Preventive care for adults and children

Stay healthy with preventive care! Get your checkups, screenings, and immunizations at no cost to you.

Independence

At Independence Blue Cross, your health is top priority. One important way to stay healthy is getting the preventive care your doctor recommends — and you'll pay $0.

Preventive care is the care and counseling you receive to prevent health problems. It's one of the best ways to keep you and your family in good health. It can include:

Check-ups (annual physicals, pediatric well-visits, gynecology well-visits)

Cancer and other health screenings

Immunizations

We want to be sure you get the preventive care recommended for you based on your personal risk factors, age, and gender. Doing so helps you identify health problems or minor issues *before* they become major health concerns, like diabetes or colon cancer. Plus, you save money on health care costs by spotting issues early and avoiding illnesses, like those prevented with immunizations.

Most Independence Blue Cross health plans fully cover recommended preventive care services at an in-network provider, so you pay $0 out-of-pocket. Please be sure to verify your individual benefits, and note that some services may require preapproval. If a service is not considered preventive (for example, diagnostic procedures or ongoing treatment for an existing condition) or you don't fall within the coverage guidelines, charges may apply.

What preventive care services are right for you?

Use our interactive Preventive Care Guidelines tool at **ibx.com/preventive** to see which preventive services are recommended for your age and gender. Next, talk to your doctor to see if those services are appropriate for you, and schedule an appointment, if needed.

To understand the criteria for the preventive care services listed, review Medical Policy #00.06.02: Preventive Care Services. You can find it by visiting **ibx.com/medpolicy** and typing "Preventive Care" in the search field.

Questions?

Call the number on the back of your member ID card to speak to a customer service representative.

Covered preventive services: **Adults**

The following visits, screenings, counseling, medications, and immunizations are generally considered preventive for adults ages 19 and older.

Visits

All adults are covered for one preventive exam (also called a well-visit) each benefit year.

Screenings

- Abdominal aortic aneurysm
- Abnormal blood glucose and Type 2 diabetes mellitus
- Alcohol and drug use/misuse and behavioral counseling intervention
- Colorectal cancer
- Depression
- Hepatitis B virus
- Hepatitis C virus
- High blood pressure
- HIV (human immunodeficiency virus)
- Latent tuberculosis infection
- Lipid disorder
- Lung cancer
- Obesity
- Syphilis infection

Therapy and counseling

- Sexually transmitted infections prevention counseling
- Counseling for overweight or obese adults to promote a healthful diet and physical activity
- Nutrition counseling (6 visits per benefit year)
- Prevention of falls counseling for community-dwelling adults ages 65 and older
- Tobacco use counseling

Medications

- Low-dose aspirin
- Prescription bowel preparation (used for colorectal cancer screenings)
- Statins
- Tobacco cessation medication

Immunizations[1]

Vaccine	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	⩾ 65 years
Influenza	1 dose annually					
Tetanus, diptheria, pertussis (Td/Tdap)	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years					
Varicella	2 doses					
Human papillomavirus (HPV)	3 doses		27 through 45 years			
RZV (preferred)				2 doses		
ZVL					1 dose	
Measles, mumps, rubella (MMR)	1 or 2 doses					
Pneumococcal 13-valent conjugate (PCV13)	1-time dose					1-time dose
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses					1 dose
Hepatitis A	2 or 3 doses					
Hepatitis B	3 doses					
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4)	1 or more doses					
Meningococcal B (MenB)	2 or 3 doses					
Haemophilus influenzae type b (Hib)	1 or 3 doses					

1 More information about recommended immunizations is available from the Centers for Disease Control at cdc.gov/vaccines/schedules.

Recommended for all persons who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster

Recommended if some other risk factor is present (on the basis of medical, occupational, lifestyle, or other indication)

For more information about recommended immunizations, review Medical Policy #08.01.04: Immunizations. You can find it by visiting **ibx.com/medpolicy** and typing the policy number in the search field.

Covered preventive services: **Women**

The following visits, screenings, counseling, medications, and immunizations are generally considered preventive for women. Preventive care services that are applicable to pregnant women are marked with a symbol.

Visits

- Well-woman visits
- Prenatal care visits for pregnant women

Screenings

Preventive care specific to women may include the following screenings, depending on age and risk factors.

- Bacteriuria
- BRCA-related cancer risk assessment, genetic counseling, and mutation testing
- Breast cancer
- Cervical cancer (Pap test)
- Chlamydia
- Depression
- Diabetes
- Gonorrhea
- Hepatitis B virus
- Human immunodeficiency virus (HIV)
- Human papillomavirus (HPV)
- Intimate partner violence
- Iron-deficiency anemia
- Osteoporosis (bone mineral density)
- RhD incompatibility
- Syphilis
- Urinary incontinence

Therapy and counseling

- Breast feeding supplies, support, and counseling
- Tobacco use counseling
- Reproductive education and counseling, contraception, and sterilization

Medications

- Low-dose aspirin for preeclampsia
- Breast cancer chemoprevention
- Folic acid
- Pre-exposure prophylaxis for the prevention of HIV

Covered preventive services: Children

The following visits, screenings, medications, counseling, and immunizations are generally considered preventive for children ages 18 and younger.

Preventive service	Recommendation
Visits	
Pre-birth exams	All expectant parents for the purpose of establishing a pediatric medical home
Preventive exams Services that may be provided during the preventive exam include but are not limited to the following: • Behavioral counseling for skin cancer prevention • Blood pressure screening • Congenital heart defect screening • Counseling and education provided by health care providers to prevent initiation of tobacco use • Developmental surveillance • Dyslipidemia risk assessment • Hearing risk assessment for children 29 days or older • Height, weight, and body mass index measurements • Hemoglobin/hematocrit risk assessment • Obesity screening • Oral health risk assessment • Psychosocial/behavioral assessment	All children up to 21 years of age, with preventive exams provided at: • 3–5 days after birth • By 1 month • 2 months • 4 months • 6 months • 9 months • 12 months • 15 months • 18 months • 24 months • 30 months • 3–21 years: annual exams

Preventive service	Recommendation
Screenings	
Alcohol and drug use/misuse screening and behavioral counseling intervention	Annually for all children 11 years of age and older Annual behavioral counseling in a primary care setting for children with a positive screening result for drug or alcohol use/misuse
Autism and developmental screening	All children
Bilirubin screening	All newborns
Chlamydia screening	All sexually active children up to age 21 years
Depression screening	Annually for all children ages 11 years to 21 years
Dyslipidemia screening	Following a positive risk assessment or in children where laboratory testing is indicated
Gonorrhea screening	All sexually active children up to age 21 years
Hearing screening for newborns	All newborns
Hearing screening for children 29 days or older	Following a positive risk assessment or in children where hearing screening is indicated
Hepatitis B virus (HBV) screening	All asymptomatic adolescents at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All children
Lead poisoning screening	All children at risk of lead exposure
Newborn metabolic screening panel (e.g., congenital hypothyroidism, hemoglobinopathies [sickle cell disease], phenylketonuria [PKU])	All newborns
Syphilis screening	All sexually active children up to age 21 years with an increased risk for infection
Visual impairment screening	All children up to age 21 years

Preventive service	Recommendation
Additional screening services and counseling	
Behavioral counseling for prevention of sexually transmitted infections	Semiannually for all sexually active adolescents at increased risk for sexually transmitted infections
Obesity screening and behavioral counseling	Behavioral counseling for children 6 years or older with an age-specific and sex-specific BMI in the 95th percentile or greater
Medications	
Fluoride	Oral fluoride for children up to 16 years whose water supply is deficient in fluoride
Prophylactic ocular topical medication for gonorrhea	All newborns within 24 hours after birth
Miscellaneous	
Fluoride varnish application	Every three months for all infants and children starting at age of primary tooth eruption through 5 years of age
Hemoglobin/hematocrit testing	Following a positive risk assessment or in children where laboratory testing is indicated for children up to age 21 years
Tuberculosis testing	All children up to age 21 years

Immunizations

Note: For ages 19 to 21 years, refer to the adult schedule[1]

Range of recommended ages for all children

Range of recommended ages for certain high-risk individuals

Range of recommended ages for catch-up immunization

Range of recommended ages during which catch-up is encouraged and for certain high-risk individuals

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B (Hep B)	1st dose	2nd dose			3rd dose											
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1st dose	2nd dose	3rd dose											
Diphtheria, tetanus, & acellular pertussis (DtaP: < 7 yrs)			1st dose	2nd dose	3rd dose			4th dose				5th dose				
Haemophilus influenzae type b (Hib)			1st dose	2nd dose			3rd or 4th dose									
Pneumococcal conjugate (PCV13)			1st dose	2nd dose	3rd dose		4th dose									
Inactivated poliovirus (IPV: < 18 yrs)			1st dose	2nd dose	3rd dose							4th dose				
Influenza (IIV; LAIV)					Annual vaccination (IIV only) 1 or 2 doses						Annual vaccination (IIV) 1 dose only					
Measles, mumps, rubella (MMR)							1st dose					2nd dose				
Varicella (VAR)							1st dose					2nd dose				
Hepatitis A (HepA)							2-dose series									
Meningococcal11 (Hib-MenCY > 6 weeks; MenACWY-D > 9 mos; MenACWY-CRM ≥ 2 mos)														1st dose		2nd dose
Tetanus, diphtheria, & acellular pertussis12 (Tdap: > 7 yrs)														(Tdap)		
Human papillomavirus13 (2vHPV: females only; 4vHPV, 9vHPV: males and females)														(3-dose series)		
Meningococcal B																
Pneumococcal polysaccharide5 (PPSV23)																

1 More information about recommended immunizations is available from the Centers for Disease Control at cdc.gov/vaccines/schedules.

Notes to discuss with my doctor

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al número telefónico de Servicio al Cliente que figura en el reverso de su tarjeta de identificación.

Chinese: 注意：如果您讲中文，您可以得到免费的语言协助服务。请致电您ID卡背面的客户服务电话号码.

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 고객 서비스 번호로 전화해 주십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para telefone do Atendimento ao Cliente que está no verso do seu cartão de identificação.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. કૃપયા તમારા આઇડી કાર્ડની પાછળ ગ્રાહક સેવા નંબર પર કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi số Dịch Vụ Chăm Sóc Khách Hàng ở mặt sau thẻ ID của bạn.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Позвоните в службу поддержки клиентов по номеру телефона, указанном на обратной стороне вашей идентификационной карты.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer Obsługi klienta znajdujący się na odwrocie Twojego identyfikatora.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiami il numero dell'Assistenza clienti che troverà sul retro della sua tessera identificativa.

Arabic:
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. الرجاء الاتصال برقم "خدمة العملاء" الموجود على ظهر بطاقة هويتك.

French Creole: ATANSYON : Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo Sèvis Kliyantèl ki sou do kat idantifikasyon ou a.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Mangyaring tawagan ang numero ng Customer Service na nasa likod ng iyong ID card.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Veuillez composer le numéro du service clientèle indiqué au dos de votre carte d'identité Médicale.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Number uff die hinnerscht Seit vun dei ID Card uff fer schwetze mit ebber as dich helfe kann.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कृपया अपने आईडी कार्ड के पीछे दिए ग्राहक सेवा नंबर पर कॉल करें।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Bitte rufen Sie unsere Kundendienstnummer auf der Rückseite Ihrer Identifikationskarte an.

Japanese: 備考：母国語が日本語の方は、言語アシスタンスサービス（無料）をご利用いただけます。ご自分のIDカードの裏面に記載されているカスタマーサービスの番号へお電話ください。

Persian (Farsi):
توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی شما درج شده است تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh. T'áá shǫǫdí hódíílnih kojį' Áká'anídaalwo'jį éí binumber naaltsoos nitł'izgo nantinígíí bine'dęę' bikáá'.

Urdu:
توجہ درکارہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ آپ کے شناختی کارڈ کے پیچھے دئیےگئے صارف خدمات نمبر پر برائے کرم کال کریں.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខសេវាសមាជិក ដែលមាននៅផ្នែកខាងក្រោយនៃបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA, 19103; By phone: 1-888-377-3933 (TTY: 711), By fax: 215-761-0245, By email: civilrightscoordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf* or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

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