



# 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





# Regular preventive care and counseling can help you and your family stay healthier.

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)**



**Immunizations**



**Cancer and other health screenings**

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

## 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
- Anxiety in adults 64 years or younger
- Prediabetes and Type 2 diabetes
- Alcohol and drug use/misuse and behavioral counseling intervention
- Colorectal cancer beginning at age 45
- Depression and suicide risk
- Hepatitis B virus
- Hepatitis C virus
- High blood pressure
- HIV (human immunodeficiency virus)
- Latent tuberculosis infection
- 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
- Pre-exposure prophylaxis for the prevention of HIV
- Prescription bowel preparation (used for colorectal cancer screenings)
- Statins
- Tobacco cessation medication

# Table 1: Recommended Adult Immunization Schedule by Age Group, United States, 2023

Vaccine	19-26 years	27-49 years	50-64 years	≥ 65 years
COVID-19	2- or 3-dose primary series and booster (see notes*)			
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 for immunocompromising conditions (see notes*)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumoccal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 or 1 dose PCV20 (see notes*)			See notes*
				See notes*
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2, 3 or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations*			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations*			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			


\* 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 and suicide risk 
- Diabetes 
- Gonorrhea
- Hepatitis B virus 
- HIV (Human immunodeficiency virus) 
- Human papillomavirus (HPV)
- Interpersonal and domestic 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 
- Obesity prevention in midlife<sup>†</sup>

### Medications

- Low-dose aspirin for preeclampsia 
- Breast cancer chemoprevention
- Folic acid
- Pre-exposure prophylaxis for the prevention of HIV
- FDA-approved contraceptives
  - Male condoms if covered under a prescription<sup>†</sup>

<sup>†</sup> For plan years starting in 2023



# 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>	
<b>Pre-birth exams</b>	<b>All expectant parents for the purpose of establishing a pediatric medical home</b>
<p><b>Preventive exams</b></p> <p>Services that may be provided during the preventive exam include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Behavioral counseling for skin cancer prevention</li> <li>• Behavioral, social, and emotional screening</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>• Sudden cardiac arrest/death</li> </ul>	<p>All children up to 21 years of age, with preventive exams provided at:</p> <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>
<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	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

\* 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>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
Anxiety screening	Children and adolescents ages 8 to 18 years
Autism and developmental screening	All children
Bilirubin screening	All newborns
Chlamydia screening	All sexually active children up to age 21 years
Depression and suicide risk 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) and Hepatitis C virus screening	All asymptomatic adolescents at high risk for HBV infection
HIV (Human immunodeficiency virus) 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, 2023

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
Hepatitis B (HepB)	1st dose	2nd dose			<-----	
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	* See notes	
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose	
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	* See notes	
Pneumococcal conjugate (PCV13)			1st dose	2nd dose	3rd dose	
Inactivated poliovirus (IPV <18 yrs)			1st dose	2nd dose	<-----	
COVID-19 (1vCOV-mRNA, 2vCOV-mRNA, 1vCOV-aPS)						
Influenza (IIV)						
or						
Influenza (LAIV)						
Measles, mumps, rubella (MMR)					* See notes	
Varicella (VAR)						
Hepatitis A (HepA)					* See notes	
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)						
Human papillomavirus (HPV)						
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT>>2 years)						
Meningococcal B (MenB-4C, MenBFHbp)						
Pneumococcal polysaccharide (PPSV23)						
Dengue (DEN4CYD; 9-16 yrs)						

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



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
- 3rd dose ----->										
	<-- 4th dose -->				5th dose					
3rd & 4th dose (see notes*)										
<-- 4th dose -->										
- 3rd dose ----->					4th dose					
2- or 3- dose primary series and booster (see notes*)										
Annual vaccination 1 or 2 doses						Annual vaccination 1 dose only				
						or				
Annual vaccination 1 or 2 doses						Annual vaccination 1 dose only				
<-- 1st dose -->					2nd dose					
<-- 1st dose -->					2nd dose					
2-dose series*										
							Tdap 1 dose			
						**	* See notes			
* See notes							1st dose		2nd dose	
							* See notes			
							* See notes			
							Seropositive in endemic dengue areas (see notes*)			

\*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

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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: 1-844-864-4352 (TTY 711),
- by fax: 1-215-761-0920, or
- by email: [IACivilRightsCoordinator@ibxtpa.com](mailto: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, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### **Language Access Services:**

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

Spanish: ATENCIÓN: Si usted habla español, tiene a su disposición servicios de asistencia de idiomas sin costo. Llame al número que aparece en su tarjeta de identificación de socio (TTY: 711).

Chinese: 请注意: 如果您说[中文], 则可以免费使用语言协助服务。请拨打您身份证上的号码 (TTY: 711) 。

Hmong: LUS CEEB TOOM: Yog tias koj hais LUS HMOOB, ces yuav muaj kev pab cuam txhais lus pub dawb rau koj. Hu rau tus nab npawb xov tooj nyob ntawm koj daim npav ID (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói tiếng việt, bạn sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí. Gọi đến số trên thẻ ID của bạn (TTY: 711).

Somali: FIIRO GAAR AH: Haddii aad ku hadashid luuqada Soomaaliga, adeegyada caawinta luuqada, oobilaash ah, ayaa lagu helayaa. Soo wac lambarka ku qoran kaarkaaga Aqoonsiga (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги переводчика. Позвоните по номеру на ID-карте (TTY: 711).

Arabic: انتبه: إذا كنت تتحدث اللغة العربية، تم توفير خدمات المساعدة اللغوية مجانًا، اتصل بالرقم الموجود على بطاقة الهوية الخاصة بك (TTY: 711).

French: ATTENTION : Si vous parlez le français, des services d'assistance linguistique gratuits, vous sont proposés. Appelez le numéro sur votre carte d'identité (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen ein kostenloser Sprachassistent zur Verfügung. Rufen Sie die Nummer auf Ihrem Ausweis an (TTY: 711).

Amharic: ትኩረት: [አማርኛ] የሚናገሩ ከሆነ ከክፍያ ነፃ የሆነ የቋንቋ አገልግሎቶች በነጻ ያገኛሉ። ሁሉም ቁጥሮች ID ካርዶች (TTY: 711) ላይ ይገኛሉ።

Korean: 주의: [한국어]를 사용하는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. ID 카드에 적힌 번호로 전화해주시십시오. (TTY:711).

Lao: ສິ່ງທີ່ຄວນຈຶ່ງ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ໄດ້ເສຍຄ່າ. ໂທຫາເບີໂທລະສັບທີ່ ຢູ່ເທິງບັດ ID ຂອງທ່ານ (TTY: 711).

Tagalog: PANSININ: Kung nagsasalita ka ng Tagalog, libre na available sa iyo ang mga serbisyo sa tulong sa wika. Tumawag sa numero sa iyong ID card (TTY: 711).

Navajo: T'ÁÁ HÓZHÓÓGO: Yíł t'íish Diné bizaad bíhózhóógi diné díí bizaad daaztsáni dineé t'íish t'áá hwó ají t'éego. Hózhóógi diníłtiin bee ID kááłkáás altsééji (TTY: 711).

Khmer: ប្រុងប្រយ័ត្ន: ប្រសិនបើអ្នកនិយាយភាសា [ខ្មែរ] មានផ្តល់សេវាកម្មជំនួយភាសាដោយឥតគិតថ្លៃជូនអ្នក។ ហៅ ទូរសព្ទទៅលេខនៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

Italian: ATTENZIONE: Per coloro che parlano italiano, sono disponibili i servizi di assistenza linguistica gratuiti. Chiamare al numero indicato sulla carta ID (TTY: 711).

Guajarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો ભાષા સહાય સેવાઓ, તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. તમારા ID કાર્ડ પરના નંબર (TTY: 711) પર કોલ કરો.

Polish: UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Zadzwoń pod numer znajdujący się na karcie (telefon tekstowy: 711).

Creole: ATANSYON: Si ou pale kreyòl, sèvis asistans lang yo gratis, e yo disponib pou ou. Rele nan 1-888-356-7899 (TTY: 711). Rele nimewo ki sou kat idantite ou an (TTY: 711).

Portuguese: ATENÇÃO: Se você fala português, os serviços de assistência linguística, gratuitos, estão disponíveis para você. Ligue para o número em seu cartão de identificação (TTY: 711).

Japanese: 注記 : [日本語] 話者向けの無料の言語支援サービスを利用できます。IDカードの番号に電話してください (TTY: 711)。

Farsi: توجه: اگر زبان شما فارسی است، خدمات کمک زبانی، به صورت رایگان در دسترس شما است. با شماره روی کارت شناسایی تان تماس بگیرید (TTY: 711).

Urdu: متوجہ ہوں: اگر آپ اردو بولتے ہیں، تو زبان کی معاونت کی خدمات، آپ کے لیے مفت دستیاب ہیں۔ اپنے ID کارڈ پر موجود نمبر (TTY: 711) پر کال کریں۔

Hindi: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। अपने ID कार्ड पर दिए गए नंबर (TTY: 711) पर कॉल करें।

Telugu: ధ్యాన పెట్టండి: మీరు తెలుగు మాట్లాడగలిగితే, భాషా సహాయక సేవలు మీకు ఉచితంగా లభిస్తాయి. మీ ఐడి కార్డుపై ఉండే నెంబర్ కు కాల్ చేయండి (TTY: 711).

Swahili: KUMBUKA: Iwapo unazungumza Kiswahili, utapata huduma za usaidizi wa lugha bila malipo. Piga simu kwa nambari iliyo kwenye kitambulisho chako (TTY: 711).

Ojibwe: AMBE: Giishipin wii'wiidookaagooyan ji-noondam Ojibwemowin, ganoozhishinaam Gawain gidaw-diba'anziin. Inganoonaa asigibii'igann bimibizoo-mazina'igaans.(TTY: 711)



# Questions?

Call Customer Service at the number on the back of your member ID card.

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