



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


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

* More information about recommended immunizations is available from the Centers for Disease Control at [cdc.gov/vaccines/schedules](https://www.cdc.gov/vaccines/schedules).


 Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection	 Recommended vaccination for adults with an additional risk factor or another indication
 Recommended vaccination based on shared clinical decision-making	 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.

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

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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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
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
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](https://www.cdc.gov/vaccines/schedules).

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 12 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 individuals at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All children
Iron Deficiency Anemia Screening	All children up to age 21 years
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

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.

Vaccine	Birth	1 mos	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 yrs	17-18 yrs
Hepatitis B (HepB)	1st dose	2nd dose			<----- 3rd dose ----->												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See note*												
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	See note*		3rd or 4th dose See note*										
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 (IIV4)					Annual vaccination 1 or 2 doses										Annual vaccination 1 dose only		
Influenza (LAIV)												Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See note*	<-- 1st dose -->					2nd dose						
Varicella (VAR)						<-- 1st dose -->					2nd dose						
Hepatitis A (HepA)					See note*	2-dose series See note*											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)													**	See note*			
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)			See note*											1st dose		2nd dose	
Meningococcal B (MenB-4C, MenBFHbp)														See note*			
Pneumococcal polysaccharide (PPSV23)												See note*					
Dengue (DEN4CYD; 9-16 yrs)													Seropositive in endemic areas only See note*				

Range of recommended ages for all children

Range of recommended ages for catch-up vaccination

Range of recommended ages for certain high-risk groups

Recommended vaccination based on shared clinical decision-making or

No recommendation/ Not applicable

*More information about recommended immunizations is available from the Centers for Disease Control and Prevention at [cdc.gov/vaccines/schedules](https://www.cdc.gov/vaccines/schedules).

** Recommended vaccination can begin in this age group

For more information about recommended immunizations, review Medical Policy #08.01.04: Immunizations. You can find it by visiting [ibx.com/medpolicy](https://www.ibm.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 tulog 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’déé’, t’áá jiik’eh. T’áá shqódí hódíílnih kojí’Áká’anídaalwo’jì éí binumber naaltsoos nitł’izgo nantinígíí bine’déé’ 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 دئیے گئے صارف خدمات نمبر پر برائے کرم کال کریں۔

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.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខសេវាសមាជិក ដែលមាននៅ ផ្នែកខាងក្រោយនៃបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ។

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: civilrightscordinator@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>.

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.

