



Preventive Health Care Guidelines

No-cost preventive care to help you be your healthiest

 Priority Health

Good health starts with you.

Preventive care basics

03

Your introduction to preventive care

04

Defining preventive health care services and non-preventive services

05

More on which plans include preventive care and where to find costs and more details

Preventive care guidelines

07

Preventive care for children

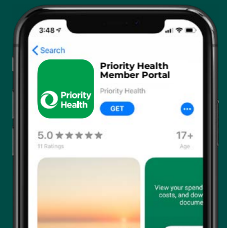
10

Preventive care for men and women

14

Preventive care for women 18+ and pregnant women

Download the Priority Health app for **access to your health information** anytime, anywhere.



Finding and preventing health problems before they start.

Your health matters, and being in good health takes more than just receiving quality medical care when you need it. That's why Priority Health includes preventive health care services like well-child visits, flu shots and routine physical exams in your plan at no cost to you.

We help you manage preventive care with reminders such as letters, emails and even alerts in your Priority Health member account.



What are preventive health care services?

Preventive health care services help you avoid potential health problems, or find them early when they are most treatable, before you feel sick or have symptoms. We pay in full for the preventive care services listed in your plan benefits.

No-cost preventive care includes:

- ✓ Immunizations or vaccines like flu shots
- ✓ Annual physical exams
- ✓ Some lab tests
- ✓ Some prescriptions

| | PREVENTIVE CARE | NON-PREVENTIVE (ALSO CALLED DIAGNOSTIC) |
|--------------------|---|--|
| Reason for service | To prevent health problems. You may have no symptoms. | You have a symptom, or you're being checked because of a known health issue. |
| What you'll pay | \$0 | Your deductible, copayments and coinsurance may apply. |

Keep in mind

- You need to receive preventive care services from an in-network provider for us to pay for them in full.
- If you're feeling sick or having symptoms when you receive services, they're not considered preventive care, and you'll have to pay your share of the costs.
- Additional tests aren't preventive if a preventive checkup or screening finds a potential health problem and the doctor sends you for more tests. You'll need to pay your portion of the costs for these additional tests.

Here's an example:

You schedule your annual preventive checkup with your doctor. While you're there, the doctor does a routine exam, several preventive screenings and gives you a flu shot. We pay for all these services in full, and your portion of the cost is \$0.

However, the doctor hears something irregular while listening to your breathing and sends you to get a chest x-ray. Your provider will bill you for your share of the cost of the chest x-ray. The x-ray is a covered benefit, but you will share the costs of the x-ray with your health plan.

A medical service is non-preventive (also called diagnostic).

- If you have a chronic disease like diabetes, your doctor may monitor your condition with tests. Because the tests manage your condition, they are not considered preventive care, and you'll have to pay your portion of the cost.
- If you have a preventive screening and a health problem shows up, your doctor may order follow-up tests. In this case, the tests are non-preventive.
- If your doctor orders follow-up tests based on symptoms you're having, like a stomachache, these tests are non-preventive.

Talk to your doctor.

During your yearly visit, be sure to discuss the procedures and medications your doctor is recommending so that you understand what is preventive versus non-preventive.

Only services identified in this document are considered preventive and will be paid for in full by your health plan. If your provider indicates a service is preventive, refer to these guidelines to confirm your portion of the cost is \$0. If you have questions, call the Customer Service number on the back of your member ID card.

Preventing disease before it starts is critical to helping people live longer, healthier lives and keeping health care costs down. Preventive services can also help those with early stages of disease keep from getting sicker.

Source: Centers for Disease Control and Prevention (CDC). For more information about the CDC, visit [cdc.gov](https://www.cdc.gov).

Here are some common examples of preventive and non-preventive services:

| SERVICE | PREVENTIVE (included at no cost) | NON-PREVENTIVE (you'll pay a portion of the cost) |
|---|--|--|
| Breast cancer screening | You have no symptoms, and you have a mammogram or digital breast tomosynthesis based only on your age or family history. | You're having a health problem like pain, or you feel a lump. |
| Colon cancer screening | Your doctor wants to screen for signs of colon cancer based on your age or family history. If a polyp is found and removed during your preventive colonoscopy, the colonoscopy and polyp removal are preventive. If the polyp is sent for lab testing, the testing is considered preventive. | You're having a health problem, like bleeding or irregularity. |
| Complete blood count (CBC) | Not a preventive service | Considered non-preventive because studies show there's no need for this test unless you have symptoms. |
| Diabetes screening | A blood glucose test is used to detect problems with your blood sugar, even though you have no symptoms. | You're diagnosed with diabetes, and your doctor checks your A1c. |
| Metabolic panel | Not a preventive service | Considered non-preventive because studies show that a metabolic panel isn't the best test for detecting or preventing illnesses. |
| Osteoporosis screening | Your doctor recommends a bone density test based on your age or family history. | You've had a health problem, or your doctor wants to determine the success of a treatment. |
| Prostate-specific antigen (PSA) test | Not a preventive service | Considered non-preventive because national guidelines do not recommend this test as it gives many false results. ¹ |
| Urinalysis | Not a preventive service | Considered non-preventive because national guidelines say there's no need for this test unless you have symptoms. |

¹Men ages 55–69 should have a conversation with their provider regarding prostate cancer screening. The test is not recommended for men over the age of 70. You may be responsible for a portion or all of the costs of the test.

Preventive care is included in most plans at no cost.

Most Priority Health plans include preventive care at no cost to our members. There are a few plans that do not include preventive care or have special guidelines:

- If you purchased a My**Priority** short-term plan, your plan does not include preventive care.
- If you have a grandfathered plan, which is typically an employer sponsored plan that hasn't changed since 2010, preventive care may be excluded, or there may be specific costs for certain services. Ask your employer if your plan is a "grandfathered plan" as defined by the Affordable Care Act.
- Some employers may exclude contraceptives from their health plans. Contact your employer or call Customer Service at the number on the back of your member ID card for more information.

Where can you look for your preventive care details?

- Review your health plan documents in your member account for a full list of preventive care services. If you don't see your documents, contact your employer for a copy.
- Get your questions answered, or a copy of your guidelines, by calling our Customer Service team at the number on the back of your member ID card. You can also log in at **priorityhealth.com** to send us a message.
- Check your guidelines online throughout the year as they may change based on research and recommendations. You can see your most up-to-date list of preventive health care services by visiting **priorityhealth.com/preventive**.



Know your costs

Cost and coverage go hand in hand, which is why the Coverage Check tool in your member account is so useful. Coverage Check makes it easy to search for which prescriptions, procedures and in-network providers are covered under your plan and shows you a cost estimate so you can compare prices.

Simply type in a prescription name (e.g., Tresiba®), a type of procedure (e.g., MRI) or a provider's first or last name to see what's covered under your plan and how much you can expect to pay.



Guidelines

The preventive health care services listed in these pages are recommended for you and your family by the U.S. Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP), Health Resources and Services Administration and the latest medical research from organizations like the American Medical Association.



Preventive care for
Children 0-18

Immunizations

| VACCINE | RECOMMENDATION |
|--|--|
| Chickenpox (varicella) | 1 dose between 12–15 months old. Second dose between 4–6 years old. For kids 14 and older with no history of the vaccination or disease, 2 doses 4–8 weeks apart. |
| COVID-19 | Primary doses and booster doses covered. Refer to CDC guidance to determine vaccine frequency and age eligibility for persons under 18. |
| Diphtheria, tetanus, whooping cough (pertussis) | 1 dose of DTap (Diphtheria, Tetanus, Pertussis) at 2, 4, 6 and 18 months old. 1 dose of Tdap (Tetanus, Diphtheria, Pertussis) between 11 and 12 years with a Td (Tetanus, Diphtheria) booster every 10 years after. Those older than 7 years and not previously immunized can get a single dose of Tdap. |
| Flu (influenza) | 2 doses 4 weeks apart for healthy children between 6 months and 8 years the first time they get the vaccine. After age 2, children who've previously had the flu shot can receive 1 dose annually. |
| Haemophilus influenzae type b | 1 dose at 2, 4 and 6 months and once between 12–18 months old. |
| Hepatitis A | 2 doses at least 6 months apart between 12–23 months old. For children not previously immunized, 2 doses can be given at least 6 months apart at your doctor's discretion. |
| Hepatitis B | 1 dose to all newborns before leaving the hospital, a second dose between 1–2 months and a third dose between 6–18 months. May begin between 2–18 years old if not immunized as a baby. |
| HPV (human papillomavirus) | 2 doses over a 24-week period starting at age 11. Your doctor may give the vaccine as early as age 9 if your child is at high risk. |
| Measles, mumps, rubella (MMR) | 1 dose between 12–15 months and a second between 4–6 years. Can be given to older children if no history of vaccination, or the disease. |
| Meningitis (meningococcal) | 1 dose between 11–12 years, with another dose at 16 years. If the first dose is done between 13–15 years, then give the second dose between 16–18 years. Doctors may give vaccine as early as age 2 if your child is at high risk. |
| Pneumonia (Pneumococcal) | 1 dose at 2, 4 and 6 months and again at 12 to 15 months. Children over age 2 can get a single dose if not previously immunized. Children with an underlying medical condition can receive an additional dose. Children at high risk can be vaccinated after age 7. |
| Polio | 1 dose at 2 and 4 months and between 6–18 months (3 doses total). Then 1 dose between 4–6 years old. |
| Respiratory syncytial virus (RSV) | 1 dose monoclonal antibody for infants aged <8 months born during or entering their first RSV season and for infants and children aged 8–19 months who are at increased risk of severe RSV disease entering their second RSV season. |
| Rotavirus | Minimum age is 6 weeks. If using Rotarix, 2-dose series recommended at 2 and 4 months old. If using RotaTeq or unknown, default to a 3-dose series at 2, 4 and 6 months old. |

Physical exams (well-child visits)

| AGE | RECOMMENDATION |
|--------------------|--|
| Newborn | 1 visit 3–5 days after discharge |
| 0–2 years | 1 visit at 2, 4, 6, 9, 12, 15, 18 and 24 months |
| 3–6 years | 1 visit at 30 months and 1 visit every year for ages 3–6 |
| 7–10 years | 1 visit every 1–2 years |
| 11–18 years | 1 visit every year |

Doctor visits and tests

| ASSESSMENTS, SCREENINGS AND COUNSELING | RECOMMENDATION |
|---|---|
| Alcohol and drug use assessment | Ages 11–18 during each visit. Counseling to those at risk. |
| Anticipatory guidelines as defined by Bright Futures | At your doctor's discretion for all children throughout their development |
| Anxiety screening | Children and adolescents aged 8–18 years |
| Autism screening | At 18 and 24 months |
| Blood pressure | Every year starting at age 3 |
| Congenital hypothyroidism screening | Once at birth |
| Cavity prevention | Doctors should apply fluoride varnish to teeth for children up to age 5. (Not a dental benefit.) |
| Depression screening and behavioral assessments | At your doctor's discretion for children of all ages |
| Depression and suicide risk | Screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years |
| Developmental screening | At 9 and 18 months old and with checkups throughout development |
| Dyslipidemia screening | Assess risk at 2, 4, 6, 8 and 10 years old, then every year through age 18. Routine lab testing is not recommended but may be done for children at high risk. |
| Gonorrhea preventive medication | Once at birth |

Doctor visits and tests, *continued*

| ASSESSMENTS, SCREENINGS AND COUNSELING | RECOMMENDATION |
|--|---|
| Hearing loss screening | All newborns and at ages 3, 4, 5, 6, 8, 10, 12, 15 and 18 years |
| Height, weight and body mass percentile | Height and weight at each visit up to age 2. After age 2, body mass percentile. |
| Hematocrit or hemoglobin screening | Once at 12 months, once between ages 11–18 and once every year for menstruating adolescents |
| Hepatitis B screening | Adolescents at high risk |
| HIV screening | Start at age 15. Screening for children under 15, if they're at high risk. Risk assessment and prevention education beginning at age 13 and continuing as determined by risk. |
| Lead screening | At 12 and 24 months for children at high risk. Risk assessment for lead exposure between 6–12 months old, 24 months and between 2–6 years. |
| Medical history | At each well-child visit |
| Newborn screenings as identified by the U.S. Health Resources and Services Administration | Once at birth |
| Obesity screening, and physical activity and nutrition counseling | At your doctor's discretion starting at age 6 |
| Oral health risk assessment | At 12, 18, 24 and 30 months old, and 3 and 6 years old |
| Sexually transmitted infection (STI) prevention, screening and counseling | At your doctor's discretion for all sexually active adolescents. Screening for syphilis infection in non-pregnant adolescents who are at increased risk for infection. |
| Skin cancer prevention counseling | Fair-skinned children and adolescents ages 6 months to 24 years old should receive counseling to minimize exposure to UV radiation |
| Tobacco-use screening and counseling | During each visit. Includes cessation interventions for tobacco users and expanded counseling for pregnant tobacco users. |
| Tuberculosis (TB) testing | At your doctor's discretion for children at high risk |
| Vision screening | At ages 3, 4, 5, 6, 8, 10, 12, 15 and 18 years |

Drugs *Prescription required*

| PRESCRIPTION | RECOMMENDATION |
|----------------------------------|--|
| Iron supplements | Children ages 6–12 months at risk for iron deficiency |
| Oral fluoride supplements | Children 6 months through age 5 without fluoride in their water source |



Preventive care for

Adult men and women

Immunizations *Doses, ages and recommendations vary.*

| VACCINE | RECOMMENDATION |
|---|--|
| Chickenpox (varicella) | 2 doses 4 weeks apart for those with no history of the vaccination or disease |
| COVID-19 | When available, will be covered in full in accordance with national guidelines. Refer to CDC guidance to determine vaccine frequency. |
| Flu (influenza) | 1 dose every year |
| Haemophilus influenzae type B | Adults at high risk |
| Hepatitis A | 2 or 3 doses depending on vaccine for those at risk |
| Hepatitis B | 2 or 3 doses depending on vaccine |
| HPV (human papillomavirus) | 2 or 3 doses depending on age at initial vaccination or medical condition |
| Measles, mumps, rubella (MMR) | 1 dose if no evidence of immunity |
| Meningitis (meningococcal) | 1–3 doses as indicated by vaccination history and medical conditions |
| Pneumonia (Pneumococcal) | 0–2 doses based on age and medical conditions |
| Respiratory syncytial virus (RSV) | 1 dose for adults age 60 years and older |
| Shingles (herpes zoster) | Up to 2 doses depending on age and medical conditions |
| Tetanus, diphtheria and whooping cough (pertussis) | 1 dose with pertussis vaccine, followed by tetanus vaccine every 10 years. Pregnancy and certain medical conditions can modify the schedule. |

Physical exams

| AGE | RECOMMENDATION |
|---------------------|---|
| 19–21 years | Once every 2–3 years; annually if desired |
| 22–64 years | Once every 1–3 years |
| 65 and older | Once every year |

Doctor visits and tests

| ASSESSMENTS, SCREENINGS AND COUNSELING | RECOMMENDATION |
|---|---|
| Abdominal aortic aneurysm screening | Once for men ages 65–75 with a history of smoking |
| Advance care planning | During physical exam. We recommend you choose someone to speak on your behalf. Tell them your health wishes and then document your wishes in an advance directive. |
| Alcohol misuse and unhealthy drug use screening and counseling | During physical exam |
| Anxiety screening | During physical exam |
| Blood pressure screening | During physical exam |
| Breast cancer screening | Women: Digital breast tomosynthesis (DBT) or mammogram included in plan once every 2 years for women ages 40–74. Begin at age 30 for those at high risk. Men and women: At doctor's discretion based on risk factors. |
| Cardiovascular disease counseling (CVD) | Healthy diet and physical activity counseling to prevent cardiovascular disease among adults with risk factors for CVD |
| Cholesterol test | A fasting test (total cholesterol, LDL, HDL and triglyceride) once every 5 years |

Doctor visits and tests, *continued*

| ASSESSMENTS, SCREENINGS AND COUNSELING | RECOMMENDATION |
|---|--|
| Colon cancer screening | <p>For those ages 45–75, one of the following screenings:</p> <ul style="list-style-type: none"> High-sensitivity guaiac fecal occult blood test (HSgFOBT) or fecal immunochemical test (FIT) every year Stool DNA-FIT every 1 to 3 years Computed tomography colonography every 5 years Flexible sigmoidoscopy every 5 years Flexible sigmoidoscopy every 10 years + FIT every year Colonoscopy screening every 10 years <p>We recommend a colonoscopy because it looks at the entire colon. Those with a family history (first-degree relative) of colorectal cancer or adenomatous polyps should begin screening at age 40 or 10 years before the youngest case in the immediate family with a colonoscopy every 5 years.</p> |
| Depression screening | During physical exam |
| Diabetes Prevention Program | Adults at risk of diabetes (based on BMI and blood test or based on the CDC at-risk questionnaire) can join the Diabetes Prevention Program for education on diet, physical activity and weight loss. For more information, visit priorityhealth.com/prevent-diabetes . |
| Diabetes screening | For those with a sustained blood pressure greater than 135/80 with hypertension or hyperlipidemia, or for adults age 35–70 who are overweight or obese |
| Diet counseling | At your doctor's discretion, if you're at high risk for heart and diet-related chronic diseases |
| Fall prevention | Exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls |
| Height, weight and body mass index (BMI) | During physical exam |
| Hepatitis B screening | Adults at high risk |
| Hepatitis C screening | Adults at high risk and a one-time screening for adults ages 18–79 |

| ASSESSMENTS, SCREENINGS AND COUNSELING | RECOMMENDATION |
|--|---|
| HIV screening | All adults up to age 65. Screen older adults if at high risk. |
| Lung cancer screening | Annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. |
| Medical history | During physical exam |
| Obesity screening and counseling | All adults during physical exam |
| Preventive guidance for family and intimate partner violence, breast self-exam, menopause counseling, safety, falls and injury prevention | At doctor's discretion |
| Sexually transmitted infection (STI) counseling and screening | Annual screening and counseling for chlamydia, gonorrhea and syphilis for adults who are at high risk |
| Skin cancer prevention counseling | Fair-skinned adults up to 24 years old should receive counseling to minimize exposure to UV radiation |
| Tobacco-use screening and counseling | At each visit. Includes cessation counseling and interventions (see tobacco cessation products in the “Drugs” section). Expanded counseling for pregnant women. |
| Tuberculosis (TB) testing | At your doctor's discretion, if you're at high risk |

Drugs *Prescription required*

| PRESCRIPTION | RECOMMENDATION |
|--|--|
| Statin therapy to prevent heart disease | For adults ages 40–75 years with no history of cardiovascular disease (CVD) who have one or more CVD risk factors and a calculated 10-year CVD event of 10% or greater |
| Tobacco-cessation products | Nicotine replacement or tobacco-cessation products are covered for up to 3 months. Coverage is continued for an additional 3 months if you have successfully quit smoking (a maximum of 6 months per calendar year). |
| Pre-exposure prophylaxis (PrEP) | Pre-exposure prophylaxis (or PrEP) is taken to prevent getting HIV. PrEP can stop HIV from taking hold and spreading throughout your body. PrEP is available as a daily pill or an injection given every other month. Routine HIV testing is covered in full for adults taking PrEP for prevention of HIV. Speak with your provider to determine if it is right for you. |





Preventive care for

Women 18+ and pregnant women

Doctor visits and tests

| ASSESSMENTS, SCREENINGS AND COUNSELING | RECOMMENDATION |
|---|--|
| Anxiety screening | Screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum |
| BRCA risk assessment and genetic counseling/testing | Risk assessments for women with a family history of breast, ovarian, tubal or peritoneal cancer. Women who test positive should receive genetic counseling and, if indicated after counseling, BRCA testing. BRCA testing is covered once per lifetime. |
| Breast cancer counseling | At your doctor's discretion, for women at high risk of breast cancer who may benefit from chemoprevention |
| Contraceptive counseling and contraception methods | Screening, education, counseling and follow-up care (e.g., management, evaluation and changes, including the removal, continuation and discontinuation of contraceptives). See page 16 for FDA-approved contraceptives covered by your plan. Education in fertility awareness-based methods for women desiring an alternative method. Note: Some employers may exclude contraceptives from their health plans. To find out if your plan includes this service, please contact your employer or call Customer Service at the number listed on the back of your member ID card. |
| Domestic violence and intimate partner violence screening and counseling | Yearly |
| HIV counseling and screening | Screening at least once during their lifetime for all adult women, ages 15 and older. Earlier or additional screening should be based on risk. Re-screening annually or more often may be appropriate beginning at age 13 for adolescent and adult women with an increased risk of HIV infection. Risk assessment and prevention education for HIV infection as determined by risk. |

Doctor visits and tests, continued

| ASSESSMENTS, SCREENINGS AND COUNSELING | RECOMMENDATION |
|---|---|
| Obesity prevention | Counseling midlife women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 kg/m ²) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity. |
| Osteoporosis screening | Women 65 and older. Younger women who are at high risk, such as post-menopausal women. |
| Pap and HPV tests (cervical cancer screening) | Cervical cytology (Pap test) every 3 years for women aged 21 to 29 years. For women aged 30 to 65 years, every 3 years with Pap test alone, every 5 years with HPV testing alone, or every 5 years with HPV testing in combination with Pap test. Not recommended for women younger than 21 years and women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. |
| Sexually transmitted infection (STI) prevention counseling and screening | Screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection. Counseling to reduce the risk of STIs should be considered, as determined by clinical judgment, for women not identified as high risk. |
| Substance use screening and assessment | Yearly |
| Urinary incontinence screening | Yearly |
| Well-woman visits (physical exams) | Yearly |

Drugs *Prescription required*

| PRESCRIPTION | RECOMMENDATION |
|--|---|
| Breast cancer prevention medication | Risk-reducing medications for women 35 and older with an increased risk of breast cancer who have never been diagnosed with breast cancer |
| Folic acid supplements | Women who are or who could become pregnant 0.4 to 0.8 mg daily. 0.4 to 0.8 mg at your doctor's discretion |

Part 1: Women 18 years and older

Contraceptives* *Prescription required*

| TYPE | METHOD | BENEFIT LEVEL |
|--------------------|---|--|
| Hormonal | <ul style="list-style-type: none"> Oral contraceptives Injectable contraceptives Patch Ring | The cost of generic contraceptive methods and the ring methods for women are paid for in full by your health plan. Effective 1/1/19, some high-cost generics may not be paid for in full when a lower-price alternative is available. See the approved drug list at priorityhealth.com/formulary for more information. |
| | Barrier | <ul style="list-style-type: none"> Diaphragms Condoms Contraceptive sponge Cervical cap Spermicide |
| Implantable | <ul style="list-style-type: none"> IUDs Implantable rod | Copayment – The portion you pay at the time you receive a health care service or fill a prescription. Generic contraceptive methods and the ring methods for women are covered at 100% (no cost to you). |
| Emergency | <ul style="list-style-type: none"> Ella® Next Choice® Next Choice® One Dose My Way™ | Your deductible and/or prescription copayment applies for brand-name contraceptives when there is a generic available. |
| | Permanent | Tubal ligation or salpingectomy |



***Some employers may exclude contraceptives from benefits. To find out if your plan includes a service, please contact your employer or call Customer Service at the number listed on the back of your Priority Health member ID card.**

Part 2: If you're pregnant, plan to become pregnant or recently had a baby, we recommend the preventive care listed here.

Immunizations *Doses, ages and recommendations vary.*

| VACCINE | BEFORE PREGNANCY | DURING PREGNANCY | AFTER PREGNANCY |
|--|--|---------------------------------------|--|
| Chickenpox (varicella) | Yes; avoid getting pregnant for 4 weeks | No | Yes, immediately postpartum |
| Hepatitis A | Yes, if at risk | Yes, if at risk | Yes, if at risk |
| Hepatitis B | Yes, if at risk | Yes, if at risk | Yes, if at risk |
| HPV (human papillomavirus) | Yes, if between ages 9 and 26 | No | Yes, if between ages 9 and 26 |
| Flu nasal spray | Yes, if less than 50 years of age and healthy. Avoid getting pregnant for 4 weeks. | No | Yes, if less than 50 years of age and healthy. Avoid getting pregnant for 4 weeks. |
| Flu shot | Yes | Yes | Yes |
| Measles, mumps, rubella (MMR) | Yes; avoid getting pregnant for 4 weeks | No | No |
| Meningococcal | If indicated | If indicated | If indicated |
| Pneumococcal | If indicated | If indicated | If indicated |
| Respiratory syncytial virus (RSV) | No | Yes between 32 and 36 weeks gestation | No |
| Tetanus | Yes (Tdap preferred) | If indicated | Yes (Tdap preferred) |
| Tetanus, diphtheria, whooping cough (1 dose only) | Yes | Yes | Yes |

Doctor visits and tests

| ASSESSMENTS, SCREENINGS AND COUNSELING | RECOMMENDATION |
|---|--|
| Alcohol abuse | Screening for unhealthy alcohol use in primary care setting. Brief behavioral counseling interventions to reduce unhealthy alcohol use for those engaged in risky or hazardous drinking. |
| Anxiety screening | During and after pregnancy |
| Bacteriuria screening with urine culture | Between 12–16 weeks gestation or during first prenatal visit if later |
| Breastfeeding support, supplies and counseling | Lactation support and counseling to pregnant and postpartum women, including costs for rental of breastfeeding equipment. This may also include equipment and supplies as clinically indicated to support those with breastfeeding difficulties and those who need additional services. |
| Depression screening, counseling and intervention | Recommended for pregnant and postpartum women who are at increased risk of depression |
| Domestic violence and intimate partner violence screening and counseling | Yearly |
| Gestational diabetes screening | Asymptomatic pregnant women at 24 weeks of gestation or after and those identified as high risk for gestational diabetes. Women with a history of gestational diabetes, who have not been diagnosed with type 2 diabetes, should be screened for diabetes as early as 4 weeks postpartum, but no later than one year postpartum. |
| Healthy weight gain | Behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy |
| Hematocrit or hemoglobin screening | During the first prenatal visit |
| Hepatitis B screening | During the first prenatal visit |
| HIV screening | All pregnant women during each pregnancy |

Part 2: If you're pregnant, plan to become pregnant or recently had a baby, we recommend the preventive care listed here.

Doctor visits and tests, *continued*

| ASSESSMENTS, SCREENINGS AND COUNSELING | RECOMMENDATION |
|---|---|
| Iron-deficient anemia screening | On a routine basis |
| Preeclampsia screening | Screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy |
| Rh incompatibility screening | On first visit and follow-up testing for women at high risk |
| Routine maternity care | Routine prenatal and postpartum visits for all pregnant women |
| Sexually transmitted infection (STI) screening | Screening and counseling for chlamydia, gonorrhea and syphilis |
| Tobacco-use screening and counseling | During each visit. Includes cessation interventions for tobacco users and expanded counseling for pregnant tobacco users. |

Drugs *Prescription required*

| PRESCRIPTION | RECOMMENDATION |
|-------------------------------|---|
| Folic acid supplements | During the first two to three months of pregnancy 0.4 to 0.8 mg daily. |
| Low-dose aspirin | For pregnant women (12 weeks gestation) who are at high risk for preeclampsia |





For physician use only: Specific EPSDT requirements may vary from the guidelines. Please refer to the online Provider Manual to review the EPSDT periodicity chart for the mandated health screening program for Medicaid recipients younger than age 21.

References: Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), U.S. Preventive Services Task Force (USPSTF)

Go to [HealthCare.gov](https://www.healthcare.gov) (keyword "**preventive**") for a complete list of evidence-based preventive services and risk factors.