

Growing Up with Highmark Wholecare

Because Life.™

A program for Highmark Wholecare members, under the age of 21, that helps to make sure your child grows up healthy.

Case Managers are here to answer your questions about checkups, screenings and vaccination (shot) recommendations. We can also help you make an appointment with your child's primary care provider (PCP) or other doctors. **To speak with a Case Manager about this program, call 1-800-392-1147** from 8:30 a.m. to 4:30 p.m., Monday through Friday, and select the option for the Special Needs Unit. **TTY users should call 711 or 1-800-654-5984.**

Checkups, Screenings and Tests

| Checkup, Screening or Test | Infant 0 – 12 Months | Early Childhood 1 – 6 Years | Middle Childhood 7 – 11 Years | Adolescent 12 – 20 Years | | |
|--|---|--------------------------------|--|--|--|--|
| Physical Exam / Safety / Healthy Habits Counseling | Every visit | | | | | |
| Vaccinations (Shots) | Review with your child's PCP at every visit | | | | | |
| Hepatitis B | Risk assessment is to be completed once before the age of 21 | | | | | |
| Anemia Screening | Test at 9 months | | | | | |
| Lead Screening | Test at 9 months | Test at age 2 | | | | |
| Developmental / Autism Screening | First screening between 9 and 11 months and then at 18, 24 and 30-month visits | | | | | |
| Dental Exam and Cleaning | First exam before your child's first birthday and then every six months after age 1. Ask your child's PCP about fluoride varnish. | | | | | |
| Body Mass Index / Nutrition / Physical Activity Counseling | Every visit starting at age 2 | | | | | |
| Vision Exam | First exam at age 3 and then every year until age 21 | | | | | |
| Hearing Exam | First exam at age 4 and then every year until age 21 | | | | | |
| Cholesterol Screening | | | Test at age 9 Test at age 17 | | | |
| Sexually Transmitted Infections Screening | | | Every year starting at age 11 if sexually active | | | |
| Tobacco, Alcohol or Drug Use Assessment | Every year starting at age 11 | | | | | |
| Depression Screening | Every year starting at age 12 | | | | | |
| HIV Screening | Test between the ages of 15 and 21 | | | | | |
| Sudden Cardiac Arrest and Sudden Cardiac Death | Screening once between ages 11 and 21 years of age | | | | | |
| Hepatitis C Screening | | | | Testing for those at increased risk should be tested and reassessed annually starting at age 18 | | |

Vaccinations (Shots)

| Vaccination | Infant 0 – 12 Months | Early Childhood 1 – 6 Years | Middle Childhood 7 – 11 Years | Adolescent 12 – 20 Years | | |
|---|--|--------------------------------|--|-----------------------------|--|--|
| DTap/Tdap* (Diphtheria, Tetanus, Whooping Cough) | Four doses between 2 and 18 months, one dose between ages 4 and 6, and one dose between ages 11 and 12 | | | | | |
| Influenza (Flu) | One dose each fall starting at 6 months | | | | | |
| Hepatitis B* | Three doses betwee 18 months | en birth and | | | | |
| Hib Disease | Four doses betweer | n 2 and 15 months | | | | |
| IPV* (Polio) | Three doses betwee months and one do 4 and 6 | | | | | |
| PCV13 (Pneumococcal Disease) | Four doses betweer 15 months | n 2 and | | | | |
| RV (Rotavirus) | Maximum of three doses between 2 and 6 months | | | | | |
| COVID-19 | 2 or 3 dose primary series and a booster starting at 6 months | | | | | |
| MMR* (Measles, Mumps, Rubella) | One dose between and one dose betw | | | | | |
| Varicella* (Chicken Pox) | One dose between and one dose betw | | | | | |
| Hepatitis A | Two doses given 6 r between 12 and 23 | | | | | |
| HPV (Human Papillomavirus) | | | Two doses betwee and 12 | en ages 11 | | |
| MCV* (Meningitis) | | | One dose betwee and 12 years and o between ages 16 o | one dose | | |

* Pennsylvania Department of Health requires this vaccine for attendance in school.

Highmark Wholecare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-392-1147(TTY/PA RELAY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-392-1147 (TTY/PA RELAY 711).**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-392-1147 (телетайп/РА RELAY 711).**

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association ("Highmark Wholecare").