



## Preventive health coverage

### Wellness Exams and Immunizations

Service	Coverage
<p>Well-baby and well-child visits Includes: height, weight, head circumference, BMI, history, anticipatory guidance, education regarding risk reduction and psychological/behavioral assessment</p> <p>*Note: There may be member cost sharing for some services dependent on the benefit plan.</p>	<ul style="list-style-type: none"> <li>• Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 &amp; 30 months.               <ul style="list-style-type: none"> <li>- Additional visit at 2-4 days for infants discharged less than 48 hours after delivery.</li> </ul> </li> <li>• Once a year from ages 3 to 21</li> <li>• Periodic visits, based on age, after age 22</li> </ul>
<p>Diphtheria, tetanus toxoids and acellular pertussis (DTaP) Haemophilus influenzae type b conjugate (Hib) Hepatitis A (HepA) Hepatitis B (HepB) Human papillomavirus (HPV): limit 3 per lifetime Influenza vaccine Measles, mumps and rubella (MMR) Meningococcal (MCV) Pneumococcal (pneumonia) Poliovirus (IPV) Rotavirus Varicella (chickenpox)</p>	<ul style="list-style-type: none"> <li>• Coverage follows the CDC's ACIP recommendations. For the most up-to-date frequency recommendations for these immunizations, please visit <a href="https://www.cdc.gov/vaccines/schedules/hcp/index.html">https://www.cdc.gov/vaccines/schedules/hcp/index.html</a></li> <li>• If you have any questions regarding immunization coverage, please call the phone number listed on the back of your member ID card</li> </ul>
<p>Zoster</p>	<ul style="list-style-type: none"> <li>• Ages 50 and over</li> </ul>

Health Screenings and interventions	
Service	Coverage
Alcohol misuse screening and counseling	<ul style="list-style-type: none"> <li>• Screenings for adults 18 years or older for misuse</li> <li>• Counseling interventions for persons engaged in risky or hazardous drinking to reduce misuse</li> </ul>
Autism	<ul style="list-style-type: none"> <li>• 18 and 30 months</li> </ul>
Blood Pressure	<ul style="list-style-type: none"> <li>• At each visit during ages 3 to 10</li> <li>• Once a year ages 11 to 21</li> <li>• Every two years, or as advised, ages 22 and older</li> </ul>
Cholesterol/lipid disorders	<ul style="list-style-type: none"> <li>• Children ages 2 and older at risk due to known family history or with personal risk factors such as obesity or high blood pressure</li> <li>• All men ages 35 and older, or ages 20-35 with risk factors</li> <li>• All women ages 45 and older, or ages 20-45 with risk factors</li> </ul>
Colon cancer screening	<ul style="list-style-type: none"> <li>• The following tests for ages 50 and older or any age with risk factors <ol style="list-style-type: none"> <li>1. Fecal occult blood test (FOBT), fecal immunochemical test (FIT) or FIT-DNA, tested annually</li> <li>2. Flexible sigmoidoscopy, every 5 years</li> <li>3. Colonoscopy, every 10 years</li> </ol> </li> </ul>
Congenital hypothyroidism screening	<ul style="list-style-type: none"> <li>• Newborns</li> <li>-Note: Infants born premature, ill or with very low birth weight may benefit from more than one screening due to decreased sensitivity and specificity of screening</li> </ul>
Dental caries (tooth decay) prevention Includes: fluoride varnish to primary teeth starting at age when primary teeth emerge, done at a primary care practice.	<ul style="list-style-type: none"> <li>• Recommended for infants and children up to age 5</li> <li>- Note: It is recommended to prescribe fluoride varnish to children with a fluoride deficient water supply beginning at 6 months</li> </ul>
Depression screening	<ul style="list-style-type: none"> <li>• Ages 12 and older</li> </ul>
Developmental screening	<ul style="list-style-type: none"> <li>• 9, 18 and 30 months</li> </ul>
Developmental surveillance	<ul style="list-style-type: none"> <li>• Newborn, 1, 2, 4, 6, 12, 15, and 24 months</li> <li>• At each visit ages 2 and older</li> </ul>
Diabetes screening - Includes: HbA1c screening, LDL-C screening and nephropathy screening	<ul style="list-style-type: none"> <li>• Ages 40 to 70 if overweight or obese</li> <li>• If blood glucose is abnormal, intensive behavioral counseling to promote healthy diet and physical activity</li> </ul>
Domestic violence screening and counseling	<ul style="list-style-type: none"> <li>• Women of childbearing age.</li> <li>• Provide intervention services to those who screen positive</li> </ul>
Fall prevention in older adults - Includes: exercise, physical therapy and/or vitamin D supplementation to prevent falls	<ul style="list-style-type: none"> <li>• Adults who live in a community-based center who are ages 65 and older and at risk for falls</li> </ul>
Female contraceptive methods and counseling	<ul style="list-style-type: none"> <li>• All Food and Drug Administration approved contraceptive methods, sterilization procedures and patient education and counseling for all women with reproductive capacity are covered as prescribed by the member's participating doctor or OB/GYN</li> </ul>

Health Screenings and interventions	
Service	Coverage
Hearing screening - Note: not complete hearing examination	<ul style="list-style-type: none"> <li>All newborns before 1 month of age</li> <li>Ages 4, 5, 6, 8, 10, 11-14, 15-17 and 18-21, or as doctor advises</li> </ul>
Hemoglobin or hematocrit	<ul style="list-style-type: none"> <li>12 months of age</li> </ul>
Hepatitis B screening	<ul style="list-style-type: none"> <li>Adolescents and adults at risk</li> </ul>
Hepatitis C virus infection screening (HCV)	<ul style="list-style-type: none"> <li>Adults at risk or adults born between 1945 and 1965</li> </ul>
HIV screening	<ul style="list-style-type: none"> <li>Adolescents and adults ages 15-65</li> <li>Adolescents and adults at increased risk</li> </ul>
Iron supplementation	<ul style="list-style-type: none"> <li>6 to 12 months for children at risk</li> </ul>
Lead screening	<ul style="list-style-type: none"> <li>12 and 24 months</li> </ul>
Low-dose aspirin to prevent cardiovascular disease and colorectal cancer - A written or oral prescription must be provided by a provider and presented to a preferred pharmacy or preferred mail order pharmacy for coverage by the plan	<ul style="list-style-type: none"> <li>81.0 mg strength only is covered for men ages 45-79 and women ages 55-79</li> </ul>
Lung cancer screening - Low-dose computed tomography	<ul style="list-style-type: none"> <li>Annual screening for adults ages 55-80 who have a 30 pack per year smoking history, currently smoke or have quit smoking in the past 15 years. Discontinue screening when the patient has not smoked for 15 years</li> </ul>
Metabolic/hemoglobinopathies - According to state law	<ul style="list-style-type: none"> <li>All newborns</li> </ul>
Nutrition counseling	<ul style="list-style-type: none"> <li>Adults with hyperlipidemia, those at risk for cardiovascular disease or diet-related chronic disease</li> </ul>
Obesity screening	<ul style="list-style-type: none"> <li>Ages 6 and older</li> </ul>
PKU screening	<ul style="list-style-type: none"> <li>All newborns</li> </ul>
Prophylactic ocular (eye) medication to prevent blindness	<ul style="list-style-type: none"> <li>All newborns</li> </ul>
Sexually transmitted infections (STI) counseling	<ul style="list-style-type: none"> <li>All sexually active adolescents and adults</li> </ul>
Sickle cell disease screening	<ul style="list-style-type: none"> <li>All newborns</li> </ul>
Skin cancer behavioral counseling	<ul style="list-style-type: none"> <li>All children, adolescents and young adults ages 10-24 with fair skin</li> </ul>
Syphilis screening for nonpregnant persons	<ul style="list-style-type: none"> <li>All individuals who are at risk</li> </ul>
Tobacco use/cessation interventions test	<ul style="list-style-type: none"> <li>All adolescents and adults</li> </ul>
Tuberculin test	<ul style="list-style-type: none"> <li>All children, adolescents and adults at risk</li> </ul>
Ultrasound aortic abdominal aneurysm screening	<ul style="list-style-type: none"> <li>Men and women ages 65-75 who have ever smoked</li> <li>Limited to one per lifetime</li> </ul>
Vision screening - Note: Not complete eye examination	<ul style="list-style-type: none"> <li>Ages 3, 4, 5, 6, 8, 10, 12, 15 and 18 or as doctor advises</li> </ul>

## Women's health screenings and interventions

Service	Coverage
Anemia screening	• Pregnant women
Bacteriuria screening	• Pregnant women in the 12th-16th week of gestation or during the first prenatal visit, if such a visit is later than the 12th-16th week
Breast cancer screening (mammogram)	• Annually for women ages 40 and older, or any mammogram based on the doctor's recommendation for women under 40. Benefits of mammography screening are payable only if performed by a mammography-service doctor who is properly certified by the Department of Health in accordance with the Mammography Quality Assurance Act of 1992
Breastfeeding promotion	• During pregnancy and after birth
Breastfeeding support, supplies and counseling	• Comprehensive lactation support and counseling by a trained doctor during pregnancy and/or in the postpartum period, and the costs for renting breastfeeding equipment are covered
Cervical cancer screening (pap test)	• Within 3 years of sexual activity • Women ages 21-65, at least every 3 years
Chlamydia screening	• All sexually active females ages 24 and younger • Adult women ages 25 and older who are at risk
Risk assessment, genetic counseling and genetic testing for BRCA-related cancer in women	• Women whose family history may put them at risk for harmful BRCA gene mutations. Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing
Discussion about potential benefits/risk of breast cancer preventive medication	• Women at risk
Folic acid supplementation - A written or oral prescription must be provided by a provider and presented to a preferred pharmacy or preferred mail order pharmacy for coverage by the plan	• Women planning or capable of pregnancy
Gestational diabetes screening	• Pregnant women between 24 and 28 weeks of pregnancy and at the first prenatal visit for women at high risk
Gonorrhea screening	• All sexually active females ages 24 and younger • Adult women ages 25 and older who are at risk
Hepatitis B screening	• Pregnant women at their first prenatal visit
HIV counseling	• Annually for all sexually active women
Osteoporosis screening	• Women at risk, may include but not limited to a DEXA scan (X-ray imaging test which measures bone density for osteoporosis)
Preeclampsia prevention: aspirin	• Low-dose (81mg/d) for pregnant women, after 12 weeks gestation, who are at high risk
Preeclampsia screening	• Blood pressure measurements throughout pregnancy
Rh incompatibility test - Rh (D) blood typing and antibody testing	• All pregnant women during the first prenatal visit and a repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks of gestation, as required
Syphilis screening	• Pregnant women
Tobacco use/cessation interventions	• Pregnant women and other tobacco users

Many of these preventive services are covered with no member cost sharing when obtained from a participating/preferred doctor, unless otherwise noted. If your doctor provides medical services during your preventive care visit that are not included in the preventive care list, these items will be considered under your standard medical plan coverage. This means you may be responsible for cost sharing. Please see your plan materials for specific details about your plan coverage.

This document is intended as an easy-to-read summary. Benefits, limitations and exclusions are provided in accordance with the benefit documents and applicable riders under which a member is enrolled. This managed care plan may not cover all your health care expenses. Read your Subscription Certificate and riders carefully to determine which health care services are covered.

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, and the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care. For additional information on immunizations, visit the immunization schedule section of [www.cdc.gov](http://www.cdc.gov).

Geisinger Health Plan may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted.