

# Preventive care for adults and children

Stay healthy with preventive care! Get your checkups, screenings, and immunizations at no cost to you.



**Independence**   
Independence Administrators

# Your health is top priority. One important way to stay healthy is getting the preventive care your doctor recommends — and you'll pay \$0 if your plan is non-grandfathered. This may not be applicable for grandfathered plans.

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**

This brochure lists items or services covered under the Patient Protection and Affordable Care Act of 2010 (PPACA or ACA) and the Health Care and Education Reconciliation Act of 2010. It is reviewed and updated periodically based on recommendations of the U.S. Preventive Services Task Force, Health Resources and Services Administration, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, and other applicable laws and regulations. Accordingly, the content of this schedule may change.

Your specific needs for preventive services may vary according to your personal risk factors. Your health care provider is always your best resource for determining if you are at increased risk for a condition. Some services may require precertification or preapproval.

## Preventive care services

ACA Preventive care services are comprised of the following:

- US Preventive Services Task Force (USPSTF) A and B Recommendations List
- Women's Preventive Services
- Adult Immunizations Schedule
- AAP – Bright Futures Periodicity Schedule
- Children's Immunization Schedule

## 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

Many 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 beginning at age 45
- 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
- Prevention of falls counseling for community-dwelling adults ages 65 and older
- Tobacco use counseling


### Medications


- Low-dose aspirin
- Prescription bowel preparation (used for colorectal cancer screenings)
- Statins
- Tobacco cessation medication


**Table 1: Recommended Adult Immunization Schedule by Age Group, United States, 2021**


Vaccine	19-26 years	27-49 years	50-64 years	≥ 65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV4)	1 dose annually			
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			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)	2 doses		
Zoster recombinant (RZV)			2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal conjugate (PCV13)	1 dose			1 dose
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2 or 3 doses depending on vaccine			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

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

## 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
- Prenatal care visits for pregnant women 

### Screenings


Preventive care specific to women may include the following screenings, depending on age and risk factors.

- Anxiety
- 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
- 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
<b>Visits</b>	
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"> <li>Behavioral counseling for skin cancer prevention</li> <li>Blood pressure screening</li> <li>Congenital heart defect screening</li> <li>Counseling and education provided by health care providers to prevent initiation of tobacco use</li> <li>Developmental surveillance</li> <li>Dyslipidemia risk assessment</li> <li>Hearing risk assessment for children 29 days or older</li> <li>Height, weight, and body mass index measurements</li> <li>Hemoglobin/hematocrit risk assessment</li> <li>Obesity screening</li> <li>Oral health risk assessment</li> <li>Psychosocial/behavioral assessment</li> </ul>	All children up to 21 years of age, with preventive exams provided at: <ul style="list-style-type: none"> <li>3–5 days after birth</li> <li>By 1 month</li> <li>2 months</li> <li>4 months</li> <li>6 months</li> <li>9 months</li> <li>12 months</li> <li>15 months</li> <li>18 months</li> <li>24 months</li> <li>30 months</li> <li>3–21 years: annual exams</li> </ul>

Preventive service	Recommendation
<b>Screenings</b>	
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 asymptomatic adolescents 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

\* 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
<b>Additional screening services and counseling</b>	
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
<b>Medications</b>	
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
<b>Miscellaneous</b>	
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

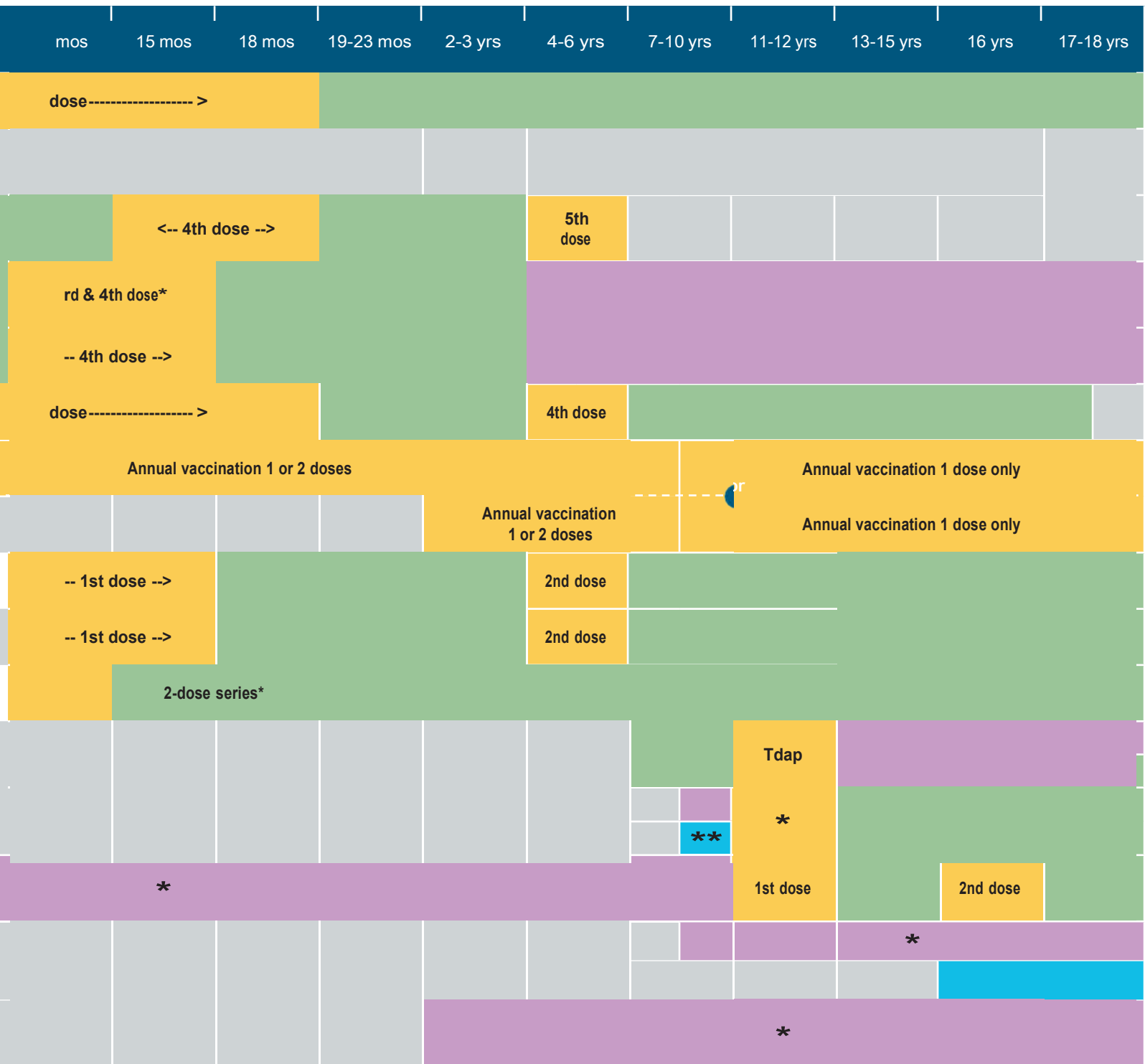
# Immunizations: Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

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 green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray

Vaccine	Birth	1 mos	2 mos	4 mos	6 mos	9 mos	12 mos
Hepatitis B (HepB)	1st dose	2nd dose				←----- 3rd dose	
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	*		
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose	←-----	
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	*		3r
Pneumococcal conjugate (PCV13)			1st dose	2nd dose	3rd dose		<--
Inactivated poliovirus (IPV <18 yrs)			1st dose	2nd dose		←----- 3rd dose	
Influenza (IIV)							
Influenza (LAIV)							
Measles, mumps, rubella (MMR)					*		<--
Varicella (VAR)							<--
Hepatitis A (HepA)					*		
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)							
Human papillomavirus (HPV)							
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)							
Meningococcal B							
Pneumococcal polysaccharide (PPSV23)							

- Range of recommended ages for all children
- Range of recommended ages for catch-up immunization
- Range of recommended ages for certain high-risk groups
- Recommended based on shared clinical decision-making or
- No recommendation/ Not applicable





\*For more information about recommended immunizations please visit the Centers for Disease Control and Prevention at [cdc.gov/vaccines/schedules](https://www.cdc.gov/vaccines/schedules).

\*\*Can be used in this age group

## **Nondiscrimination Notice and Notice of Availability of Auxiliary Aids and Services**

Independence Administrators complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independence Administrators does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independence Administrators:

- Provides free aids and services to people with disabilities to communicate effectively with us and written information in other formats, such as large print
- Provides free language services to people whose primary language is not English and information written in other languages

If you need these services, contact our Civil Rights Coordinator.

If you believe that Independence Administrators 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.

There are four ways to file a grievance directly with Independence Administrators:

- by mail: Independence Administrators, ATTN: Civil Rights Coordinator, 1900 Market Street, Philadelphia, PA 19103;
- by phone: 844-864-4352 (TTY 711);
- by fax: 215-761-0920; or
- by email: **IACivilRightsCoordinator@ibxtpa.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>.

## **Language Access Services**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en su tarjeta de identificación (TTY: 711).

注意：如果您使用简体中文，您可以免费获得语言协助服务。请致电您ID卡上的电话号码。

LƯU Ý: Nếu quý vị nói tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Xin gọi số điện thoại trên thẻ ID của quý vị.

ВНИМАНИЕ: Если вы говорите по-русски, вам предлагаются бесплатные услуги переводчика. Позвоните по телефону на вашем удостоверении.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf die Nummer uff dei ID-Card uff.

알림: 한국어 통역서비스가 필요한 분은 귀하의 ID 카드에 나와있는 번호로 전화하십시오. 통역서비스를 무료로 받으실 수 있습니다.

ATTENZIONE: se parla italiano, sono disponibili per lei servizi di assistenza linguistica gratuiti. Contatti il numero che vede sulla sua carta d'identità.

اينباه: إذا كنت تتحدث العربية فإن خدمات المساعدة للغوية متوفرة لك مجاناً. اتصل على الرقم الموجود على بطاقة التعريف الخاصة بك.

ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le numéro indiqué sur votre carte d'identité.

HINWEIS: Wenn Sie Deutsch sprechen, steht Ihnen über Language Assistance Services ein Dolmetscher kostenlos zur Verfügung. Wenden Sie sich an die Nummer auf Ihrer ID-Karte.

: , , ,  
ID

UWAGA: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany na Twojej karcie identyfikacyjnej.

ATANSYON: Si ou pale kreyòl ayisyen, gen asistans ak lang disponib pou ou gratis. Rele nimewo ki sou do kat idantifikasyon ou a.

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ATENÇÃO: se você fala português, serviços de assistência a idioma estão disponíveis gratuitamente para você. Ligue para o número no seu cartão de identificação.

BAA !KON&N&ZIN: Din4 bizaad bee y1n7[ti'go, ata' hane' bee 1k1 i'iilyeed t'11 j7k'e bee n1 ah00t'i'. Naaltsoos bee n44h0zingo nanitin7g77 bik'ehgo hane'7 bik11'7g77 bich'8' h0lne'.

PAUNAWA: Kung nagsasalita ka ng Tagalog, makakakuha ka ng mga serbisyo ng tulong para sa wika nang walang bayad. Tawagan ang numero sa ID card ninyo.

注意: 日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。IDカードの番号にお電話ください。

نوجه: اگر به زبان نارسی صحبت می کنید، خدمات کمک در زمینه زبان، به رایگان در اختیار شما می باشد. با شماره نوشته شده روی کارت عضویت خود تماس بگیرید.

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