

2022 Preventive Schedule

Effective 1/1/2022


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 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.

Questions?

 Call Member Service





 Ask your doctor

 Log in to your account











Adults: Ages 19+



GENERAL HEALTH CARE

 Routine Checkup** (This exam is not the work- or school-related physical)	<ul style="list-style-type: none"> Ages 19 to 49: Every 1 to 2 years Ages 50 and older: Once a year
 Depression Screening	Once a year
 Illicit Drug Use Screening	Once a year
 Pelvic, Breast Exam	Once in a benefit plan year

SCREENINGS/PROCEDURES







 Abdominal Aortic Aneurysm Screening	Ages 65 to 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	Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk
 Breast Cancer Genetic (BRCA) Risk Assessment	Effective 8/1/2020 - Covered as preventive screening
 Cholesterol (Lipid) Screening	<ul style="list-style-type: none"> Ages 20 and older: Once every 5 years High-risk: More often
 Colon Cancer Screening (Including Colonoscopy)	<ul style="list-style-type: none"> Ages 45 and older: Every 1 to 10 years, depending on screening test High-risk: Earlier or more frequently
 Diabetes Screening	High-risk: Ages 40 and older, once every 3 years
 Hepatitis B Screening	High-risk
 Hepatitis C Screening	High-risk
 Latent Tuberculosis Screening	High-risk

* Shingrix (one of the two Shingles vaccines) is covered according to your benefits plan wide benefit level, not 100%.












** 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.

Adults: Ages 19+

SCREENINGS/PROCEDURES

 Lung Cancer Screening (Requires prior authorization and use of authorized facility)	Ages 50 to 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 (2D and 3D)	Ages 40 and older: Once in a benefit plan year; baseline mammogram can be performed on women ages 35 to 39 based on Delaware state mandate
 Osteoporosis (Bone Mineral Density) Screening	Ages 65 and older: Once every 2 years, or younger if at risk as recommended by physician
 Cervical Cancer Screening	<ul style="list-style-type: none"> • Ages 21 to 65 Pap: Every 3 years, or annually, per doctor's advice • Ages 30 to 65: Every 5 years if HPV only or combined Pap and HPV are negative • Ages 65 and older: Per doctor's advice
 Prostate Cancer Screening	Talk to your health care provider to determine if a prostate screening is recommended
 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 2-dose series
 Diphtheria, Tetanus (Td/Tdap)	One dose Tdap, then Td or Tdap booster every 10 years
 Flu (Influenza)	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)
 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 2- or 3-dose series
 Hepatitis B	At-risk or per doctor's advice: One 2- or 3-dose series
 Human Papillomavirus (HPV)	<ul style="list-style-type: none"> • To age 19: One 3-dose series • Ages 27-45, at-risk or per doctor's advice
 Measles, Mumps, Rubella (MMR)	One or two doses
 Meningitis*	At-risk or per doctor's advice
 Pneumonia	High-risk or ages 65 and older: One or two doses, per lifetime
 Shingles	Shingrix***- Ages 50 and older and those 19 and older who are immunocompromised

* 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.

*** Shingrix, one of the approved Shingles vaccines, is covered according to your plan wide benefits, not at 100%.

PREVENTIVE CARE FOR PREGNANT WOMEN



Screenings and Procedures

- Gestational diabetes screening
- Postpartum diabetes screening for those with gestational diabetes
- Hepatitis B screening and immunization, if needed
- HIV screening
- Syphilis screening
- Smoking cessation counseling
- Depression screening during pregnancy and postpartum
- Depression prevention counseling during pregnancy and postpartum
- Rh typing at first visit
- Rh antibody testing for Rh-negative women
- 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:

- Additional annual preventive office visits specifically for obesity and blood pressure measurement
- Additional nutritional counseling visits specifically for obesity
- Recommended lab tests:
 - ALT
 - AST
 - Hemoglobin A1c or fasting glucose
 - Cholesterol screening



Adults with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome

Adults with BMI 40 and over

Nutritional counseling

ADULT DIABETES PREVENTION PROGRAM (DPP)



Applies to Adults

To find out more about this program and eligibility criteria, click on the following link:
<https://dhr.delaware.gov/benefits/delawell/highmark-diabetes-prevention.shtml>

Enrollment in either the onsite YMCA or Retrofit's online lifestyle change Diabetes Prevention Programs for weight loss.

2022 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
Routine Checkup* (This exam is not the preschool- or day care-related physical.)	●	●	●	●	●	●	●	●	●	●	●
Hearing Screening	●										
SCREENINGS											
Autism Screening									●	●	
Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry	●										
Developmental Screening						●			●		●
Hematocrit or Hemoglobin Anemia Screening							●				
Lead Screening**							●			●	
Newborn Blood Screening and Bilirubin	●										
IMMUNIZATIONS											
Chicken Pox							Dose 1				
Diphtheria, Tetanus, Pertussis (DTaP)			Dose 1	Dose 2	Dose 3			Dose 4			
Flu (Influenza)***						Ages 6 months to 30 months: 1 or 2 doses in a benefit plan year					
Haemophilus Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3		Dose 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						

* 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, and 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 in a benefit plan year from ages 11 to 18				
Ambulatory Blood Pressure Monitoring**												●	
Depression Screening									Once in a benefit plan year from ages 11 to 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								If not previously vaccinated: Dose 1 and 2 (4 weeks apart)			
Diphtheria, Tetanus, Pertussis (DTaP)		Dose 5						One dose Tdap					
Flu (Influenza)****	Ages 3 to 18: 1 or 2 doses in a benefit plan year												
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											
CARE FOR PATIENTS WITH RISK FACTORS													
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												●	
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 15-18				
Tuberculin Test	Per doctor's advice												

* 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.

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
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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
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Age 18 with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome	Nutritional counseling
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ADULT DIABETES PREVENTION PROGRAM (DPP) AGE 18

 <p>Applies to Adults</p> <p>To find out more about this program and eligibility criteria, click on the following link: https://dhr.delaware.gov/benefits/delawell/highmark-diabetes-prevention.shtml</p>	Enrollment in either the onsite YMCA or Retrofit's online lifestyle change Diabetes Prevention Programs for weight loss.
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Women's Health Preventive Schedule

SERVICES

Well-Woman Visits (Includes: preconception and first prenatal visit, urinary incontinence screening)	Up to 4 visits each year for developmentally and age-appropriate preventive services
Contraception (Birth Control) Methods and Discussion*	All women planning or capable of pregnancy

SCREENINGS/PROCEDURES

Diabetes Screening	<ul style="list-style-type: none"> • High-risk: At the first prenatal visit • All women between 24 and 28 weeks pregnant • Postpartum women without diabetes but with a history of gestational diabetes
HIV Screening and Discussion	All sexually active women: Once in a benefit plan year
Human Papillomavirus (HPV) Screening Testing	Beginning at age 30: Every 3 years
Domestic and Intimate Partner Violence Screening and Counseling	Once in a benefit plan year
Breast-feeding (Lactation) Support and Counseling, and Costs for Equipment	During pregnancy and/or after delivery (postpartum)
Sexually Transmitted Infections (STI) Discussion	All sexually active women: Once in a benefit plan year
Screening for Anxiety	The Women's Preventive Services Initiative recommends screening for anxiety in adolescent girls and adult women, including those who are pregnant or postpartum.

* 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.

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.

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross Blue Shield Association.

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. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. 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, 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, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

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.

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）。

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).

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

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

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

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).

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

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (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).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。IDカードの裏に明記されている番号に電話をおかけください (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.

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