# Preventive care services

Preventive care is the best way to stay healthy. Many preventive care services are available at no cost to HMSA members. Check your health plan benefits to be sure.

On this form, "Gender" refers to the gender HMSA has on file for you at this time. Transgender and nonbinary members with questions can call the number on the back of their HMSA membership card for more information.

Updated Jan. 1, 2022.



# Preventive visits for adults

Adults: Age 22 and older except as noted				
Preventive visit	Frequency	Gen	der	
Annual Preventive Health Evaluation	Once a year	М	F	
May include: • Height, weight, blood pressure, and body mass index measurement				
<ul> <li>Screening for depression, unhealthy alcohol use (18 and older), unhealthy drug use (18 and older), tobacco use, and interpersonal and domestic violence</li> </ul>				
Well-woman exam	Once a year		F	

Screening and counseling	Frequency	Ger	nder
Abdominal aortic aneurysm screening	Ages 65 to 75 who have never smoked: One-time screening	M	
Anxiety screening	Once a year		F
BRCA screening and genetic counseling	Any woman with increased risk from family history: Once per lifetime		F
Blood pressure screening	Age 18 and older: Once every 12 months	М	F
Breast cancer screening	Age 40 and older: Once every 12 months		F
Colorectal cancer screening • Stool-based tests • Sigmoidoscopy • Colonoscopy	Ages 45 to 75 at average risk for colorectal cancer	М	F
Cervical cancer screening • Pap smear	Ages 21 to 65: Every three years		F
Counseling: healthy diet, physical activity, obesity, fall prevention, skin cancer and safety, sexually transmitted infections, contraceptive methods, tobacco use, intimate partner violence	Consult your doctor	М	F
Cholesterol screening	Once every 12 months	М	F
Diabetes screening	Ages 40 to 70: Once every 12 months	М	F
Hepatitis B screening	Once a year	М	F
Hepatitis C screening	Ages 18 to 79: Once a year	М	F
Human papillomavirus (HPV) screening	Age 30 and older: Once every three years		F
Lung cancer screening	Ages 50 to 80 with 20 pack-year* history. Once every 12 months for current smokers or former smokers who quit within past 15 years.	М	F
Osteoporosis screening	65 and older, younger if at increased risk		F
Sexually transmitted infection screenings • Chlamydia • Gonorrhea • HIV • Syphilis	Once every 12 months	М	F
Tuberculosis screening	Up to two tests a year	М	F

\*Pack-year is calculated by multiplying the number of cigarettes smoked per day by the number of years a person has smoked. For example, a 30 pack-year history is a pack a day for 30 years or two packs a day for 15 years.

## Preventive care for pregnant people

Preventive care		Gender	
Anxiety screening		F	
Bacteriuria screening		F	
Chalymdia screening		F	
Comprehensive lactation support and counseling from a physician or midwife during pregnancy and or postpartum. Includes breastfeeding equipment.		н	
Counseling for alcohol and tobacco use and depression		F	
Gestational diabetes screening		F	
Gonorrhea screening		F	
Hepatitis B screening and immunization		F	
HIV screening		F	
Rh (D) incompatibility screening		F	
Smoking cessation counseling		F	
Syphilis screening		F	
Prenatal and postpartum depression screening		F	

# Preventive drugs and treatments for adults

Preventive drugs and treatment		Gender	
Aspirin	- Ages 50 to 59 to reduce the risk of stroke and heart attack	М	F
	- Pregnant people at risk for preeclampsia		
Breast cancer preventive medications	People who are at increased risk for breast cancer without a cancer diagnosis		F
Folic acid supplementation	People planning or capable of pregnancy: Daily supplement containing 0.4 to 0.8 mg folic acid		F
Preexposure prophylaxis	Treatment using preexposure prophylaxis (PrEP) with effec- tive antiretroviral therapy to persons who are at high risk of getting HIV	Μ	F
Statin preventive medication	Ages 40 to 75 years with one or more cardiovascular disease risk factors and have a calculated 10-year risk of a cardiovas- cular event of 10% or greater	М	F
Tobacco cessation	Adults who use tobacco products	Μ	F

## Immunizations for adults

- Chicken pox
- Flu
- Haemophilus influenzae type B (Hib)
- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV)
- Measles, mumps, rubella (MMR)
- Meningococcal meningitis
- Pneumonia
- Shingles
- Tetanus, diphtheria, pertussis (Tdap or Td)
- Travel immunizations



#### Preventive care for children

#### Birth to 21 Years

- Well-child visits
- Alcohol misuse screening
- Anxiety screening for adolescent girls
- Contraceptive methods and counseling for adolescent girls
- Depression screening
- Dyslipidemia screening
- Hearing loss screening
- Hepatitis B (HBV) screening
- Human immune-deficiency virus (HIV) screening
- Interpersonal and domestic violence screening for adolescent girls
- Newborn bilirubin screening
- Newborn blood screening
- Newborn screening for metabolic diseases and hemoglobinopathies
- Obesity screening
- Psychosocial and behavioral assessment
- Skin cancer screening
- Syphilis, chlamydia, and gonorrhea screening
- Tobacco use and tobacco-caused disease interventions and counseling
- Visual acuity screening

#### Preventive drugs and treatment for children

- Gonorrhea prophylactic medication
- HIV preexposure prophylactic medication
- Prevention of dental caries, oral fluoride

#### Immunizations for children

- Chicken pox
- Flu
- Haemophilus influenzae type B (Hib)
- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV)
- Measles, mumps, rubella (MMR)
- Meningococcal meningitis
- Pneumonia
- Polio
- Rotavirus
- Tetanus, diphtheria, pertussis (Tdap or Td)
- Travel immunizations

This is a reference tool to help you plan your preventive care. It lists items and services that are required under the Affordable Care Act. This list is subject to change as it's periodically reviewed and updated based on recommendations from the United States Preventive Services Task Force, the Health Resources Services Administration, the Centers for Disease Control and Prevention, and HMSA. Some services may require prior authorization. If you have questions about prior authorizations or your health plan benefits, please call the number on the back of your HMSA membership card.

