# Preventive care guidelines

Getting preventive care is an important part of staying healthy.



Preventive care is the routine care and counseling you receive to prevent health problems. It's one of the best ways to prevent illness and detect diseases before they become serious medical conditions.

#### **Preventive care can include:**



Checkups
(annual physicals
and well visits)



Cancer and other health screenings (e.g., mammogram, colonoscopy, heart health)



**Immunizations** (e.g., pediatric vaccines, flu shot)

Preventive care recommendations are based on age, gender, family history, and health. Talk to your doctor about which preventive services are appropriate for you.

Visit medpolicy.ibx.com and search *Preventive Care Services*, Policy #00.06.02, in the search field for the latest guidelines.



Learn about your covered benefits

Log in at **myibxtpabenefits.com** to review your preventive care benefits. If you have any questions, call the number on the back of your member ID card.

The information in this document is an overview of preventive care guidelines for average risk and is not a complete list. Preventive care coverage is subject to change based on updated recommendations.

#### How preventive care is covered

Under your health plan, you may be eligible to receive preventive care with little or no cost-sharing when using an in-network provider. Some services may require preapproval. If a service is not considered preventive (e.g., diagnostic procedures or ongoing treatment for an existing condition) or you don't fall within the coverage guidelines, cost-sharing may apply.



## Covered preventive services for adults Ages 19+

#### **Visits**

Annual preventive exam (well-visit)

All adults are covered for one preventive exam each calendar year

Healt	h screenings and	COMPANIA
HEALL	II SCIECIIIIIYS AIIL	i counscilling

- 👬 Abdominal aortic aneurysm screening
- 👬 Alcohol and drug use screening
- Anxiety screening
- Behavioral counseling for prevention of sexually transmitted infections
- Behavioral counseling to promote a healthful diet and physical activities for cardiovascular disease prevention
- Behavioral interventions for weight loss to prevent obesity-related morbidity and mortality
- Breast cancer genetic screening (BRCA-related cancer risk assessment, genetic counseling, and mutation testing)
- Breast cancer screening (mammogram)
- Cervical cancer screening (Pap test)
- Colorectal cancer screening (includes colonoscopy and other screening options)
- nd counseling Depression and suicide risk screening and counseling
- Diabetes screening (prediabetes and type 2 diabetes mellitus)

- Exercise interventions for the prevention of falls
- Hepatitis B screening
- 🛉 Hepatitis C screening
- 👬 High blood pressure screening
- 👬 Interpersonal and domestic violence counseling
- 👬 Latent tuberculosis screening
- hh Lung cancer screening
- Obesity screening and counseling
- Osteoporosis (bone mineral density)
- Sexually transmitted infection screenings and counseling (chlamydia, gonorrhea, HIV, and syphilis)
- Tobacco use counseling
- Work-up and follow-up services for pre-exposure prophylaxis for the prevention of HIV

#### Immunizations\*

- 👬 Chicken pox (varicella)
- COVID-19
- 퉦 Diphtheria, tetanus, pertussis (Td/Tdap)
- 퉦 Diphtheria, tetanus, pertussis (Td/Tdap)
- 🛉 Flu (influenza)
- 🛉 Haemophilius influenzae type B (Hib)
- 🦍 Inactivated poliovirus (IPV)
- ♠ Hepatitis A
- ♠♠ Hepatitis B

- 👬 Human papillomavirus (HPV)
- 🍦 Measles, mumps, rubella (MMR)
- Meningococcal B and Meningococcal A, C, W, Y
- Mpox
- \hbar Pneumococcal
- Respiratory syncytial virus (RSV)
- 퉦 Rotavirus
- 🙌 Shingles (zoster recombinant)

#### Medications

- Pre-exposure prophylaxis for the prevention (PrEP) of HIV
  - Prescription bowel preparation

(used for colorectal cancer screenings)

- Statins (for the primary prevention of cardiovascular disease)
- 👬 Tobacco cessation medication

# Covered preventive services for pregnant women

Preventive care criteria for females planning or capable of pregnancy is available in Medical Policy #00.06.02:

Preventive Care Services. You can find it by visiting medpolicy.ibx.com and typing *Preventive Care Services* in the search field.

#### Screenings, counseling, and immunizations

- Alcohol misuse screening and behavioral counseling interventions
- · Anxiety screening
- · Bacteriuria screening
- BRCA testing
- Breast feeding supplies, support, and counseling
- · Cervical cancer screening
- Counseling interventions to prevent perinatal depression
- Depression and suicide risk (during pregnancy and postpartum)
- · Gestational diabetes and diabetes after pregnancy screening
- · Hepatitis B screening

- · HPV screening
- Iron-deficiency anemia screening
- · Osteoporosis (bone mineral density) screening
- Prenatal care visits
- Reproductive education and counseling, contraception, and sterilization
- · RhD incompatibility testing
- Sexually transmitted infection screenings (HIV, syphilis, gonorrhea, chlamydia)
- · Tobacco use counseling

#### **Medications**

- Breast cancer chemoprevention
- Folic acid (for women planning or capable of pregnancy and during pregnancy)

• Low-dose aspirin for preeclampsia

#### Covered preventive services for children and adolescents

The following preventive care services and immunizations are generally considered preventive for children up to age 18. Some of these preventive services are recommended for individuals up to age 21. Please talk to your doctor to learn more.

#### **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

- Hearing risk assessment for children 29 days or older
- · Height, weight, and body mass index measurements
- · Hemoglobin/hematocrit risk assessment
- · High body mass index screening and/or behavioral counseling
- Oral health risk assessment
- Risk assessment of sudden cardiac arrest and sudden death

Additional screening, counseling, and medications	
Behavioral counseling for prevention of sexually transmitted infections	Semiannually for all sexually active adolescents at increased risk for sexually transmitted infections
Dyslipidemia screening	Following a positive risk assessment or in children where laboratory testing is indicated
Fluoride	Oral fluoride supplementation for children from ages 6 months to 3 years whose water supply is deficient in fluoride
Fluoride varnish application	Every 3 months for all infants and children starting at age of primary tooth eruption through 5 years of age
Hepatitis B virus (HBV) screening	All individuals at high risk for HBV infection
High BMI behavioral counseling	For children ages 6 years and older with an age- and sex-specific body mass index (BMI) in the 95th percentile or greater
Nutrition counseling	For all children, 6 visits per benefit year; for behavioral health and substance use disorder, no limit per benefit year
Prophylactic ocular topical medication for gonorrhea	All newborns within 24 hours after birth
Tuberculosis testing	All children up to age 21

## Covered preventive services for children **Birth to 30 months**

Visits	Birth	1M	2M	4M	6M	9M	12M	15M	18M	24M	30N
Routine checkup*		•									
Screenings	Birth	1M	2M	4M	6M	9M	12M	15M	18M	24M	30N
Autism screening						All childre	1				
Behavioral/social/ emotional screening	All children										
Bilirubin screening											
Critical congenital heart disease (CCHD) screening with pulse oximetry	•										
Developmental screening											
Hearing screening											
HIV screening	All children										
Iron deficiency anemia screening	All children up to age 21										
Lead screening	All children at risk of lead exposure										
Newborn metabolic screening panel (e.g., congenital hypothyroidism, hemoglobinopathies [sickle cell disease], phenylketonuria [PKU])	•										
Vision screening						All childre	า				
Immunizations†	Birth	1M	2M	4M	6M	9M	12M	15M	18M	24M	301
Chicken pox (varicella)							Do	se 1			
COVID-19						Ages 6 m	onths and	older: 1- t	o 3-dose v	accination	
Diphtheria, tetanus, pertussis (DTaP)			Dose 1	Dose 2	Dose 3			Dose 4			
Flu (influenza)						Ages 6 mc	nths to 30	) months:	or 2 dose	es annually	,
Haemophilus influenzae type B (Hib)			Dose 1	Dose 2	Dose 3		Dose	3 or 4			
Hepatitis A							Dose 1		Dose 2		
Hepatitis B	Dose 1	Do	se 2				Dose 3				
Measles, mumps, rubella (MMR)							Do	se 1			
Meningococcal (MenACWY-CRM ≥ 2 months old, MenACWY-TT ≥ 2 years old)	From birth to 30m: Per your doctor's advice										
Pneumonia			Dose 1	Dose 2	Dose 3		Do	se 4			
Polio (IPV)			Dose 1	Dose 2	Ag	jes 6 montl	ns to 18 m	onths: Dos	se 3		
Rotavirus			Dose 1	Dose 2	Dose 3						

<sup>\*</sup> Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. This exam is not the preschool or day care-related physical. †For more information about immunizations, refer to the Centers for Disease Control and Prevention at cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf.

# Covered preventive services for children and adolescents

#### **Ages 3 to 18**

Note	General care	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y	
Alcohol and drug use/misuse screening and behavioral counseling intervention  Anxiety screening  Behavioral/social/ Behavioral/social/Behavioral/soci	Routine checkup*	•								Once a year from ages 11 to 18				
Screening and behavioral counseling intervention  Anxiety screening  Behavioral/social/ emotional screening  Behavioral/social/ emotional screening  Depression and suicide risk screening  HIV screening  Iron deficiency amenias acreening  Lead screening  Example 1	Screenings	3Y	4Y	5Y	6Y	7 <b>Y</b>	8Y	9Y	10Y	11Y	12Y	15Y	18Y	
Selection   Series   Selection   Series   Selection   Series   Selection   Series	screening and behavioral									On	ce a year	for ages 1	.1+	
Behavioral/social/ emotional screening  Depression and suicide risk screening  HIV screening  Iron deficiency anemia screening  Sexually transmitted infection screening and supplies to the standard some standard	Anxiety screening	Once a year from ages 8 to 18												
Depression and suicide risk screening  HIV screening  HIV screening  Cead screening  HIV screening  Cead screening  All children at risk of lead exposure  Cead screening  All sexually active adolescents up to age 21  Courseling (chlamydia, and syphilis)  Vision screenings and counseling (chlamydia, and syphilis)  Vision screening  Timmunizations'  All Structure adolescents up to age 21  Covide the screening  All children at risk of lead exposure  Covide the screening  All children at risk of lead exposure  Covide the screening and counseling (chlamydia, and syphilis)  Vision screening  All children at risk of lead exposure  Ceaully transmitted infection screening and counseling (chlamydia, and syphilis)  Vision screening  All children at risk of lead exposure  Ceaully transmitted infection screening and counseling (chlamydia, and syphilis)  Vision screening  All children at risk of lead exposure  Ceaully transmitted infection screening and counseling (chlamydia, and screening and counseling (chlamydia, and screening and counseling (chlamydia, and screening and accounseling (chlamydia, and screening and counseling (chlamydia, and screening and accounseling chlamydia, and screening and accounseling (chlamydia, and screening and accounseling (chlamydia, and screening and accounseling chlamydia, and screening accounted by a screening and accounted accounted accounted accounted accounted accounted accounted accounted accounted a	Autism screening	All children												
Hearing screening  HIV screening  HIV screening  All children  All children up to age 21  All children at risk of lead exposure  Sexually transmitted infection screenings and counseling (chiamydia, gonorrhea, and syphilis)  Vision screening  MIV SY 6Y 7Y 8Y 9Y 10Y 11Y 12Y 15Y 18Y  Chicken pox (varicella)  Dose 2 If not previously vaccinated: Dose 1 and 2 (4 weeks apart)  COVID-19 vaccine  Dengue vaccine  Diphtheria, tetanus, pertussis (DTaP)  Flu (influenza)  Human papilloma virus (HPV)  Meningococcal B (MenB-4C, MenB-FHbp)  Meningococcal B (MenB-4C, MenB-FHbp)  Meningococcal B (Meningococcal B (Meningococcal B (Meningococcal B (MenB-4C, MenB-FHbp))  Meningococcal B (Previously vaccinated: Dose 1 and 2 (4 weeks apart)  Per your doctor's advice		All children												
File   Incompand											Once a			
President   Pres	Hearing screening													
Lead screening  Lead screening  Sexually transmitted infection screenings and counseling (chlamydia, gonorrhea, and syphilis)  Vision screening  Meningococcal B (MenB-4C, MenB-FHbp)  Meningococcal B (MenB-4C, MenB-FHbp)  Lead screening  All children at risk of lead exposure  All children  All children at risk of lead exposure  All children  A	HIV screening						All ch	ildren						
Sexually transmitted infection screenings and counseling (chlamydia, gonorrhea, and syphilis)  Vision screening  Immunizations†  3Y  4Y  5Y  6Y  7Y  8Y  9Y  10Y  11Y  12Y  15Y  18Y  Chicken pox (varicella)  Dose 2  If not previously vaccinated: Dose 1 and 2 (4 weeks apart)  COVID-19 vaccine  Dengue vaccine  Dengue vaccine  Diphtheria, tetanus, pertussis (DTaP)  Flu (influenza)  Human papilloma virus (HPV)  Meningococcal B (MenB-4C, MenB-FHbp)  Meningococcal B (MenB-4C, MenB-FHbp)  Meningococcal B (Previously vaccinated: Dose 1 and 2  All sexually active adolescents up to age 21  All children  All						Al	l children	up to age	21					
All sexually active adolescents up to age 21  Vision screening Vision screening Vision screening Vision screening Vision screening  All sexually active adolescents up to age 21  All children  All ch	Lead screening					All child	lren at ris	k of lead	exposure					
Immunizations†       3Y       4Y       5Y       6Y       7Y       8Y       9Y       10Y       11Y       12Y       15Y       18Y         Chicken pox (varicella)       Dose 2       If not previously vaccinated: Dose 1 and 2 (4 weeks apart)         COVID-19 vaccine       1- to 3-dose vaccination per doctor's advice         Dengue vaccine       9 to 16 years; seropositive in endemic areas only         Diphtheria, tetanus, pertussis (DTaP)       Dose 5         Flu (influenza)       Ages 3 to 18: 1 or 2 doses annually         Human papilloma virus (HPV)       Ages 3 to 18: 1 or 2 doses annually         Meningococcal B (MenB-4C, MenB-FHbp)       Dose 2         Meningococcal B (MenB-4C, MenB-FHbp)       Per your doctor's advice         Per your doctor's advice	infection screenings and counseling (chlamydia,	All sexually active adolescents up to age 21												
Chicken pox (varicella)  COVID-19 vaccine  Dengue vaccine  Dengue vaccine  Diphtheria, tetanus, pertussis (DTaP)  Flu (influenza)  Human papilloma virus (HPV)  Meningococcal B (MenB-4C, MenB-FHbp)  Meningococcal  Preumococcal  Dose 2  If not previously vaccinated: Dose 1 and 2 (4 weeks apart)  If not previously vaccinated: Dose 1 and 2 (6 weeks apart)  Ages 3 to 18: 1 or 2 doses annually  2 doses when started ages 9 to 14; 3 doses, all other ages.  Meningococcal B (MenB-4C, MenB-FHbp)  Meningococcal B Per your doctor's advice  Preumococcal	Vision screening						All ch	ildren						
COVID-19 vaccine  Dengue vaccine  Diphtheria, tetanus, pertussis (DTaP)  Dose 5  Dose 5  Ages 3 to 18: 1 or 2 doses annually  Human papilloma virus (HPV)  Meningococcal B (MenB-4C, MenB-FHbp)  Meningococcal B Per your doctor's advice  Per your doctor's advice	Immunizations†	3Y	4Y	5 <b>Y</b>	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y	
Dengue vaccine  Diphtheria, tetanus, pertussis (DTaP)  Dose 5  Ages 3 to 18: 1 or 2 doses annually  Human papilloma virus (HPV)  Meningococcal B (MenB-4C, MenB-FHbp)  Meningococcal B Per your doctor's advice  Preumococcal  Per your doctor's advice	Chicken pox (varicella)			Dose 2		]	If not prev	viously va	.ccinated:	Dose 1 ar	nd 2 (4 we	eks apart	t)	
Diphtheria, tetanus, pertussis (DTaP)  Dose 5  Ages 3 to 18: 1 or 2 doses annually  Human papilloma virus 2 doses when started ages 9 to 14; 3 doses, all other ages.  Meningococcal B (MenB-4C, MenB-FHbp)  Dose 2  If not previously vaccinated: Dose 1 and 2 (4 weeks apart)  Meningococcal B‡  Per your doctor's advice  Pneumococcal	COVID-19 vaccine				1-	to 3-dose	vaccinati	on per do	octor's adv	/ice				
Flu (influenza)  Ages 3 to 18: 1 or 2 doses annually  Human papilloma virus (HPV)  Meningococcal B (MenB-4C, MenB-FHbp)  Meningococcal B †  Per your doctor's advice  Preumococcal	Dengue vaccine							9 to	16 years; s	seroposit	ive in end	emic area	s only	
Human papilloma virus (HPV)  2 doses when started ages 9 to 14; 3 doses, all other ages.  Meningococcal B (MenB-4C, MenB-FHbp)  Dose 2  If not previously vaccinated: Dose 1 and 2 (4 weeks apart)  Meningococcal B Per your doctor's advice  Previously vaccinated: Per your doctor's advice	Diphtheria, tetanus, pertussis (DTaP)			Dose 5						dose				
Meningococcal B (MenB-4C, MenB-FHbp)  Dose 2  If not previously vaccinated: Dose 1 and 2 (4 weeks apart)  Meningococcal B‡  Per your doctor's advice  Pneumococcal  Per your doctor's advice	Flu (influenza)	Ages 3 to 18: 1 or 2 doses annually												
(MenB-4C, MenB-FHbp)     Outside 2       Meningococcal B‡     Per your doctor's advice       Pneumococcal     Per your doctor's advice														
Pneumococcal Per your doctor's advice	Meningococcal B (MenB-4C, MenB-FHbp)			Dose 2		If	not previ	ously vac (4 weel	cinated: D ks apart)	ose 1 and	d 2			
. ,	Meningococcal B‡	Per your doctor's advice												
Polio (IPV)  Dose 4	Pneumococcal					Pe	r your do	ctor's ad	vice					
	Polio (IPV)			Dose 4										

Preventive care guidelines are subject to change based on updates from the Centers for Disease Control and Prevention. For the latest, visit cdc.gov/chronic-disease/prevention/preventive-care.html.

†For more information about immunizations, refer to the Centers for Disease Control and Prevention at cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf.

Preventive immunizations are covered at \$0 cost-sharing at in-network providers and pharmacies when eligible. For more information about recommended immunizations, review Medical Policy #08.01.04: Routine/Non-routine Vaccines. You can find it by visiting medpolicy.ibx.com and typing Routine/Non-routine Vaccines in the search field.

 $Independence\ Administrators\ is\ an\ independent\ licensee\ of\ the\ Blue\ Cross\ and\ Blue\ Shield\ Association.$ 

© 2025 Independence Administrators

