

The following preventive services and immunizations **do not** apply to all health plans administered or insured by Blue Cross and Blue Shield of Alabama.

If the preventive services section of your plan's benefit booklet refers you to [www.bcsal.com/preventiveservices](http://www.bcsal.com/preventiveservices), 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 a provider outside the state of Alabama, please ask the provider to contact Blue Cross and Blue Shield of Alabama 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
<b>Preventive Services for Adults</b>	
Abdominal Aortic Aneurysm Screening	Age 65-75 one screening per lifetime (men only with any history of smoking)
Alcohol Misuse Screening	One per calendar year
Aspirin Use Counseling for CVD Prevention	Men age 45-79, Women age 55-79 every 5 years
Blood Pressure Screening	Age 18 and older (Usually included in the 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
Colorectal Cancer Screening	Beginning at age 50 and continuing to age 75 Fecal occult blood testing - One per calendar year Sigmoidoscopy - every 3 years Colonoscopy - every 10 years Barium Enema - every 5 years
Depression Screening	Age 12 and older, one per calendar year
Diabetes Screening (Type 2 for adults with high blood pressure)	Age 19 and older every 3 years
Diet Counseling (Adults with high risk for chronic diseases)	Age 19 and older, 3 services each calendar year
HIV Screening (At Risk and All Pregnant Women)	Age 11 and older
<b>Immunizations</b>	See below for a complete list of covered immunizations
Obesity Screening and Counseling	Age 19 and older, one per calendar year
Routine Office Visit	One per calendar year
Sexually Transmitted Infection (STI) Prevention Counseling	Age 11 and older, 3 services in a lifetime
Tobacco Use Screening and Cessation	Age 19 and older, one per calendar year
Prostate Screening (PSA)	Men age 40 and older, one per calendar year

Healthcare Reform Preventive Services	Frequency
<b>Preventive Services for Women (Including Pregnant Women)</b>	
Anemia Screening (Routine basis for pregnant women)	One per calendar year
Bacteriuria (pregnant women)	
BRCA Counseling about genetic testing for women at higher risk	Once in a lifetime
Breast Cancer Mammography Screenings	Age 35-39, one baseline), 40 and older, one per calendar year
Breast Cancer Chemoprevention Counseling	Once in a lifetime
Breast Feeding Interventions	Twice per calendar year
Cervical Cancer Screening (Pap Smear)	One per calendar year
Chlamydia Screening	Age 15-24, one per calendar year
Folic Acid Supplements	
Gonorrhea Screening	Age 11 and older, twice per calendar year
Hepatitis B Screening	One per calendar year for pregnant women
Osteoporosis Screening	Age 65 and older, 65 and younger if at risk, once every 2 years
Rh Incompatibility Screening (all pregnant women)	Twice per calendar year
Tobacco Use Screening and Interventions	Age 19 and older, one per calendar year
Syphilis Screening (At Risk and All Pregnant Women)	
Human Papillomavirus (HPV) Screening	Age 30 and older, every 3 years
Prenatal Conference (Pediatrician only)	
<b>Additional Women's Preventive Services (Including Pregnant Women)</b>	
Well Women Visit	Age 10 and older, up to three visits per calendar year depending on diagnosis and procedure
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
Screening for Gestational Diabetes	Age 10 and older, two per calendar year
HIV Counseling	Age 10 and older, one per calendar year
<b>Contraceptive Methods and Counseling</b>	
Counseling	Age 10 and older, one per calendar year
Sterilization	Female only ages 10 and older, one procedure per lifetime
Confirmatory Test	Two per lifetime
Medical Contraceptive	Age 10 and older
Pharmacy Contraceptive Methods	Age 10 and older, generic or preferred when generic is not available
<b>Breast Feeding</b>	
Counseling and Support	Age 10 and older, three per year in conjunction with a birth
Supplies - Pumps and Accessories	Age 10 and older, rental only
Screening and Counseling for Interpersonal and Domestic Violence	Age 10 and older, one per calendar year
<b>Preventive Services for Children</b>	
Alcohol and Drug Use Assessments (adolescents)	Age 11-21, one per calendar year
Behavioral Assessments	
Cervical Dysplasia Screening (Pap Smear)	Age 11-21, one per calendar year
Congenital Hypothyroidism (newborns)	Age 2-4 days
Developmental Screening (< age 3)	Age 9-30 months, 4 screenings

Healthcare Reform Preventive Services	Frequency
Dyslipidemia	Age 2-10, one every 2 years; Age 11-17, one per calendar year; Age 18-21, once during age range
Fluoride Chemoprevention	Age 6 months - 6 years, 3 assessments in age range
Gonorrhea Prevention (eye meds for newborns)	
Hearing Screening - Newborns	Age birth - 31 days, once in age range
Hearing Screening	Age 2 months- 10 years, 8 tests during age range; Age 11-21, 2 test during age range
Height, Weight and BMI Measurements	Usually included with 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
HIV Screening (adolescents at high risk)	Age 11 and older <b>Effective August 1, 2012 females beginning age 10, Males beginning age 11</b>
<b>Immunizations</b>	See below for a complete list of covered immunizations
Iron Supplements (Deficiency Screening)	At risk 6 to 12 month old babies
Lead Screening	Age 6 months - 6 years, 3 services during age range
Metabolic Hemoglobin Screening - Newborns	Age birth -2 months, once in age range
Obesity Screening and Counseling	Age 6-18 one per calendar year
Oral Health Risk Assessment	Age 6 months - 6 years, 3 services during age range
Routine Newborn Care (in hospital)	
Phenylketonuria (PKU - for newborns)	2 in a lifetime
Routine Office Visit	9 visits first two years of life, one visit per year age 2-6 years (based on birth year); Age 7 and older, one visit per calendar year
Sexually Transmitted Infections counseling (STI - adolescents at high risk)	Age 11 and older, 3 services in a lifetime <b>Effective August 1, 2012 females beginning age 10, Males beginning age 11</b>
Sexually Transmitted Infections Screening (STI - adolescents at high risk)	Age 11 - 21, no frequency
Tuberculin Testing	Age 1 month - 2 years, a maximum of 6 services (IF NEEDED) 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)

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)	

Healthcare Reform Preventive Services	Frequency
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 (types 16 and 18); Cervarix® (HPV)	
Human Papilloma Virus (types 6, 11, 16 and 18); Gardasil® (HPV)	
Influenza Virus Vaccine	FluMist is included as a covered influenza virus vaccine (Coverage is limited based on the specific FDA labeling)
Measles Virus Vaccine - Live	
Measles, Mumps and Rubella Vaccine (MMR)	
Measles, Mumps, Rubella, and Varicella Vaccine (MMRV)	
Meningococcal Conjugate Vaccine	
Meningococcal Polysaccharide 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.**