

# 2025 Preventive Schedule

## Medicare-Covered Services

### 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 services listed below follow the Medicare schedule. Most services do not involve cost-sharing when your health plan's requirements are met. Some tests and services and their frequency may depend on your health risks and doctor's advice. That's why it's important to talk with your doctor about the services that are right for you. If you have questions about which services are covered for you and how, please check with Member Service before getting the suggested care.

### Questions?



Call Member Service



Ask your doctor



Log in to your account

 Female  Male

### GENERAL HEALTH CARE



**"Welcome to Medicare" Preventive Visit**

- Once in a lifetime benefit. Must be performed within the first 12 months of signing up for Medicare Part B.



**Annual "Wellness" Visit**

- Once a year after enrollment in Part B for more than 12 months

### SCREENINGS/COUNSELING



**Abdominal Aortic Aneurysm Screening**

- Once in a lifetime benefit for those with certain risk factors
- Doctor referral required



**Alcohol Misuse Screening and Counseling**

- Once a year
- Those who screen positive for alcohol misuse but don't meet the medical criteria for alcohol dependency: four face-to-face counseling sessions per year



**Bone Mass Measurement**

- Once every 24 months
- More often for those meeting medical criteria



**Breast Cancer Screening (Mammograms)**

- Ages 35–39: One baseline screening
- Ages 40 and older: Once a year



**Cardiovascular Disease Risk Reduction Visit (therapy for cardiovascular disease)**

- Behavioral therapy to lower risk of cardiovascular disease
- Once a year



**Cardiovascular Disease Testing (including cholesterol screening)**

- Once every five years



**Cervical Cancer with HPV testing**

- Ages 30–65: Once every five years

## SCREENINGS/COUNSELING

	<b>Cervical and Vaginal Cancer Screening</b> (including Pap test)	<ul style="list-style-type: none"> <li>Once a year</li> </ul>
	<b>Pelvic Exam Screening</b> (including clinical breast exam)	<ul style="list-style-type: none"> <li>Once a year as part of Pap/pelvic exam</li> </ul>
	<b>Colorectal Cancer Screening</b> (including colonoscopy)	<ul style="list-style-type: none"> <li>Ages 45 and older: Every 1–10 years, depending on screening test</li> <li>High risk: Earlier or more frequently</li> <li>Colonoscopy following a positive result obtained by other mandated screening methods</li> </ul>
	<b>Depression Screening</b>	<ul style="list-style-type: none"> <li>Once a year</li> </ul>
	<b>Diabetes Screening</b>	<ul style="list-style-type: none"> <li>One or two per year, depending on risk factors</li> </ul>
	<b>Diabetes Self Management Training</b>	<ul style="list-style-type: none"> <li>Covered for all Medicare Advantage members diagnosed with diabetes including those who are at risk for complications</li> <li>Cost sharing may apply</li> </ul>
	<b>Medicare Diabetes Prevention Program (MDPP)</b>	<ul style="list-style-type: none"> <li>Covered for eligible Medicare beneficiaries</li> <li>Call Member Service to determine eligibility</li> </ul>
	<b>Hepatitis B Screening</b>	<ul style="list-style-type: none"> <li>All pregnant women at the first prenatal visit of each pregnancy</li> <li>Every year for men and women without symptoms who have not had hepatitis B vaccine but are at high risk, as determined by doctor</li> </ul>
	<b>Hepatitis C Screening</b>	<ul style="list-style-type: none"> <li>An initial screening for those who had a blood transfusion before 1992 or have injected illegal drugs in the past</li> <li>Once for those born between 1945 and 1965</li> <li>Every year for those who are at high risk</li> </ul>
	<b>HIV Screening</b>	<ul style="list-style-type: none"> <li>Screening covered annually</li> <li>For Medicare beneficiaries who are pregnant, the screening is covered up to three times per pregnancy</li> </ul>
	<b>Lung Cancer Screening with Low Dose Computed Tomography (LDCT)</b>	<ul style="list-style-type: none"> <li>Ages 50–80: Once a year for those who meet criteria</li> <li>Must receive counseling prior to initial screening</li> <li>Requires doctor prescription</li> </ul>
	<b>Medical Nutrition Therapy</b>	<ul style="list-style-type: none"> <li>For those with diabetes or renal disease (but not on dialysis), or within 36 months following a kidney transplant</li> <li>Requires doctor referral</li> </ul>

## SCREENINGS/COUNSELING



### Obesity Screening and Counseling to Promote Sustained Weight Loss

- Behavioral therapy to promote weight loss
- For those with body mass index (BMI) of 30 or greater



### Prostate Cancer Screening

- Ages 50 and older: Once a year



### Screening for Sexually Transmitted Infections (STIs) and Counseling to Prevent STIs

- Screening: Once a year if at increased risk; more often if pregnant
- Counseling: Two face-to-face sessions per year if at increased risk



### Smoking and Tobacco Use Cessation (counseling to stop smoking or tobacco use)

- Covered for all Medicare Advantage beneficiaries who use tobacco
- Up to eight face-to-face visits in a 12-month period for those who meet criteria
- Counseling must be provided by a physician or other Medicare approved provider



### Vision Care (Glaucoma Screening)

- Once a year for those with certain risk factors
- Cost sharing may apply

## IMMUNIZATIONS



### COVID-19

- As recommended by doctor



### Flu (Influenza)

- Once per flu season or more often if medically necessary



### Hepatitis B

- For those at risk, as recommended by doctor



### Pneumonia

- For those at risk, as recommended by doctor

## PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION



### Pre-exposure Prophylaxis of COVID-19 (PEMGARDA\*)

- Authorized for use for preexposure prophylaxis to help prevent COVID-19 in adults and children 12 years of age and older who weigh at least 88 pounds (40 kg) who:
- Are not currently infected with SARS-CoV-2 and who have not been known to be exposed to someone who is infected with SARS-CoV-2 and
  - Have moderate-to-severe immune compromise because of a medical condition or because they receive medicines or treatments that suppress the immune system and they are unlikely to have an adequate response to COVID-19 vaccination.



### PrEP Drugs and Certain Related Services for Prevention of HIV Infection

- Adults at risk for HIV infection, without an HIV diagnosis

\*PEMGARDA is investigational because it is still being studied. There is limited information about the safety and effectiveness of using PEMGARDA for prevention of COVID-19. The FDA has authorized the emergency use of PEMGARDA for preexposure prophylaxis to help prevent COVID-19 under an EUA. For more information on EUA: <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.

Highmark Blue Cross Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal.

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, or Highmark Senior Health Company.

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.

This information is not a complete description of benefits. Call the phone number on the back of your member ID card (TTY users may call 711) for more information.

The preventive schedule lists services required under the Patient Protection and Affordable Care Act of 2012 (PPACA), as amended. The Centers for Medicare & Medicaid Services reviews and updates this schedule annually based on recommendations from the U.S. Preventive Services Task Force, laws and regulations, and updates to clinical guidelines established by national medical organizations.

One prepaid card per service, per member, per calendar year. You can use your card to help you live a healthier lifestyle at grocery stores, supermarkets, drug stores, and pharmacies.

### **Discrimination is Against the Law**

The Plan 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 Plan 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 Plan 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 Plan 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 Plan:

- 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 Plan 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](mailto: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>.

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We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us the number on the back of your ID card (TTY: 711). Someone who speaks English can help you. This is a free service.

Tenemos servicios gratis de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para obtener un intérprete, simplemente llámenos al número que figura en la parte de atrás de su tarjeta de ID (TTY: 711). Alguien que hable español puede ayudarlo. Este servicio es gratis.

我们免费提供口译服务，为您解答有关我们健康计划或药物计划的任何疑问。如需口译服务，只需拨打您 ID 卡背面的电话号码（TTY：711）与我们联系即可。说中文的工作人员可为您提供帮助。此项服务免费。

我們免費提供口譯服務，為您解答有關我們健康計畫或藥物計畫的任何疑問。若要獲得口譯服務，只需撥打您 ID 卡背面的電話號碼（TTY：711）與我們聯絡即可。講漢語的工作人員可為您提供協助。此項服務免費。

Mayroon kaming mga libreng serbisyo ng interpreter para sagutin ang anumang tanong na posibleng mayroon ka tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa numero sa likod ng iyong ID card (TTY:711). May taong nagsasalita ng Tagalog na makakatulong sa iyo. Isa itong libreng serbisyo.

Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous vous posez sur notre régime d'assurance maladie ou d'assurance médicaments. Pour obtenir un interprète, il suffit de nous appeler au numéro figurant au dos de votre carte de membre (Téléscripteur : 711). Une personne parlant français pourra vous aider. Ce service est gratuit.

Chúng tôi cung cấp dịch vụ thông dịch miễn phí để giải đáp mọi thắc mắc của quý vị về chương trình sức khỏe hoặc thuốc của chúng tôi. Để có thông dịch viên, chỉ cần gọi cho chúng tôi theo số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711). Ai đó nói Tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

Wir verfügen über kostenlose Dolmetschdienste, damit Sie alle eventuellen Fragen zu unserer Krankenversicherung oder zur Medikamenten-Zusatzversicherung klären können. Rufen Sie uns hierzu bitte unter der Nummer an, die auf der Rückseite Ihrer Versicherungskarte angegeben ist (TTY:711). Jemand, der Deutsch spricht, wird Ihnen behilflich sein. Dies ist ein kostenloser Service.

لدينا خدمات ترجمة فورية مجانية للإجابة عن أي أسئلة قد تراودك حول خطتنا الصحية أو الدوائية. للحصول على مترجم فوري، فقط اتصل بنا على الرقم الموجود على ظهر بطاقتك التعريفية (الهاتف النصي: 711). ويمكن لشخص يتحدث العربية مساعدتك. هذه خدمة مجانية.

건강 또는 약물 플랜에 대한 귀하의 질문에 답변해 드릴 수 있는 무료 통역 서비스를 제공해 드립니다. 통역사를 구하려면 ID 카드 뒷면에 있는 번호(TTY: 711)로 전화하십시오. 한국어(를) 말할 수 있는 직원이 도와드릴 수 있습니다. 이 서비스는 무료로 제공됩니다.

Мы предоставляем бесплатные услуги устного перевода, чтобы помочь вам получить ответы на любые вопросы, которые могут у вас возникнуть в отношении нашего медицинского плана или плана лекарственных препаратов. Чтобы заказать услуги переводчика, просто позвоните нам по номеру, указанному на обратной стороне вашей ID-карты (TTY:711). Один из наших переводчиков, специализацией которого является русский язык, поможет вам. Эта услуга предоставляется бесплатно.

हमारे पास हमारी स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए मुफ्त दुभाषिया सेवाएँ हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें अपने ID कार्ड के पीछे दिए गए नंबर (TTY:711) पर कॉल करें। हिंदी बोलने वाला कोई व्यक्ति आपकी सहायता कर सकता है। यह एक निःशुल्क सेवा है।

Disponiamo di servizi di interpretariato gratuiti per rispondere a ogni sua domanda riguardo al suo piano sanitario o farmaceutico. Per ottenere l'assistenza di un interprete, ci contatti al numero indicato sul retro della sua tessera identificativa (TTY: 711). Qualcuno che parla italiano la aiuterà. Il servizio è gratuito.

Temos serviços de interpretação gratuitos para esclarecer suas dúvidas sobre nosso plano de saúde ou de medicamentos. Para contar com um intérprete, ligue para o número fornecido para o seu estado de residência. Alguém que fale Português pode ajudar você. Este é um serviço gratuito.

Nou gen sèvis entèpretasyon gratis pou reponn ak nenpòt kesyon ou ta ka genyen sou plan asirans sante oswa medikaman nou an. Pou jwenn yon entèprèt ede w, senpleman rele nimewo ki sou do kat idantite w la (TTY:711). Yon moun ki pale Kreyòl Ayisyen ap ede w. Sèvis sa a gratis.

Dysponujemy darmowymi usługami tłumaczeniowymi, dzięki którym może Pan/Pani uzyskać odpowiedzi na pytania dotyczące naszego planu zdrowia lub leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić pod numer podany z tyłu karty identyfikacyjnej (TTY:711). Ktoś, kto zna język polsku, może Panu/Pani pomóc. Ta usługa jest darmowa.

当院では、無料の通訳サービスを用意し、治療や投薬計画に関するご質問にお答えしています。通訳を手配したい場合は、IDカードの裏に記載されている番号 (TTY:711) までお電話でご連絡ください。日本語話せる者が対応をお手伝いします。サービスは無料でご利用いただけます。