Preventive care for adults and children
Stay healthy with preventive care! Get your checkups, screenings, and immunizations at no cost to you.
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
- Prescription bowel preparation (used for colorectal cancer screenings)
- Statins
- Tobacco cessation medication
### Immunizations:

**Recommended Adult Immunization Schedule by Age Group, United States, 2022**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>19-26 years</th>
<th>27-49 years</th>
<th>50-64 years</th>
<th>≥ 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza inactivated (IIV4) or Influenza recombinant (RIV4)</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
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<tr>
<td>Influenza live, attenuated (LAIV4)</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Tdap or Td)</td>
<td>1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (See note*)</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>1 or 2 doses depending on indication (if born in 1957 or later)</td>
<td>1 or 2 doses depending on indication (if born in 1957 or later)</td>
<td>1 or 2 doses depending on indication (if born in 1957 or later)</td>
<td>1 or 2 doses depending on indication (if born in 1957 or later)</td>
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<tr>
<td>Varicella (VAR)</td>
<td>2 doses (if born in 1980 or later)</td>
<td>2 doses (if born in 1980 or later)</td>
<td>2 doses (if born in 1980 or later)</td>
<td>2 doses (if born in 1980 or later)</td>
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<tr>
<td>Zoster recombinant (RZV)</td>
<td>2 doses for immunocompromising conditions*</td>
<td>2 doses for immunocompromising conditions*</td>
<td>2 doses for immunocompromising conditions*</td>
<td>2 doses for immunocompromising conditions*</td>
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<tr>
<td>Human papillomavirus (HPV)</td>
<td>2 or 3 doses depending on age at initial vaccination or condition</td>
<td>27 through 45 years</td>
<td>27 through 45 years</td>
<td>27 through 45 years</td>
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<tr>
<td>Pneumococcal conjugate (PCV13)</td>
<td>1 dose PCV15 followed by PPSV23 or 1 dose PCV20 (See note*)</td>
<td>1 dose PCV15 followed by PPSV23 or 1 dose PCV20</td>
<td>1 dose PCV15 followed by PPSV23 or 1 dose PCV20</td>
<td>1 dose PCV15 followed by PPSV23 or 1 dose PCV20</td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
</tr>
<tr>
<td>Hepatitis B (HepB)</td>
<td>2, 3 or 4 doses depending on vaccine or condition</td>
<td>2, 3 or 4 doses depending on vaccine or condition</td>
<td>2, 3 or 4 doses depending on vaccine or condition</td>
<td>2, 3 or 4 doses depending on vaccine or condition</td>
</tr>
<tr>
<td>Meningococcal A, C, W, Y (MenACWY)</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations*</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations*</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations*</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations*</td>
</tr>
<tr>
<td>Meningococcal B (MenB)</td>
<td>19 through 23 years</td>
<td>19 through 23 years</td>
<td>19 through 23 years</td>
<td>19 through 23 years</td>
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<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1 or 3 doses depending on indication</td>
<td>1 or 3 doses depending on indication</td>
<td>1 or 3 doses depending on indication</td>
<td>1 or 3 doses depending on indication</td>
</tr>
</tbody>
</table>

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

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### 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
- Postpartum care 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

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: Children

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

<table>
<thead>
<tr>
<th>Preventive service</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Visits</strong></td>
<td></td>
</tr>
<tr>
<td>Pre-birth exams</td>
<td>All expectant parents for the purpose of establishing a pediatric medical home</td>
</tr>
</tbody>
</table>
| Preventive exams   | 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
|                    | • 3–23 years: annual exams |
| 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 old or younger 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 |
| Tuberculosis testing | All children up to age 21 years |

*More information about recommended immunizations is available from the Centers for Disease Control at cdc.gov/vaccines/schedules.
# Immunizations: Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the purple bars.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mos</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16 yrs</th>
<th>17-18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>See note*</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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<tr>
<td>Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>See note*</td>
<td>3rd dose</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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<tr>
<td>Diphtheria, tetanus, acellular pertussis (DTaP &lt;7 yrs)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>See note*</td>
<td>3rd or 4th dose</td>
<td>See note*</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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<td>Pneumococcal conjugate (PCV13)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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<tr>
<td>Inactivated poliovirus (IPV &lt;18 yrs)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>See note*</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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<tr>
<td>Influenza (IIV4)</td>
<td>Annual vaccination</td>
<td>1 or 2 doses</td>
<td>Annual vaccination</td>
<td>1 dose only</td>
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<tr>
<td>Influenza (LAIV)</td>
<td>Annual vaccination</td>
<td>1 or 2 doses</td>
<td>Annual vaccination</td>
<td>1 dose only</td>
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<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>See note*</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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<tr>
<td>Varicella (VAR)</td>
<td>See note*</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>See note*</td>
<td>1st dose</td>
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<td>4th dose</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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<tr>
<td>Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)</td>
<td>1 dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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<tr>
<td>Human papillomavirus (HPV)</td>
<td>See note*</td>
<td>Annual vaccination</td>
<td>1 or 2 doses</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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<tr>
<td>Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT≥2years)</td>
<td>See note*</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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<tr>
<td>Meningococcal B (MenB-4C, MenBFHbp)</td>
<td>See note*</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td>See note*</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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<tr>
<td>Dengue (DEN4CV; 9-16 yrs)</td>
<td>See note*</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>Annual vaccination 1 or 2 doses</td>
<td>Annual vaccination 1 dose only</td>
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</tbody>
</table>

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

Recommended vaccination based on shared clinical decision-making or

No recommendation/Not applicable

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.
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: મોટાં એક વિવિધતાથી પોતાના સમયમાં તેમ નામૂને તેમના સમાન બદલી શકે છે. કારણ કે તેમાં બાકી માગણી આવી જ્યાં આવી છે. તેમાં સહાય મળી શકે છે.

Vietnamese: Bạn có thể gọi cho số điện thoại dịch vụ hỗ trợ ngôn ngữ tại mặt sau của thẻ của bạn.

Russian: Если вы говорите по-русски, у вас есть бесплатная помощь в этом вопросе.

Italian: ATTENZIONE: se parli italiano, sono disponibili servizi gratuiti di assistenza linguistica.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

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

Arabic: إذا كنت تتحدث اللغة العربية، فإن خدمات اللغة المقدمة مجانية للمستخدم.


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


Japanese: 備考: 自己の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。ご自身のIDカードの裏面に記載されているカスタマーサービス番号をご利用ください。

Persian (Farsi): نوبت بهتری را بگیرید، اگر فارسی صحبت می‌کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می‌شود. شما که نوبت کاری شما را نوبت جدیدی نمی‌برید.

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.


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.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.