



The following preventive services and immunizations do not apply to all health plans administered or insured by your plan. 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 to any of the preventive services and immunizations in this document, they will be covered by your health 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. **Please ask the provider to contact your Health Plan 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

Preventive Services For Adults	Frequency/Limitations
Abdominal Aortic Aneurysm Screening	Age 65-75 one screening per lifetime (men only with any history of smoking)
Alcohol Misuse Screening and Behavioral Counseling Interventions	One per calendar year
Ambulatory Blood Pressure Monitoring	Once per lifetime to confirm the diagnosis of hypertension
Blood Pressure Screening	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
Colorectal Cancer Screening (Follow-up colonoscopy after a positive stool-based test considered under the preventive benefit when billed in accordance with the preventive guidelines.)	Age 45-75
• Fecal occult blood testing	One per calendar year
• CT Colonography (Visual Colonoscopy)	Every 5 years
• Sigmoidoscopy	Every 3 years
• Colonoscopy (including bowel prep medications)	Every 10 years
• Barium Enema	Every 5 years
• Pre-Screening Consultation	Every 10 years
• FIT-DNA (e.g., Cologuard, Cologuard Plus)	Every 3 years
Depression, Anxiety, and Suicide Risk Screening	Three per calendar year
Diabetes Screening	Age 18 and older, every 3 years
Diet Counseling (Adults with high risk for chronic disease)	Age 19 and older, three hours each calendar year
Fall Prevention Screening	Age 65 and older. Exercise, physical therapy and vitamin D supplementation
Hepatitis B Screening	One per calendar year
Hepatitis C Screening	Once per lifetime; Once per year for individuals at high risk for infection
HIV Screening	No frequency limit
HIV Infection Prevention: Pre-exposure Prophylaxis (PrEP) (Antiretroviral medication to be considered under the pharmacy plan when ordered by a physician)	The following services for baseline/ follow-up testing and monitoring are included per the CDC PrEP guidelines: - Kidney function testing (creatinine) - Hepatitis B and C testing - HIV Testing - STI screening and counseling - Pregnancy testing (when appropriate) - Adherence counseling - Associated office visits
Lung Cancer Screening	Age 50-80, one per calendar year
Prostate Screening	Men age 40 and older, one per calendar year
Preventive Office Visit	One per calendar year

Sexually Transmitted Infection Prevention Counseling	One per calendar year
Tobacco Use Counseling	8 per calendar year
Tuberculosis Infection Screening	Age 19 and older (adults at risk), one per calendar year
Preventive Services for Women (Including Pregnant Women)	Frequency/Limitations
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
Breast Cancer Screening	Age 35-39 one baseline screening mammogram, age 40 and older one screening mammogram per calendar year * Includes additional imaging (e.g., MRI, ultrasound, mammography) and pathology evaluation, if indicated to complete the screening process (Effective 1/1/26).
Breastfeeding Support	
• Behavioral Interventions	Twice per calendar year
• Counseling and Support	Five per year in conjunction with a birth
• Supplies - Pumps and Accessories	One electric breast pump allowed per pregnancy
Cervical Cancer Screening (Pap Smear)	One per calendar year
Chlamydia Screening	One per calendar year
Contraceptive Methods and Counseling	
• Counseling	One per calendar year
• Sterilization	One procedure per lifetime
• Confirmatory Test	Two per lifetime
• Contraceptive - Mobile Application	One 12-month subscription per calendar year. *Coverage includes member reimbursement for the cost of FDA-approved, cleared, or granted mobile device applications for use as contraception consistent with the FDA-approved, cleared, or granted indication
• Contraceptive - Medical	
Gonorrhea Screening	Twice per calendar year
Healthy Weight Gain in Pregnancy Counseling	Three hours per calendar year
Hepatitis B Screening	One per calendar year for pregnant women
HIV Screening	No frequency limit
HIV Counseling	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
Patient Navigation Services for Breast and Cervical Cancer Screening (Effective 1/1/26)	Included in preventive office visit
Preconception Visit	One visit per calendar year
Prenatal Care	
Preeclampsia Screening	Included in prenatal visit
Perinatal Depression Preventive Interventions	Three hours per calendar year
Prenatal Conference (Pediatrician only)	With pregnancy
Preventing Obesity in Midlife Women Counseling	Age 40-60 year, one hour per year
Rh Incompatibility Screening (All Pregnant Women)	Twice per calendar year
Screening and Counseling for Interpersonal and Domestic Violence	One per calendar year
Screening for Diabetes during Pregnancy	Two per calendar year
Screening for Diabetes after Pregnancy	Two per calendar year
Sexually Transmitted Infection (STI) Prevention Counseling	One per calendar year

Syphilis Screening	No frequency limit
Tobacco Use Counseling (Pregnant Women)	8 per calendar year
Well-Woman Preventive Office Visit	Up to two visits per calendar year depending on diagnosis
Preventive Services for Children	Frequency/Limitations
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 preventive office visit)
Cervical Cancer Screening (Pap Smear)	One per calendar year
Congenital Hypothyroidism (Newborns)	Age 2-4 days
Depression, Anxiety, and Suicide Risk Screening	Age 8 and older, three per calendar year
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 birth - 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 2 months - 10 years, 8 tests during age range; Age 11-21, 3 tests during age range
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
High Body Mass Index in Children and Adolescents Interventions	Age 6-17 years, 26 services per year
HIV Screening	Age 10 and older; no frequency limit
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
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
Preventive 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	Age 10 and older, one per calendar year
Sexually Transmitted Infections Screening	Age 11-21, No frequency limit
Sudden Cardiac Arrest and Sudden Cardiac Death Screening	Age 11-21 years, included in preventive office visits
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

(Coverage is based on CDC's Advisory Committee in Immunization Practices (ACIP) recommendations regarding age, frequency, and dosage. Refer to the CDC website to view the schedules: [cdc.gov/vaccines/schedules/index.html](https://www.cdc.gov/vaccines/schedules/index.html))

COVID-19 vaccine

Diphtheria, tetanus, and acellular pertussis vaccine (DTaP)

DTaP, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV)

DTaP, inactivated poliovirus, and Haemophilus influenzae type b vaccine (DTaP-IPV/Hib)

DTaP and inactivated poliovirus vaccine (DTaP-IPV)

DTaP, inactivated poliovirus, Haemophilus influenzae type b, and hepatitis B vaccine (DTaP-IPV-Hib-HepB)

Haemophilus influenzae type b vaccine (Hib)

Hepatitis A vaccine (HepA)

Immunizations

Hepatitis B vaccine (HepB)

Hepatitis A and Hepatitis B vaccine (HepA-HepB)

Human papillomavirus vaccine (HPV)

Influenza vaccine (inactivated, egg-based, cell-culture; recombinant; live, attenuated; high-dose)

Measles, mumps, and rubella vaccine (MMR)

Measles, mumps, rubella, and varicella vaccine (MMRV)

Meningococcal serogroups A, C, W, Y vaccine (MenACWY-CRM; MenACWY-TT)

Meningococcal serogroup B vaccine (MenB-4C; MenB-FHbp)

Meningococcal serogroups A, B, C, W, Y vaccine (MenACWY-TT/MenB-FHbp; MenACWY-CRM/MenB-4C)

Mpox vaccine (Mpox)

Pneumococcal conjugate vaccine (PCV15; PCV20; PCV21)

Pneumococcal polysaccharide vaccine (PPSV23)

Poliovirus vaccine (inactivated) (IPV)

Respiratory syncytial virus vaccine/monoclonal antibody (RSV; RSV-mAb)

Rotavirus vaccine (RV1; RV5)

Tetanus and diphtheria vaccine (Td)

Tetanus, diphtheria, and acellular pertussis vaccine (Tdap)

Varicella vaccine (VAR)

Zoster vaccine, recombinant (RZV)

Pharmacy Benefits *(To be considered under the pharmacy plan when ordered by a physician and requires prescription to be filled by the pharmacy)*

Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality

Women only

Contraceptives

Women only; generic only

Fluoride

Ages 6-16 years

Folic Acid

Women only

Breast Cancer Preventive Drugs

Women age 35 and older

Tobacco Cessation Products

Two 90-day regimens of an FDA-approved tobacco cessation medications, (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider without prior authorization

Iron Supplements

Ages 6-12 months

Statin Medications

Ages 40-75 years with one or more cardiovascular risk factors and calculated 10-year risk of a cardiovascular event of 10% or greater.

Prevention of HIV Infection: Pre-exposure Prophylaxis (PrEP)

(Antiretroviral medication to be considered under the pharmacy plan when ordered by a physician.)

The following services for baseline/ follow-up testing and monitoring are included per the CDC PrEP guidelines:

- Kidney function testing (creatinine)
- Hepatitis B and C testing
- HIV Testing
- STI screening and counseling
- Pregnancy testing (when appropriate)
- Adherence counseling
- Associated office visits

Please note the services listed are as of July 2026, and are subject to change at any time. Please visit [FL.ExploreMyPlan.com/FLPreventiveServices](https://www.flbluecross.com/FLPreventiveServices) to view the latest list of our standard preventive services.



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