

2024 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	<ul style="list-style-type: none">Once in a lifetime benefit. Must be performed within the first 12 months of signing up for Medicare Part B.
 Annual "Wellness" Visit	<ul style="list-style-type: none">Once a year after enrollment in Part B for more than 12 months






SCREENINGS/COUNSELING

 Abdominal Aortic Aneurysm Screening	<ul style="list-style-type: none">Once in a lifetime benefit for those with certain risk factorsDoctor referral required
 Alcohol Misuse Screening and Counseling	<ul style="list-style-type: none">Once a yearThose 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	<ul style="list-style-type: none">Once every 24 monthsMore often for those meeting medical criteria
 Breast Cancer Screening (Mammograms)	<ul style="list-style-type: none">Ages 35–39: One baseline screeningAges 40 and older: Once a year
 Cardiovascular Disease Risk Reduction Visit (therapy for cardiovascular disease)	<ul style="list-style-type: none">Behavioral therapy to lower risk of cardiovascular diseaseOnce a year
 Cardiovascular Disease Testing (including cholesterol screening)	<ul style="list-style-type: none">Once every five years
 Cervical Cancer with HPV testing	<ul style="list-style-type: none">Ages 30–65: Once every five years





SCREENINGS/COUNSELING

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

SCREENINGS/COUNSELING

	Obesity Screening and Counseling to Promote Sustained Weight Loss	<ul style="list-style-type: none"> Behavioral therapy to promote weight loss For those with body mass index (BMI) of 30 or greater
	Prostate Cancer Screening	<ul style="list-style-type: none"> Ages 50 and older: Once a year
	Screening for Sexually Transmitted Infections (STIs) and Counseling to Prevent STIs	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Once a year for those with certain risk factors Cost sharing may apply

IMMUNIZATIONS

	COVID-19	<ul style="list-style-type: none"> As recommended by doctor
	Flu (Influenza)	<ul style="list-style-type: none"> Once per flu season or more often if medically necessary
	Hepatitis B	<ul style="list-style-type: none"> For those at risk, as recommended by doctor
	Pneumonia	<ul style="list-style-type: none"> For those at risk, as recommended by doctor

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.

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. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. 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, 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).

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).

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).

Geb Acht: Wann du Deitsch schwetzscht, kannscht du en Dolmetscher griege, un iss die Hilf Koschdefrei. Kansch du die Nummer an deinre ID Kard dahinner uffrufe (TTY: 711).

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

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).

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)。

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).

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.

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.

BAA ÁKONÍNÍZIN: Diné k'ehgo yáníłti'go, language assistance services, éí t'áá níík'eh, bee níká a'doowoł, éí bee ná'ahóót'i'. ID bee nééhózingo nanitínígíí bine'déé' (TTY: 711) jį' hodíłnih.

ધ્યાન આપશો: જો તમે ગુજરાતી ભાષા બોલતા હો, તો ભાષા સહાયતા સેવાઓ, મફતમાં તમને ઉપલબ્ધ છે. તમારા ઓળખપત્રના પાછળના ભાગે આવેલા નંબર પર ફોન કરો (TTY: 711).

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

ប្រការចងចាំ ៖ បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដែលអាចផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខដែលមាននៅលើខ្នងកាតសម្គាល់របស់លោកអ្នក (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).

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).

08/23 Z MX2846374