

2026 Preventive Care Schedule



Pediatric Care: Birth to 30 Months

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						



Pediatric Care: 3 Years to 18 Years

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												●
Depression Screening										Once a year from ages 12 – 18		
Illicit Drug-Use Screening*												●
Hearing Screening	1 between ages 11 – 14, 15 – 17 and 18 – 21											
Visual Screening	One per calendar year											
SCREENINGS/PROCEDURES												
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								1 between ages 9 – 11 and ages 17 – 21				
IMMUNIZATIONS												
Chicken Pox If not previously vaccinated: dose 1 and 2 (4 weeks apart)		Dose 2										
COVID-19 Vaccine	Per doctor's advice following CDC and Emergency Use Authorization Guidelines											
Dengue Vaccine							9-16 years living in dengue endemic areas in US Territories AND have laboratory confirmation of previous dengue infection					
Diphtheria, Tetanus, Pertussis (DTaP) One dose every 10 years beginning age 18		Dose 5			One dose of Tdap if 5 doses were not received previously.							
Flu (Influenza)	1 or 2 doses annually											
Human Papillomavirus (HPV)							2 doses when started ages 9-14. 3 doses all other ages					
Measles, Mumps, Rubella (MMR)	Dose 2 (at least 1 month apart from dose 1)											
Meningitis									Dose 1		Age 16: one-time booster	
Pneumonia	Per doctor's advice											
Polio		Dose 4										
RSV Vaccine	Per doctor's recommendation following CDC guidelines											
Tuberculin Test	Per doctor's advice											

*Once a year from Ages 18 years and older

Pediatric Care: 3 Years to 18 Years

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	<ul style="list-style-type: none"> Once per lifetime for adults High-risk: More often 											
Hepatitis C Screening	Eligible at age 18 and older											
Human Papillomavirus (HPV)							2 doses when started ages 9-14. 3 doses all other ages					
Latent Tuberculosis Screening	High-risk											
Sexually Transmitted Disease (STD) Screenings (Chlamydia, Gonorrhea, HIV and Syphilis)												For all sexually active individuals. HIV routine check once between ages 15-21
Tuberculin Test	Per doctor's advice											

Adult Care (Ages 19 and over)

GENERAL HEALTH CARE	FREQUENCY
Routine Checkup Includes pertinent patient education and counseling, discussion of general health, Complete Blood Count, Blood Cholesterol/HDL or Lipid Profile	Once a year
Depression Screening and Anxiety Screening	Once a year
Illicit Drug Use Screening	Once a year
Pelvic, Breast Exam	Once a 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 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 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
Colon Cancer Screening	Ages 45 and older: Colonoscopy following a positive result obtained within 1 year by other mandated screening method
Certain Colonoscopy Preps with Prescription	<ul style="list-style-type: none"> Ages 45 and older: Once every 10 years High-risk: Earlier or more frequently
Diabetes Screening	High-risk: Ages 40 and older, once every 3 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

Adult Care (Ages 19 and over)

SCREENINGS/PROCEDURES	FREQUENCY
Lung Cancer Screening Requires 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 the past 15 years
Mammogram	Ages 40 and older: Once a year including 3D. Screening follow up MRI or Ultrasound per doctor's recommendation
Osteoporosis (Bone Mineral Density) Screening	Ages 60 and older: Once every 2 years
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 Specific Antigen (PSA) Includes digital rectal exam	Age 50 and older, one per calendar year
Sexually Transmitted Disease (STD) Screenings Chlamydia, Gonorrhea, HIV and Syphilis	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
COVID-19 Vaccine	Per doctor's advice following CDC and Emergency Use Authorization Guidelines
Diphtheria, Tetanus (Td/Tdap)	<ul style="list-style-type: none"> • One time Tdap • Td 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 flue 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 3-dose series
Human Papillomavirus (HPV)	To age 26: 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
RSV Vaccine	Ages 60 and older Pregnant Women
Shingles (Zoster) Shingrix	Ages 50 and older: Two doses Ages 19 to 49: Immunocompromised per doctor's advice
PREVENTIVE CARE FOR PREGNANT WOMEN	
Screenings and Procedures	<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 • 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

Adult Care (Ages 19 and over)

PREVENTION OF OBESITY, HEART DISEASE, DIABETES AND STROKE

<p>Children Children with a body mass index (BMI) in the 85th to 94th percentile (overweight) and the 95th to 98th percentile (obese) are eligible for:</p>	<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
<p>Age 18 with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome</p>	<ul style="list-style-type: none"> • Nutritional Counseling
<p>Adult Adults with a BMI 25 to 29.9 (overweight) and 30 to 39.9 (obese) are eligible for:</p>	<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
<p>Adults with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome</p>	<ul style="list-style-type: none"> • Nutritional Counseling
<p>Adults with BMI 40 and over:</p>	<ul style="list-style-type: none"> • Nutritional Counseling and fasting glucose screening

ADULT DIABETES PREVENTIVE PROGRAM (DPP)

<p>Applies to Adults</p> <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. 	<p>Enrollment in certain select CDC recognized lifestyle change DPP programs for weight loss</p>
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PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION

<p>Children</p>	<p>Oral Fluoride For ages 6 months to 16 years whose primary water source is deficient in fluoride</p>
<p>Adult</p>	<p>Aspirin Pregnant Women at risk for preeclampsia</p> <p>Folic Acid Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid</p> <p>Chemoprevention drugs such as raloxifene, tamoxifen, or aromatase inhibitor At risk for breast cancer, without a cancer diagnosis, age 35 and older</p> <p>Tobacco Cessation (Counseling and medication) Adults who use tobacco products</p> <p>Low to Moderate Dose Select Generic Statin Drugs for Prevention of Cardiovascular Disease (CVD) Ages 40 to 75 years with 1 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</p> <p>Select PrEP Drugs and Certain Related Services for Prevention of HIV Infection Adults at risk for HIV infection, without an HIV diagnosis</p>

Adult Care (Ages 19 and over)

WOMEN'S HEALTH PREVENTIVE SCHEDULE

SERVICES

Well-Woman Visits
(Including preconception and first prenatal visit, urinary incontinence screening)

Up to 4 visits each year for age and developmentally appropriate preventive services

Contraception (Birth Control) Methods and Discussion**

All women planning or capable of pregnancy

SCREENINGS/PROCEDURES

Breast Cancer Diagnostic Screening for Women of Average Risk

Age 40 and older breast mammogram, MRI, ultrasound, biopsy when there is no diagnosis of breast cancer.

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

- All sexually active women: Once a year
- Ages 15 and older, receive screening test for HIV at least one 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 3 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

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 a year

Anxiety Screening

The Women's Preventive Services Initiative recommends screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum

Nutritional Counseling

Ages 40-60 with normal BMI and overweight BMI

**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