ul style="list-style-type: none"> Prostate Cancer screening 	
<i>For Both</i>		
<ul style="list-style-type: none"> Tobacco use STIs Seat Belt use Aspirin prophylaxis (high risk)**** Physical Activity Drug and Alcohol use Unintentional Injuries Family Planning Sun/UV radiation skin exposure Depression Calcium/vitamin D intake Fall Prevention Domestic/Interpersonal Violence 		
SCREENINGS	RECOMMENDED AGES/FREQUENCY**/****	
Obesity/Healthy diet screening/counseling	Age 19 and older (high risk);**** every year	
Pelvic Exam/Pap Smear [USPSTF cytology option] ⁵	Age 21-29; every 3 years	
Pelvic Exam/Pap Smear [USPSTF cytology option] ⁵	Age 30-65; every 3 years	
Pelvic Exam/Pap Smear/HPV DNA [USPSTF co-testing option] ⁵	Age 30-65; every 5 years	
Pelvic Exam/HPV DNA (women) [IOM option] ⁵	Beginning at 30; every 3 years	
Chlamydia Test (women)	Age 19-24: Test all sexually active females; annually Age 25 and older: Test all females at increased risk;**** suggested testing interval is 1-3 years	
Gonorrhea Test (women)	Age 19 and older: Test all high risk sexually active females;**** suggested testing interval is 1-3 years.	
Syphilis Test (men/women)	Age 19 and older: Test all high risk men/women;**** suggested testing interval is 1-3 years	
HIV Test (men/women)	Age 19-65: Routine one-time testing of persons not known to be at increased risk for HIV infection Age 19 and older: Repeat testing all high risk persons;**** suggested testing interval is 1-5 years	
Hepatitis C Test	Offer one-time testing of adults born between 1945 and 1965 Periodic testing of persons with <i>continued high risk</i> **** for HCV infection	
Blood Pressure	Age 19 and older: every 2 years (general ≥ 60 : $< 150/90$; general < 60 and all others: $< 140/90$)	
Diabetes Screening Test (type 2)	Beginning at 19; test asymptomatic adults with sustained BP $> 135/80$ every 3 years	
Fasting Lipid Profile	Beginning at 20; every 5 years	
Fecal Occult Blood Test ¹	Beginning at 50; annually	
Flexible Sigmoidoscopy ²	Beginning at 50; every 5 years	
Colonoscopy ²	Beginning at 50; every 10 years	
Barium Enema X-ray ³	Beginning at 50; every 5 years	
Prostate Specific Antigen	Offer beginning at 50 and annually thereafter	
Low-dose CT Scan	Age 55-80 (high risk):**** Annual testing until smoke-free for 15 years.	
Abdominal Ultrasound (men)	Age 65-75: one-time screening for abdominal aortic aneurysm in men who have ever smoked	
BRCA screening/counseling/testing [as needed]	Beginning at 19 (high risk women);**** reassess screening every 5-10 years	
Mammogram	Beginning at 40; every 1-2 years	
Bone Mineral Density (BMD) Testing (women)	Age 19-64: testing every 2 years may be appropriate for women at high risk.**** Beginning at 65; every 2 years	
IMMUNIZATIONS	RECOMMENDED AGES/FREQUENCY**/****	
Tetanus/diphtheria/pertussis (Td/Tdap)	19+; Td every 10 years (substitute one dose of Tdap for Td, regardless of interval since last booster)	
Human papillomavirus (HPV2/HPV4 -- women); (HPV4 -- men)	19-26; three doses, if not previously immunized (for men 22-26, see CDC)	
Hepatitis A (HepA)	19+; two doses (high risk; see CDC)	
Hepatitis B (HepB)	19+; three doses (high risk; see CDC)	
Hemophilus influenza type b (Hib)	19+; one or three doses (high risk; see CDC)	
Influenza ⁴	19+; one dose annually during influenza season	
Meningococcal (MCV4/MPSV4)	19+; one or more doses: (college students and others at high risk not previously immunized; see CDC)	
Pneumococcal (conjugate) (PCV13)	19+; one dose (high risk; see CDC)	
Pneumococcal (polysaccharide) (PPSV23)	19-64; one or two doses (high risk; see CDC) Beginning at 65; one dose (regardless of previous PPSV23 immunization; see CDC)	
Measles/Mumps/Rubella (MMR)	19-54; one or two doses, give as necessary based upon past immunization history 55+; one or two doses (high risk; see CDC)	
Varicella (Chickenpox)	Beginning at 19; two doses, give as necessary based upon past immunization or medical history	
Zoster (Shingles)	Beginning at 50; one dose, regardless of prior zoster episodes (see CDC)	

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*Traditional and Comprehensive plans may not provide coverage for all of the services and screenings listed above. Please refer to the certificate of coverage for specific benefit details or the Member may call Customer Service at the number listed on the front of their ID card.

**Services that need to be performed more frequently than stated due to specific health needs of the member and that would be considered medically necessary may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit. Occupational, school and other "administrative" exams are not covered.

***Capital BlueCross considers individuals to be "high risk" or "at risk" in accordance with the guidelines set forth by the Centers for Disease Control and Prevention (CDC)[www.cdc.gov]

****Capital BlueCross considers individuals to be "high risk" or "at risk" in accordance with the recommendations set forth by the U.S. Preventive Services Task Force (USPSTF)[www.ahrq.gov/clinic/uspstfix.htm]

¹For guaiac-based testing, six stool samples are obtained (2 samples on each of 3 consecutive stools, while on appropriate diet, collected at home). For immunoassay testing, specific manufacturer's instructions are followed.

²Only one endoscopic procedure is covered at a time, without overlap of the recommended schedules.

³Barium enema is listed as an alternative to a flexible sigmoidoscopy, with the same schedule overlap prohibition as found in footnote #2.

⁴Capital BlueCross has extended coverage of influenza immunization to all individuals with the preventive benefit regardless of risk.

⁵Recommendations of both the USPSTF and the IOM are included in order to aid clinicians in counseling their patients about preferred or acceptable preventive strategies. It should be noted that screening for cervical cancer should not be the sole health care concern when conducting ongoing well-woman visits.

Reference Sources: U.S. Preventive Services Task Force (USPSTF); 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); Institute of Medicine (IOM); U.S. Food and Drug Administration (FDA)

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