

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.

For the latest guidelines, visit medpolicy.ibx.com and type *Preventive Care Services, Policy #00.06.02*, in the search field.



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+

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

















Visits

-  Annual preventive exam (well-visit)
All adults are covered for one preventive exam each calendar year





Health screenings and counseling

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|  Abdominal aortic aneurysm screening |  Exercise interventions for the prevention of falls |
|  Alcohol and drug use screening |  Hepatitis B screening |
|  Anxiety screening |  Hepatitis C screening |
|  Behavioral counseling for prevention of sexually transmitted infections |  High blood pressure screening |
|  Behavioral counseling to promote a healthful diet and physical activities for cardiovascular disease prevention |  Intimate partner and domestic violence screening and counseling |
|  Behavioral interventions for weight loss to prevent obesity-related morbidity and mortality |  Latent tuberculosis screening |
|  Breast and ovarian cancer genetic screenings (BRCA-related cancer risk assessment, genetic counseling, and mutation testing) |  Lung cancer screening |
|  Breast cancer screening (mammogram) |  Obesity screening and counseling |
|  Cervical cancer screening (Pap test) |  Osteoporosis (bone mineral density) |
|  Colorectal cancer screening (includes colonoscopy and other screening options) |  Sexually transmitted infection screenings and counseling (chlamydia, gonorrhea, HIV, and syphilis) |
|  Depression and suicide risk screening and counseling |  Tobacco use counseling |
|  Diabetes screening (prediabetes and type 2 diabetes mellitus) |  Work-up and follow-up services for pre-exposure prophylaxis for the prevention of HIV |

Immunizations*

- | | |
|--|--|
|  Chicken pox (varicella) |  Human papillomavirus (HPV) |
|  COVID-19 |  Measles, mumps, rubella (MMR) |
|  Diphtheria, tetanus, pertussis (DTaP/Tdap/Td) |  Meningococcal B and Meningococcal A, C, W, Y |
|  Flu (influenza) |  Mpox |
|  Haemophilus influenzae type B (Hib) |  Pneumococcal |
|  Inactivated poliovirus (IPV) |  Respiratory syncytial virus (RSV) |
|  Hepatitis A |  Rotavirus |
|  Hepatitis B |  Shingles (zoster recombinant) |

Medications

- | | |
|---|--|
|  Pre-exposure prophylaxis for the prevention (PrEP) of HIV |  Statins (for the primary prevention of cardiovascular disease) |
|  Prescription bowel preparation (used for colorectal cancer screenings) |  Tobacco cessation medication |

*For more information about immunizations, refer to the Centers for Disease Control and Preventive at cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-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.

Covered preventive services for pregnant women

Preventive care criteria for females planning for pregnancy, capable of pregnancy, or postpartum 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, visits, and immunizations

- Alcohol misuse screening and behavioral counseling interventions
- Anxiety screening
- Bacteriuria screening
- BRCA testing
- Breastfeeding 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
- Patient navigation services for breast and cervical cancer screening
- Prenatal care visits
- Prolonged preventive services
- 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
- Hemoglobin/hematocrit risk assessment
- High body mass index screening
- 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 16 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	30M	
Routine checkup*	●	●	●	●	●	●	●	●	●	●	●	
Screenings	Birth	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M	
Autism screening									●	●		
Behavioral/social/emotional screening	All children											
Bilirubin screening	●											
Critical congenital heart disease (CCHD) screening with pulse oximetry	●											
Developmental screening						●			●		●	
Hearing screening	All children											
HIV screening	All children											
Iron deficiency anemia screening				●			●	All children at risk of anemia up to age 21				
Lead screening	All children at risk of lead exposure up to age 6											
Newborn metabolic screening panel (e.g., congenital hypothyroidism, hemoglobinopathies [sickle cell disease], phenylketonuria [PKU])	●	●	●									
Vision screening	All children											
Immunizations†	Birth	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M	
Chicken pox (varicella)							Dose 1					
COVID-19	Ages 6 months+: 1- to 3-dose vaccination per your doctor's advice											
Diphtheria, tetanus, pertussis (DTaP)			Dose 1	Dose 2	Dose 3		Dose 4					
Flu (influenza)	Ages 6 months to 30 months: 1 or 2 doses annually											
Haemophilus influenzae type B (Hib)			Dose 1	Dose 2	Dose 3	Dose 3 or 4						
Hepatitis A	2-dose series											
Hepatitis B	Dose 1	Dose 2		Dose 3								
Inactivated poliovirus (IPV)			Dose 1	Dose 2	Ages 6 months to 18 months: Dose 3							
Measles, mumps, rubella (MMR)							Dose 1					
Meningococcal (MenACWY-CRM ≥ 2 months old, MenACWY-TT ≥ 2 years old)	From birth to 30 months: Per your doctor's advice											
Pneumonia			Dose 1	Dose 2	Dose 3	Dose 4						
Respiratory syncytial virus (RSV)	One dose under 8 months											
Rotavirus			Dose 1	Dose 2	Dose 3							

*Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. This exam is not the preschool or daycare-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.

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.libx.com and typing *Routine/Non-routine Vaccines* in the search field.

Covered preventive services for children and adolescents

Ages 3 to 18

General care	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y
Routine checkup*	●	●	●	●	●	●	●	●	Once a year from ages 11 to 18			
Screenings	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y
Alcohol and drug use/misuse screening and behavioral counseling intervention									Once a year for ages 11+			
Anxiety screening						Once a year from ages 8 to 18						
Autism screening												
Behavioral/social/emotional screening	All children											
Depression and suicide risk screening									Once a year from ages 12 to 21			
Hearing screening	All children											
HIV screening	All children											
Iron deficiency anemia screening	All children at risk of anemia up to age 21											
Lead screening	All children at risk of lead exposure up to age 6											
Sexually transmitted infection screenings and counseling (chlamydia, gonorrhea, and syphilis)	All sexually active adolescents up to age 21											
Vision screening	All children											
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, Tdap)		Dose 5							One dose Tdap			
Flu (influenza)	Ages 3 to 18: 1 or 2 doses annually											
Human papillomavirus (HPV)							2 doses when started ages 9 to 14; 3 doses for all other ages					
Inactivated poliovirus (IPV)			Dose 4									
Measles, mumps, rubella (MMR)		Dose 2										
Meningococcal (MenACWYTT > 2Y, MenB-FHbp > 10Y)									Ages 11 to 12: Dose 1; Age 16: Dose 2 (if not previously vaccinated, dose 1 at age 13 to 15 and dose 2 at age 16 to 18, at least 8 weeks apart)			
Meningococcal B (MenB-4C, MenB-FHbp)		Dose 2			If not previously vaccinated: Dose 1 and 2 (4 weeks apart)							
Meningococcal B Mpx	Per your doctor's advice											
Pneumococcal	Per your doctor's advice											

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.

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†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.

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