



An Independent Licensee of the Blue Cross and Blue Shield Association

The following preventive services and immunizations **do not** apply to all health plans administered or insured by Credence. Some or all of the contraceptive Methods or prescription drugs listed may not be covered under the plan because of the employer's religious beliefs. To find out if contraceptive methods and prescription drugs are excluded, please contact Customer Service for additional information.

If the preventive services section of your plan's benefit booklet refers you to **CredenceBlue.com**, the preventive services and immunizations listed below will be covered by your plan. However, your group may decide to delay the effective date for coverage until your group's plan year for any new preventive services and immunizations recently added to this list. If your plan covers these services, please be aware that in some cases, routine preventive services and routine immunizations may be billed separately from your office or other facility visit. In that case, the applicable office visit or outpatient facility copayments described in the physician benefits and outpatient hospital benefits sections of your benefit booklet may apply. In any case, applicable office visit or facility copayments may still apply when the primary purpose for your visit is not routine preventive services and/or routine immunizations. **When seeing an out of state provider, please ask the provider to contact Credence to verify the procedure and diagnosis codes that are covered under these preventive services.** If you have any questions about your plan's benefits, you may also call our Customer Service Department at the number on the back of your ID card.

Contact your group benefit administrator for information regarding the effective date of new preventive services and immunization recently added to the list below.

Healthcare Reform Preventive Services	Frequency
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Preventive Services for Adults	
Aspirin Use Counseling for CVD Prevention	Men age 50-59, Women age 13-59 every 5 years
Behavior Counseling to Prevent Skin Cancer	Age 6 months - 24 years (included in E&M and/or preventive office visit)
Blood Pressure Screening	Age 18 and older, one per calendar year (Included as part of an office visit)
Cholesterol Screening	Men age 35 and older (20-35 at risk for CAD), Women age 45 and older (20-45 at risk for CAD) every 5 years
<b>Colorectal Cancer Screening</b>	
Fecal Occult Blood Testing	Age 45-75 , one per calendar year
Sigmoidoscopy	Age 45-75 , every 3 years
Colonoscopy	Age 45-75 , every 10 years
Barium Enema	Age 45-75 , every 5 years
Pre-Screening Consultation	Age 45-75 , every 10 years
FIT-DNA (Cologuard™)	Age 45-75, every 3 years
CT Colonography (Visual Colonoscopy)	Age 45-75, every 5 years
Depression Screening	Age 11 and older, one per calendar year
Diabetes Screening (Type 2)	Age 19 and older, every 3 years
Diet Counseling (Adults with high risk for chronic diseases)	Age 18 and older, 3 hours each calendar year
Fall Prevention Screening	Age 65 and older. Exercise, physical therapy and vitamin D supplementation
Hepatitis B Screening	Age 11 and older, one per calendar year
Hepatitis C Screening	Once per lifetime, as recommended per guidelines

HIV Screening (At Risk and All Pregnant Women)	Men age 11 and older Women age 10 and older
<b>Immunizations</b>	See below for a complete list of covered immunizations
Lung Cancer Screening	Age 50-80, one per calendar year
Obesity Screening and Counseling	Age 6 and older, one per calendar year
Prostate Screening (PSA)	Men age 40 and older, one per calendar year
Psychosocial/Behavioral Assessment	Age Newborn - 21 years, 31 services during age range
Routine Office Visit	One per calendar year
Sexually Transmitted Infection (STI) Prevention Counseling	Men age 11 and older, 3 services in a lifetime Women age 10 and older, one per calendar year
Tobacco Use Counseling	Age 6 and older, 8 per calendar year
Tuberculosis Infection Screening	Age 19 and older (adults at risk), one per calendar year
<b>Preventive Services for Women (Including Pregnant Women)</b>	
Bacteriuria (Pregnant Women)	With pregnancy
BRCA Counseling about genetic testing for women at higher risk	Once in a lifetime
Breast Cancer Chemoprevention Counseling	Once in a lifetime
<b>Breast Cancer Mammography Screenings</b>	Age 35-39, one baseline Age 40 and older, one per calendar year
Breast Cancer Prevention Medication	Age 35 and older, pharmacy only
<b>Breast Feeding</b>	
Behavioral Interventions	Twice per calendar year
Counseling and Support	Age 10 and older, three per year in conjunction with a birth
Supplies - Pumps and Accessories	Age 10 and older, one electric breast pump allowed per pregnancy
Cervical Cancer Screening (Pap Smear)	One per calendar year
Chlamydia Screening	Age 15 and older, one per calendar year
<b>Contraceptive Methods and Counseling</b>	
Counseling	Age 10 and older, one annually
Sterilization	Age 10 and older, one procedure per lifetime
Confirmatory Test	Two per lifetime
Medical Contraceptive	Age 10 and older
Gonorrhea Screening	Age 11 and older, twice per calendar year
Hepatitis B Screening	One per calendar year for pregnant women
HIV Screening (At Risk and All Pregnant Women)	Age 10 and older
HIV Counseling	Age 10 and older, one per calendar year
Human Papillomavirus (HPV) Screening	Age 30 and older, every 3 years
Iron Deficiency Anemia Screening	One per calendar year for pregnant women
Osteoporosis Screening	Age 65 and older, 65 and younger if at risk, once every 2 years
Preconception Visit	Age 10 and older, one visit per calendar year
Prenatal Care	Age 10 and older, up to six visits per calendar year depending on diagnosis and procedure
Preeclampsia Screening	Age 10 and older (included in prenatal office visit)
Prenatal Conference (Pediatrician only)	
Rh Incompatibility Screening (All Pregnant Women)	Twice per calendar year
Screening and Counseling for Interpersonal and Domestic Violence	Age 10 and older, one per calendar year
Screening for Gestational Diabetes	Age 10 and older, two per calendar year

Sexually Transmitted Infection (STI) Prevention Counseling	Age 10 and older, one per calendar year
Syphilis Screening (At Risk and All Pregnant Women)	No frequency limit
Tobacco Use Counseling (Pregnant Women)	Age 10 and older, 8 per calendar year
Well Women Visit	Age 10 and older, up to two visits per calendar year depending on diagnosis and procedure

### Preventive Services for Children

Alcohol and Drug Use Assessments (Adolescents)	Age 11-21, one per calendar year
Behavior Counseling to Prevent Skin Cancer	Age 6 months - 24 years (included in E&M and/or preventive office visit)
Cervical Dysplasia Screening (Pap Smear)	one per calendar year
Congenital Hypothyroidism Screening (Newborns)	Age 2-4 days
Dental Caries Prevention (< age 5)	Age birth - 5 years, 4 per calendar year
Dental Caries Prevention (Preschool Children)	Included in preventive office visit
Developmental Screening (< age 3)	Age 9-30 months, 5 screenings
Developmental Surveillance	Included as part of an office visit
Dyslipidemia	Age 2-10, one every 2 years Age 11-17, one per calendar year Age 18-21, once during age range
Gonorrhea Prevention (eye meds for newborns)	At delivery, included in standard inpatient newborn care
Hearing Screening - Newborns	Age birth - 31 days, once in age range
Hearing Screening	Age 11-21, 3 tests during age range
Height, Weight and BMI Measurements	Included as part of an office visit
Hematocrit or Hemoglobin Screening	Age 4 months - 10 years, 3 services during age range Age 11-21, one per calendar year
Hemoglobinopathies (sickle cell screening for newborns)	Age birth - 31 days
Hepatitis B Screening	Age 11 and older, one per calendar year
HIV Screening (adolescents at high risk)	Males age 11 and older Females age 10 and older
<b>Immunizations</b>	See below for a complete list of covered immunizations

Lead Screening	Age 6 months - 6 years, 3 services during age range
Maternal Depression Screening	Age birth - 6 months, 4 services during age range
Metabolic Hemoglobin Screening - Newborns	Age birth - 2 months, once in age range
Obesity Screening and Counseling	Age 6 and older, one per calendar year
Oral Health Risk Assessment	Age 6 months - 6 years, 3 services during age range
Routine Newborn Care (in hospital)	Included in standard inpatient newborn care
Phenylketonuria (PKU - for newborns)	Age 2-14 days, 2 services during age range
Psychosocial/Behavioral Assessment	Age Newborn - 21 years, 31 services during age range
Routine Office Visit	9 visits first two years of life Age 2, two visits per birth year Age 3-6, one each year (based on birth year) Age 7 and older, one visit per calendar year
Sexually Transmitted Infections Counseling (STI - adolescents at high risk)	Age 10 and older, one per calendar year
Sexually Transmitted Infections Screening (STI - adolescents at high risk)	Age 11 - 21, no frequency
Tuberculin Testing	Age 1 month - 21 years, 6 services during age range

Vision Screening (Visual Acuity)

Birth - 10 years, 8 services in age range

Age 11-21, 4 services in age range

### Immunizations\*

For recommendations and guidelines regarding the following immunizations, go to [www.cdc.gov/vaccines/recs/schedules](http://www.cdc.gov/vaccines/recs/schedules)  
(immunizations must be given by a network provider who is authorized by your plan to provide these services)

Adult Tetanus and Diphtheria Toxoids - Absorbed (Td)

Diphtheria Toxoid

Diphtheria, Tetanus (DT)

Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hemophilus Influenza Type B, and Poliovirus Vaccine, Inactivated (DTaP-Hib-IPV)

Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B, and Poliovirus Vaccine, Inactivated (DTaP-HepB-IPV)

Diphtheria, Tetanus, Acellular Pertussis (Dtap)

Diphtheria, Tetanus, Acellular Pertussis and Hemophilus Influenza B Vaccine (DTaP-Hib)

Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine and Poliovirus Vaccine, Inactivated (Dtap-IPV)

Hemophilus Influenza B Vaccine (HIB)

Hepatitis A

Hepatitis A and B

Hepatitis B and Hemophilus Influenza B Vaccine - Active Immunization (HepB - Hib)

Hepatitis B Vaccine - Active Immunizations (HepB)

Human Papilloma Virus (HPV) Vaccine

Influenza Virus Vaccine

Measles Virus Vaccine - Live

Measles, Mumps and Rubella Vaccine (MMR)

Measles, Mumps, Rubella, and Varicella Vaccine (MMRV)

Meningococcal Conjugate Vaccine

Meningococcal Serogroup B Vaccine

Mumps Virus Vaccine - Live

Pneumococcal Conjugate (PCV) /Pneumococcal Polysaccharide Vaccine

Poliomyelitis Vaccine (IPV)

Rotavirus Vaccine

Rubella Virus Vaccine

Tetanus Toxoid

Tetanus, Diphtheria, Acellular Pertussis (Tdap)

Varicella (Chicken Pox) Vaccine

Zoster (Shingles) Vaccine

**\* Before getting one of the above immunizations at a pharmacy, ask the pharmacist if your pharmacy benefit will cover the immunizations at no cost to you. Otherwise, to receive the immunization at 100% and no cost sharing you will need to go to an in-network physician.**

**Women's Health and Cancer Rights Act Information: A member who is receiving benefits in connection with a mastectomy will also receive coverage for reconstruction of the breast on which a mastectomy was performed and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and treatment of physical complications at all stages of the mastectomy, including lymphedema. Benefits for this treatment will be subject to the same calendar year deductible and coinsurance provisions that apply for other medical and surgical benefits.**

**Benefits for mammograms vary depending upon the reason the procedure is performed and the way in which the provider files the claim:**

- If the mammogram is performed in connection with the diagnosis or treatment of a medical condition, and if the provider properly files the claim with this information, we will process the claim as a diagnostic procedure according to the benefit provisions of the plan dealing with diagnostic X-rays.**
- If you are at high risk of developing breast cancer or you have a family history of breast cancer within the meaning of our medical guidelines – and if the provider properly files the claim with this information, we will process the claim as a diagnostic procedure according to the benefit provisions of the plan dealing with diagnostic X-rays.**
- In all other cases the claim will be subject to the provisions and limitations described within your booklet, including the section called Physician Preventive Benefits.**



