Pediatric Preventive Care includes the following:

1. **Physical Examination, Routine History, Routine Diagnostic Tests.** Well baby care, which generally includes a medical history, height and weight measurement, physical examination and counseling, is limited to Covered Persons under eighteen (18) years of age in accordance with the schedule shown below. When a range is given (i.e., 2-3 months), the dash indicates that coverage is available for one service from two (2) months through three (3) months of age.

   Twenty-six (26) examinations up to age seventeen (17) according to each of the following age groupings:
   - Eleven (11) exams between the ages of 0-30 months within the following age ranges:
     - 3-5 days
     - 0-1 month
     - 2-3 months
     - 4-5 months
     - 6-8 months
     - 9-11 months
     - 12-14 months
     - 15-17 months
     - 18-24 months
     - 24-29 months
     - 30 months
   - One (1) exam every calendar year between three (3) and seventeen (17) years of age

2. **Blood Lead Screening.** This blood test detects elevated lead levels in the blood. Children are covered for:
   - One (1) test between 9-12 months of age
   - One (1) test at twenty-four (24) months of age

3. **Hemoglobin/Hematocrit.** This blood test measures the size, shape, number and content of red blood cells. Children are covered for:
   - One (1) test between 0-12 months of age
   - One (1) test between one (1) and four (4) years of age
   - One (1) test between five (5) and twelve (12) years of age
   - One (1) test between thirteen (13) and seventeen (17) years of age

4. **Rubella Titer Test.** The rubella titer blood test checks for the presence of rubella antibodies.

5. **Urinalysis.** This test detects numerous abnormalities. Children are covered for:
   - One (1) test every 365 days between 0-24 months of age
   - One (1) test every calendar year between two (2) and seventeen (17) years of age
**Immunizations**

Coverage will be provided for pediatric and adult immunizations (except those required for employment or travel), including the immunizing agents, which conform to the standards of the Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control, U.S. Department of Health and Human Services. Pediatric and adult immunization ACIP schedules may be found by accessing the following link: [http://www.cdc.gov/vaccines/recs/schedules/default.htm](http://www.cdc.gov/vaccines/recs/schedules/default.htm)

The benefits for these pediatric immunizations are limited to Covered Persons under twenty-one (21) years of age.

**Adult Preventive Care**

1. **Physical Examination, Routine History.** Well person care, which generally includes a medical history, height and weight measurement, physical examination and counseling, plus necessary Diagnostic Services, is limited to Covered Persons eighteen (18) years of age or older in accordance with the following schedule:

   - One (1) examination every calendar year at eighteen (18), nineteen (19), twenty (20), and twenty-one (21) years of age
   - One (1) examination every two (2) calendar years between twenty-two (22) and thirty-nine (39) years of age
   - One (1) examination every calendar year, beginning at forty (40) years of age

2. **Blood Cholesterol Test.** This blood test measures the total serum cholesterol level. High blood cholesterol is one of the risk factors that leads to coronary artery disease.

   - One (1) test every four (4) calendar years between eighteen (18) and thirty-nine (39) years of age
   - One (1) examination every calendar year, beginning at forty (40) years of age

3. **Complete Blood Count (CBC).** This blood test checks the red and white blood cell levels, hemoglobin and hematocrit.

   - One (1) test every calendar year at eighteen (18), nineteen (19), twenty (20), and twenty-one (21) years of age
   - One (1) examination every two (2) calendar years between twenty-two (22) and thirty-nine (39) years of age
   - One (1) test every calendar year, beginning at forty (40) years of age

4. **Fecal Occult Blood Test.** This test checks for the presence of blood in the feces which is an early indicator of colorectal cancer.

   - One (1) test every year
5. **Flexible Sigmoidoscopy.** This test detects colorectal cancer by use of a flexible fiber optic sigmoidoscope.

   • One (1) test every three (3) calendar years, beginning at fifty (50) years of age

6. **Prostate Specific Antigen (PSA).** This blood test may be used to detect tumors of the prostate.

   • One (1) test every calendar year, beginning at fifty (50) years of age

7. **Routine Colonoscopy.** This test detects colorectal cancer by use of a flexible fiber optic colonoscope.

   • One (1) test every ten (10) calendar years, beginning at fifty (50) years of age

8. **Rubella Titer Test.** The rubella titer blood test checks for the presence of rubella antibodies.

9. **Thyroid Function Test.** This test detects hyperthyroidism and hypothyroidism.

   • One (1) series of tests every calendar year, beginning at eighteen (18) years of age

10. **Urinalysis.** This test detects numerous abnormalities.

    • One (1) test every calendar year, beginning at eighteen (18) years of age

11. **Fasting Blood Glucose Test.** This test is used for detection of diabetes

    • One (1) test every three (3) years, beginning at age forty-five (45).

12. **Abdominal Aortic Aneurysm screening.** One (1) test per lifetime is recommended for men with a smoking history.

    • One (1) ultrasound for men between sixty-five (65) and seventy-five (75) years of age.

**Routine Gynecological Examination, Pap Smear**

Female Covered Persons are covered for one (1) routine gynecological examination each calendar year, including a pelvic examination and clinical breast examination; and routine Pap smears in accordance with the recommendations of the American College of Obstetricians and Gynecologists.

**Mammograms**

Coverage will be provided for screening and diagnostic mammograms. Benefits for mammography are payable only if performed by a qualified mammography service provider who is properly certified by the appropriate state or federal agency in accordance with the Mammography Quality Assurance Act of 1992. Calendar year, beginning at forty (40) years of age.
Osteoporosis Screening (Bone Mineral Density Testing or BMDT)

Coverage is provided for Bone Mineral Density Testing using a U.S. Food and Drug Administration approved method. This test determines the amount of mineral in a specific area of the bone. It is used to measure bone strength which is the aggregate of bone density and bone quality. Bone quality refers to architecture, turnover and mineralization of bone. The BMDT must be prescribed by a Professional Provider legally authorized to prescribe such items under law.

- One screening test every two calendar years beginning at age 65

Nutrition Counseling for Weight Management

Coverage will be provided for any Covered Person for nutrition counseling visits in an office setting for the purpose of weight management, up to the Maximum visit limit as specified in the Schedule of Covered Services.

Allergy Injections

Benefits are provided for allergy extracts and allergy injections.