2027 Preventive Schedule

Effective 1/1/2027

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. As a part of your health plan, you may be eligible to receive some of these preventive benefits with little to no cost sharing when using in-network providers. All benefits for over-the-counter drugs and supplies must be purchased through in-network pharmacy providers in order to be covered.* Make sure you know what is covered by your health plan and any requirements before you receive any services. Recommended annual services are based on a calendar year, which resets on January 1 of every year.

Questions?

- Call Member Service
- Ask your doctor
- Log in to your account

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 your age, gender, and family history. CHIP members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

Adults: Ages 19+

Female Male

GENERAL HEALTHCARE	
Annual Checkup** (Routine, not a work- or school-related physical)	• Ages 19 – 49: Every one to two years • Ages 50 and older: Once a year
Depression Screening and Anxiety Screening	Once a year
Illicit Drug-Use Screening	Once a year
Mental, Emotional, Behavioral (MEB) Screening	Ages 19 – 21: Once a year
Pelvic and Breast Exam	Once a year
SCREENINGS/PROCEDURES	
Abdominal Aortic Aneurysm Screening	Ages 65 – 75 who have ever smoked: One-time screening
Ambulatory Blood Pressure Monitoring	To confirm new diagnosis of high blood pressure before starting treatment
Blood Cholesterol Testing	• Ages 19 – 49: Once every three years • Ages 50 and older: Once a year

* For example, if the in-network pharmacy provider is located within a larger retail setting, the drug/supply must be purchased through the pharmacy provider's register (and not the general retail register) in order to be covered.

** A 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.

** United States Preventive Services Task Force (USPSTF)-mandated routine labs

HIGHMARK

SCREENINGS/PROCEDURES	
Breast Cancer Genetic (BRCA) Screening (Requires prior authorization)	Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk
Breast Cancer Screening	• Screening mammogram ages 40 and older (or younger per doctor's advice): Once a year, including 3D • Additional imaging may be required to complete the screening process or to address findings on the initial screening mammography, including follow-up MRI or ultrasound per doctor's advice. Refer to the Women's Health Preventive Schedule Section on page 9 for more information.
Cervical Cancer Screening	• Ages 21 – 65: PAP every three years, or annually, per doctor's advice • Ages 30 – 65: High-risk hrHPV testing once every five years or PAP with hrHPV co-testing every five years per doctor's advice • Ages 65 and older: Per doctor's advice
Cholesterol (Lipid) Screening	• Ages 20 and older: Once every five years • High-risk: More often
Colon Cancer Screening (Including colonoscopy)	• Ages 45 and older: Every one to 10 years, depending on screening results • High-risk: Earlier or more frequently
Colon Cancer Screening (Colonoscopy)	Ages 45 and older: Following a positive result obtained within one year by another mandated screening method
Certain Colonoscopy Preps With Prescription	• Ages 45 and older: Once every 10 years • High-risk: Earlier or more frequently
Diabetes Screening	Ages 40 and older who are at high risk: Once every three years
General Health Panel	One per calendar year
Hepatitis B Screening	• Once per lifetime for adults • High-risk: More often
Hepatitis C Screening	Ages 18 – 79
Latent Tuberculosis Screening	High-risk
Lung Cancer Screening (Requires use of authorized facility)	Ages 50 – 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
Osteoporosis Screening (Bone Mineral Density)	Ages 65 and older: Once every two years, or younger if at risk per doctor's advice
Prostate-Specific Antigen (PSA) Test	One per calendar year
Sexually Transmitted Disease (STD) Screenings and Counseling (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
Urinalysis	• Ages 19 – 49: Once every three years • Ages 50 and older: Once a year
Vitamin D Screening	Per doctor's advice

IMMUNIZATIONS*	
Chicken Pox (Varicella)	Adults with no history of chicken pox: One two-dose series
COVID-19 Vaccine	Per doctor's advice
Diphtheria, Tetanus (Td/Tdap)	One dose Tdap, then Td or Tdap 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 flu and does not replace the annual flu vaccine
Hepatitis A	At-risk or per doctor's advice: One two-, three-, or four-dose series
Hepatitis B	• Ages 19 – 59: Two to four doses per doctor's advice • Ages 60 and older: High-risk per doctor's advice
Human Papillomavirus (HPV)	• Up to age 26: One three-dose series • Ages 27 – 45, at-risk or per doctor's advice
IPV Polio Vaccine	Adults never vaccinated or with incomplete vaccination history
Measles, Mumps, Rubella (MMR)	One or two doses
Meningitis**	At-risk or per doctor's advice
Pneumonia	High-risk or ages 50 and older: One or two doses, per lifetime
RSV Vaccine	• Ages 50 and older • Pregnant women
Shingles	• Shingrix — Ages 50 and older: Two doses • Ages 19 – 49: Immunocompromised per doctor's advice
PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION	
Aspirin	Pregnant women at risk for preeclampsia
Folic Acid	Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid
Chemoprevention drugs such as raloxifene, tamoxifen, or aromatase inhibitors***	At risk for breast cancer, without a cancer diagnosis, ages 35 and older
Tobacco Cessation (Counseling and medication)	Adults who use tobacco products

* 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. Coverage is provided for the immunization categories identified in this Preventive Schedule. The specific immunizations covered within each category are determined by the most current recommendations of the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists (ACOG). The specific immunizations covered within a category of this Preventive Schedule are updated consistent with the current recommendations of these entities. Additional immunizations may become covered during the benefit year.

** Meningococcal B vaccine per doctor's advice.

*** Aromatase inhibitors when the other drugs can't be used such as when there is a contraindication or they are not tolerated.

PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION	
Low-to-Moderate Dose Select Generic Statin Drugs for Prevention of Cardiovascular Disease (CVD)	Ages 40 – 75 years with one 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
Select PrEP Drugs and Certain Related Services for Prevention of HIV Infection	Adults at risk for HIV infection, without an HIV diagnosis

PREVENTIVE CARE FOR PREGNANT WOMEN ANY AGE*		
Screenings, Procedures, and Counseling	• 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 • Intimate partner violence screening during pregnancy and postpartum	• Rh typing at first visit • Rh antibody testing for Rh-negative women • RSV vaccine, per doctor's advice • 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	Nutritional counseling	
Adults with BMI 40 and over	Nutritional counseling and fasting glucose screening	

ADULT DIABETES PREVENTION PROGRAM (DPP)	
Applies to Adults • 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	Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss

* 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. Coverage is provided for the immunization categories identified in this Preventive Schedule. The specific immunizations covered within each category are determined by the most current recommendations of the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists (ACOG). The specific immunizations covered within a category of this Preventive Schedule are updated consistent with the current recommendations of these entities. Additional immunizations may become covered during the benefit year.

2027 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 Months[1]

GENERAL HEALTHCARE	BIRTH/ 3 – 5 DAYS	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 doctor's advice with maternal exposure during pregnancy								
Lead Screening**							●			●	
Mental, Emotional, Behavioral (MEB) Screening					●		●			●	
Newborn Blood Screening and Bilirubin	●										

* 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. Birth checkup is included as part of the maternity global benefit, the 3 – 5 day checkup occurs in the pediatrician office, ocular medication for newborns to prevent gonococcal ophthalmia.

** Per Bright Futures. Refer to state-specific recommendations as needed.

IMMUNIZATIONS*	BIRTH/ 3 – 5 DAYS	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M
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						
RSV Vaccine	Per doctor's advice										

Children: 3 Years to 18 Years[1]

GENERAL HEALTHCARE	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***												●
Anxiety Screening						Once a year from ages 8 – 18						
Depression and Suicide Risk Screening										Once a year from ages 12 – 18		
Illicit Drug-Use Screening												●
Hearing Screening****		●	●	●		●		●		●	●	●
Mental, Emotional, Behavioral (MEB) Screening	Once annually through age 18											
Visual Screening*****	●	●	●	●		●		●		●	●	

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** 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.

LAB SCREENINGS	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y
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										
COVID-19 Vaccine	Per doctor's advice											
Dengue Vaccine							9 – 16 years living in dengue endemic areas in U.S. Territories AND have laboratory confirmation of previous dengue infection					
Diphtheria, Tetanus, Pertussis (DTaP)		Dose 5							One dose Tdap			
Flu (Influenza)	Ages 3 – 18: 1 or 2 doses annually											
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 – 21			
Tuberculin Test	Per doctor's advice											

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** Meningococcal B vaccine per doctor's advice.

Children: 6 Months to 18 Years[1]

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
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:	• Additional annual preventive office visits specifically for obesity • Additional nutritional counseling visits specifically for obesity • Recommended lab tests: – Alanine aminotransferase (ALT) – Aspartate aminotransferase (AST) – Hemoglobin A1c or fasting glucose (FBS) – Cholesterol screening
Age 18 with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome	Nutritional counseling
ADULT DIABETES PREVENTION PROGRAM (DPP) AGE 18	
Applies to Adults 18+ • 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	Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss

Women's Health Preventive Schedule

SERVICES	
Contraception (Birth Control) Methods and Discussion*	All women planning or capable of pregnancy
Well-Woman Visits (Includes: Preconception and first prenatal visit, urinary incontinence screening)	Up to four visits each year for developmentally and age-appropriate preventive services
SCREENINGS/PROCEDURES	
Anxiety Screening	The Women's Preventive Services Initiative recommends screening for anxiety in adolescent girls and adult women, including those who are pregnant or postpartum.
Breast Cancer Diagnostic Screening for Women at Average Risk	Age 40 and older: Breast mammogram, MRI, ultrasound, biopsy, and pathology when there is no diagnosis of breast cancer
Breastfeeding (Lactation) Support and Counseling, and Costs for Equipment	During pregnancy and/or after delivery (postpartum)
Cervical Cancer Follow-up Diagnostic Tests for Women at Average Risk	• Members who had the recommended routine PAP and/or hrHPV cervical cancer screening test(s) and require additional follow up diagnostic testing to get to a definitive diagnosis of cervical cancer when there is no diagnosis of cervical cancer • Tests include follow up diagnostic cytology, biopsy, colposcopy, extended genotyping, dual stain, and pathologic evaluation when there is no diagnosis of cervical 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 a screening test for HIV at least once 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
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
Nutritional Counseling	Ages 40 – 60 with normal BMI and overweight BMI
Sexually Transmitted Infections (STI) Discussion	All sexually active women: Once a year

* 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.

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company.

Your plan may not cover all your healthcare expenses. Read your plan materials carefully to determine which healthcare services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

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, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. 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, including sex stereotypes and gender identity, 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, assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY:711).

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）。

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.

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

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).

אכטונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועילעבל פאר אייך. רופט די נומער וואס איז אויף די פארקערטע זייט פון אייער ID קארטל (TTY:711).

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। আপনার আইডি কার্ডের পিছনে থাকা নম্বরে ফোন করুন। (TTY:711)

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

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

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (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).

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).

ΠΡΟΣΟΧΗ: Σε περίπτωση που μιλάτε Ελληνικά, οι διαθέσιμες υπηρεσίες γλωσσικής βοήθειας σας παρέχονται δωρεάν. Καλέστε τον αριθμό στο πίσω μέρος της ταυτότητας σας (TTY:711).

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 applicable laws and regulations, the Blue Cross Blue Shield Association 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.

[1]Information About Children's Health Insurance Program (CHIP)

Because the Children's Health Insurance Program (CHIP) is a government-sponsored program and not subject to ACA, certain preventive benefits may not apply to CHIP members and/or may be subject to copayments.

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.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield and/or Highmark Choice Company, which are independent licensees of the Blue Cross Blue Shield Association.