

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.

Preventive service	Recommendation
Visits	
All adults are covered for one preventive exam (also called a well-visit) each benefit year.	One exam annually
Screenings	
Abdominal aortic aneurysm	Once in a lifetime for asymptomatic males ages 65 to 75 years with a history of smoking
Abnormal blood glucose and Type 2 diabetes mellitus	Adults ages 40 to 70 years who are overweight or obese Intensive behavioral counseling interventions, up to 24 sessions, for adults with a positive screening result
Alcohol and drug use/misuse and behavioral counseling intervention	Screening for all adults Behavioral counseling in a primary care setting for adults with a positive screening result for drug or alcohol use/misuse
Colorectal cancer	Adults ages 50 to 75 years using any of the following tests: <ul style="list-style-type: none"> • Fecal occult blood testing: once a year • Highly sensitive fecal immunochemical testing: once a year • Flexible sigmoidoscopy: once every 5 years • CT colonography: once every 5 years • Stool DNA testing: alone or combined with highly sensitive fecal immunochemical testing: once every 3 years • Colonoscopy: once every 10 years • Barium enema: in-network cost-sharing waived. Once every 5 years beginning at age 50. When limit is exhausted, cost-sharing may apply.
Depression	Annually for all adults
Hepatitis B virus	All asymptomatic adults at high risk for HBV infection
Hepatitis C virus	All asymptomatic adults age 18 years and older at high risk with no history of liver disease or functional abnormalities or as a one-time screening for adults born between 1945 and 1965
High blood pressure	Ambulatory blood pressure monitoring for individuals with elevated blood pressure without known hypertension
HIV (human immunodeficiency virus)	All adults
Latent tuberculosis infection	Asymptomatic individuals age 18 years or older at increased risk for tuberculosis
Lipid disorder	Individuals age 40 years or older every 5 years
Lung cancer	Adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years
Obesity	Obesity screening for all adults Behavioral intervention for adults with a body mass index (BMI) of 30 kg/m ² or higher
Prostate	In-network cost-sharing for prostate screenings beginning at age 40 is waived One Digital Rectal Exam (DRE) per benefit period and one Prostate Specific Antigen (PSA) screening per benefit period When limit is exhausted, cost-sharing may apply
Syphilis infection	All adults at increased risk for syphilis infection

Preventive service	Recommendation
Therapy and counseling	
Sexually transmitted infections prevention counseling	All sexually active adults
Counseling for overweight or obese adults to promote a healthful diet and physical activity	Adults age 18 years and older diagnosed as overweight or obese with known cardiovascular disease risk factors
Nutrition counseling	6 visits per year
Prevention of falls counseling	Community-dwelling adults age 65 years and older with an increased risk of falls
Tobacco use counseling	All adults who use tobacco products
Medications	
Low-dose aspirin	Adults ages 50 to 59 years who have a 10% or greater 10-year cardiovascular disease risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years
Prescription bowel preparation (used for colorectal cancer screenings)	For colorectal cancer screening procedures when medically appropriate and prescribed by a health care provider (The company-designated prescription bowel preparation medication is PEG 3350- electrolyte, GavilyteC, Gavilyte-G, Gavilyte-N, Trilyte with flavor packets, Gavilyte-H with bisacodyl, and PEG-prep for \$0 cost-share. All other prescription bowel preparation medication will be subject to the applicable member's cost-share.)
Statins	Individuals age 40 to 75 years with no history of cardiovascular disease with one or more cardiovascular disease risk factors and with a calculated 10-year risk of cardiovascular event of 10% or greater based on the American College of Cardiology/American Heart Association Pooled Cohort Equations (Lovastatin is the designated statin for \$0 cost-share. All other statins will be subject to the applicable member's cost-share.)
Tobacco cessation medication	All adults who use tobacco products (The company-designated tobacco cessation medication is Chantix®, bupropion, Nicotrol®, generic nicotine gums and patches for \$0 cost-share. All other tobacco cessation medication will be subject to the applicable member's cost-share.)

Immunizations¹

Vaccine	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influenza	1 dose annually					
Tetanus, diphtheria, 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](https://www.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.

Preventive service	Recommendation
Visits	
Well-woman visits Services that may be provided during the well-woman visit include but are not limited to the following: <ul style="list-style-type: none"> • BRCA-related cancer risk assessment • Discussion of chemoprevention for breast cancer • Intimate partner violence screening • Primary care interventions to promote and support breastfeeding • Recommended preventive preconception and prenatal care services • Urinary incontinence screening 	At least annually
 Prenatal care visits for pregnant women Services that may be provided during the prenatal care visits include but are not limited to preeclampsia screening	All pregnant women
Preventive service	Recommendation
Screenings	
Preventive care specific to women may include the following screenings, depending on age and risk factors.	
 Bacteriuria	All asymptomatic pregnant females at 12 to 16 weeks gestation or at the first prenatal visit, if later
BRCA-related cancer risk assessment, genetic counseling, and mutation testing	Genetic counseling for asymptomatic females with either personal history or family history of a BRCA-related cancer BRCA mutation testing, as indicated, following genetic counseling
Breast cancer screening (2D OR 3D mammography)	All females age 40 years and older Diagnostic mammograms — covered 100%
Cervical cancer (Pap test)	Ages 21 to 65: Every three years Ages 30 to 65: Every 5 years with a combination of Pap test and human papillomavirus (HPV) testing, for those who want to lengthen the screening interval
Chlamydia	Sexually active females age 24 years and younger or older sexually active females who are at increased risk for infection
 Depression	Pregnant and postpartum females
 Diabetes	Females with a history of gestational diabetes mellitus and no history of type 2 diabetes mellitus
Gonorrhea	Sexually active females age 24 years and younger or older sexually active females who are at increased risk for infection
 Hepatitis B virus	All pregnant females or asymptomatic adolescents and adults at high risk for HBV infection
 Human immunodeficiency virus (HIV)	All pregnant females
Human papillomavirus (HPV)	Age 30 and older: Every 3 years Ages 30 to 65: Every 5 years with a combination of Pap test and HPV testing, for those that want to lengthen the screening interval
Intimate partner violence	All females
 Iron-deficiency anemia	All pregnant females

Preventive service	Recommendation
Screenings	
Preventive care specific to women may include the following screenings, depending on age and risk factors.	
Osteoporosis (bone mineral density)	Every 2 years for females younger than 65 years who are at high risk for osteoporosis Every 2 years for females 65 years and older without a history of osteoporotic fracture or without a history of osteoporosis secondary to another condition
 RhD incompatibility	All pregnant females, follow-up testing for females at high risk
 Syphilis	All pregnant females at first prenatal visit For high-risk pregnant females, repeat testing in the third trimester and at delivery Females at increased risk for syphilis infection
Urinary incontinence	All females

Preventive service	Recommendation
Therapy and counseling	
 Breastfeeding supplies, support, and counseling	Comprehensive lactation support/counseling for all pregnant females and during the postpartum period
Tobacco use counseling	All pregnant females who smoke tobacco products
 Reproductive education and counseling, contraception, and sterilization	All females with reproductive capacity
Medications	
 Low-dose aspirin for preeclampsia	Low-dose aspirin for pregnant females who are at high risk for preeclampsia after 12 weeks of gestation
Breast cancer chemoprevention	Asymptomatic females age 35 years and older without a prior diagnosis of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention (The company-designated breast cancer chemoprevention is tamoxifen 20mg for \$0 cost share. All other breast cancer chemoprevention medication will be subject to the applicable member's cost-share.)
Folic acid	Daily folic acid supplements for all females planning for or capable of pregnancy
Pre-exposure prophylaxis for the prevention of HIV	Talk to your doctor to see if you qualify

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
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 age 6 years or older with an age-specific and sex-specific BMI in the 95th percentile or greater
Medications	
Fluoride	Oral fluoride for children ages 6 to 12 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 3 months for all infants and children starting at age of primary tooth eruption to 12 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 schedule¹

	Range of recommended ages for all children		Range of recommended ages for catch-up immunization
	Range of recommended ages for certain high-risk individuals		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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 આઈડી 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: Dít baa akó nínízin: Dít saad bee yánílti'go
Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh.
T'áá shqodí hódíílnih koji'Áká'anídaalwo'jì éí
binumber naaltsoos nítł'izgo nantínígíí bine'déé'
bikáá'.

Urdu:

توجہ درکار ہے: 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
ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥត
គិតថ្លៃ។ 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.

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