



# Coverage for preventive care

## Understanding your preventive care coverage

Preventive care, like screenings and immunizations, helps you and your family stay healthier and can help lower your overall out-of-pocket medical costs. Talk to your doctor about what types of preventive care are appropriate for you.

## A guide to preventive services covered at no cost

As a result of the health care law, most Independence Blue Cross (Independence) health plans now include coverage for certain designated in-network preventive services with no cost-sharing. This means that you do not have to pay copays, coinsurance, or deductibles when you receive preventive care from a participating, in-network provider.

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## What are preventive services?

Preventive services typically include yearly check-ups, screenings, and immunizations that can help you and your family members stay healthy and avoid or delay health problems.

## Are these services always covered with no cost-sharing?

To be covered without any member cost-sharing, the designated preventive tests, examinations, and other medical services you receive must be billed by the in-network provider as preventive care and not be part of a diagnostic procedure or ongoing treatment for an existing condition. If a procedure is considered preventive, there is no cost-sharing. If a procedure is not considered preventive, or you don't fall within the coverage guidelines, charges may apply.

## Examples of preventive and non-preventive services:

**George receives a blood test to measure cholesterol levels at his annual wellness exam.**

The office visit and blood test are both preventive procedures because George has no known symptoms, illness, or injury.

**Jerry makes quarterly visits to his doctor for blood tests to check cholesterol levels and confirm that his medication dosage is appropriate.**

The quarterly blood tests are not preventive care because they are part of a treatment regimen for Jerry's existing condition.

**Cate visits her in-network doctor for her annual mammogram.**

This service is covered since all mammograms are covered 100 percent.

**During his annual wellness exam, Mike tells his doctor that he has experienced some unexpected weight loss, which prompts his doctor to send him for a colonoscopy.**

Mike's wellness exam is covered, but the colonoscopy is considered a diagnostic service and is subject to cost-sharing.



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**If you receive both preventive and diagnostic services during the same visit, you will pay a share of the cost for the diagnostic services.**

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## Preventive services for children (newborn to 21 years old)

Pediatric preventive exams are covered at no cost. Many of the services listed are included as part of children's routine preventive visits with a doctor.

| Preventive service   | Independence coverage   |
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| Preventive care for newborns:<br><ul style="list-style-type: none"> <li>• Screening for heritable (genetic) disorders and congenital hypothyroidism (to determine if the thyroid is functioning correctly)</li> <li>• Eye medication to prevent gonorrhea</li> <li>• Hearing loss screening</li> <li>• Phenylketonuria (PKU) screening to test for a rare genetic disorder</li> <li>• Sickle cell disease screening</li> </ul> | All newborns  |
| Autism screening   | All children at 18 months and 24 months   |
| Counseling and education to prevent initiation of tobacco use  | All school-aged children and adolescents  |
| Hearing screening  | All children  |
| HIV screening  | All children 15 years and older or high-risk adolescents  |
| Iron supplements (with prescription drug benefit only) <sup>1</sup>  | All children, 6 months old to 12 months old   |
| Major depressive disorders (MDD) screening   | All children, 12 – 18 years old   |
| Obesity screening and counseling   | All children, 6 years and older   |
| Oral fluoride supplements (with prescription drug benefit only)  | All children, 6 months to 6 years and whose primary water source lacks enough fluoride                                |
| Preventive exams   | Children: birth to 36 months, 11 visits<br>Children: 3 – 17 yrs once every year<br>Children: 18 – 21, once every year |
| Sexually transmitted infections counseling   | All at-risk children  |
| Sexually transmitted infections screening  | All children, 11 years and older  |
| Skin cancer counseling to minimize exposure to harmful ultraviolet (UV) radiation  | All children  |
| Visual impairment screening  | All children, 5 years old and younger   |

<sup>1</sup> Preventive prescription drugs – If your health plan includes a prescription drug benefit, certain prescription drugs used in preventive care are covered with no cost-sharing when the prescription is filled at a participating in-network pharmacy. Refer to your member handbook and/or benefit booklet to determine if your plan covers in-network preventive drugs with no cost-sharing.

<sup>2</sup> More information about recommended immunizations is available from the Centers for Disease Control at [www.cdc.gov/vaccines/schedules](http://www.cdc.gov/vaccines/schedules).

## Immunizations (adults and children)<sup>2</sup>

- Diphtheria, Tetanus, Pertussis (DTaP)
- Haemophilus influenzae type b (Hib)
- Hepatitis A
- Hepatitis B
- Herpes zoster (shingles)
- Human papillomavirus (HPV)
- Inactivated poliovirus (IPV)
- Influenza vaccine (flu)
- Measles, mumps, rubella (MMR)
- Meningococcal (MCV)
- Pneumococcal (pneumonia)
- Rotavirus
- Varicella (chickenpox)

## Preventive services for men and women (22 years and older)

Adult preventive exams are covered at no cost. Many services listed, such as blood pressure screening, may be included as part of a routine preventive visit with a doctor.

| Preventive service   | Independence coverage   |
|--|---|
| Abdominal aortic aneurysm (AAA) screening to detect weakening of the heart's main artery                                     | Men, 65 – 75 years old, once per lifetime   |
| Alcohol misuse screening and counseling  | All adults, once per year   |
| Aspirin use counseling for use of aspirin to prevent heart disease   | Men, 45 – 79 years old; Women, 55 – 79 years old  |
| Blood pressure screening   | All adults  |
| Cholesterol (lipid) screening  | All adults, 18 and older  |
| Colorectal cancer screening – includes barium enema, colonoscopy, fecal occult blood testing, and sigmoidoscopy <sup>3</sup> | For fecal occult: All adults, 50 years and older, once every year<br>For flexible sigmoidoscopy: all adults, 50 years and older, once every 3 years<br>For barium enema: All adults, 50 years and older, once every 3 years<br>For colonoscopy: All adults, 50 years and older, once every 10 years |
| Depression screening   | All adults, once every year   |
| Diabetes (type 2) screening  | All adults with high blood pressure   |
| Healthy diet counseling  | All adults with risk factors for heart disease and diet-related chronic condition   |
| Hepatitis C virus screening  | All high-risk adults  |
| HIV screening  | All high-risk adults, including all pregnant women  |
| Obesity screening and counseling   | All adults  |
| Osteoporosis screening   | Women: 60 and older, once every two years   |
| Prevention of falls/ Vitamin D supplementation in older adults   | All high-risk adults, 65 years and older  |
| Preventive exams   | Adults: 22 – 39, once every 2 years<br>Adults: 40 years and older, once every year  |
| Sexually transmitted infections counseling   | All at-risk adults  |
| Tobacco use screening and cessation interventions for tobacco users  | All adults  |
| Syphilis (sexually transmitted infection) screening  | All high-risk adults, including pregnant women  |

**Talk to your doctor about preventive and diagnostic services you receive to determine the treatment that is best for you.**

<sup>3</sup> Refer to your member handbook and/or benefit booklet to determine whether your health plan includes the Preventive Plus benefit. This benefit has a site-of-service differential, which means that how much you pay is different depending on the location where you receive the covered service. If your plan includes Preventive Plus, there is \$0 cost-sharing — no copayment, deductible, or coinsurance — when you receive a preventive colonoscopy to screen for colorectal cancer at an in-network freestanding ambulatory surgery center (ASC). A freestanding ASC is an independent health care facility — one that is not hospital-based — where you can receive surgery and other medical procedures. If, however, you receive a preventive colonoscopy at an outpatient ASC that is hospital-based, you will be charged a copayment of up to \$750. Log in at [www.ibxpress.com](http://www.ibxpress.com) and use the Find a Doctor tool to find a Preventive Plus provider. Look for the P+ icon to choose a provider where you can take advantage of the Preventive Plus benefit.



## Preventive services for women, including pregnant women

Well-woman visits to obtain the recommended preventive services are covered at no cost. Many services listed may be included as part of a routine well-woman visit with a doctor.

| Preventive service  | Independence coverage  |
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| Anemia screening (low red blood count caused by iron deficiency)                        | All pregnant women   |
| Bacteriuria urinary tract infection screening   | All pregnant women at first prenatal visit or at 12 to 16 weeks' gestation |
| Breast/ovarian cancer genetic risk assessment and BRCA (cancer gene) mutation testing   | All women with family history associated with high risk                    |
| Mammogram (breast cancer screening)   | All adult women  |
| Breast cancer counseling to discuss use of medicine to prevent cancer (chemoprevention) | All women at high risk for breast cancer                                   |
| Breastfeeding support, supplies, and counseling <sup>4</sup>                            | All pregnant women, during and after pregnancy                             |
| Cervical cancer screening (Pap test)  | All adult women  |
| Chlamydia (sexually transmitted infection) screening                                    | All adult women  |
| FDA-approved methods of contraception <sup>5</sup>                                      | All adult women who may become pregnant                                    |
| Domestic and interpersonal violence screening and counseling                            | All adult women  |
| Folic acid supplements  | All adult women who may become pregnant                                    |
| Gestational diabetes (diabetes during pregnancy) screening                              | All pregnant women   |
| Gonorrhea (sexually transmitted infection) screening                                    | All adult women  |
| Hepatitis B screening   | All pregnant women   |
| Human papillomavirus (HPV) screening  | All adult women  |
| Preventive gynecological exams  | All women  |
| Rh (D) incompatibility screening (blood type and antibody testing)                      | All pregnant women   |
| Sexually transmitted infections counseling  | Sexually active adolescents and high-risk adults                           |

This list of covered preventive services is subject to change based on guidelines from the U.S. Preventive Services Task Force and other nationally recognized sources.

Not all health plans cover certain designated preventive services with no cost-sharing. If your health plan applies member cost-sharing for in-network preventive services, you may be charged a copayment, coinsurance, or deductible amount. Refer to your member handbook and/or benefit booklet to determine your plan's coverage for preventive services.

<sup>4</sup> Breastfeeding support, supplies, and counseling – Covered members may rent or purchase one portable manual or electric breast pump per pregnancy, as well as any necessary supplies, from a participating in-network durable medical equipment supplier with no cost-sharing. Independence will apply reasonable medical management techniques to determine the frequency, method, treatment, or setting for breast pumps. Covered members have access to comprehensive lactation support and counseling by a trained in-network provider during pregnancy and/or the postpartum period with no cost-sharing.

<sup>5</sup> FDA-approved methods of contraception – Medical contraceptive procedures, including implantable contraceptive devices and injectable contraceptives, are covered with no cost-sharing when performed by participating in-network providers. Certain FDA-approved contraceptives are covered with no cost-sharing when the prescription is filled at a participating in-network pharmacy. Other exemptions may apply. Refer to your member handbook and/or benefit booklet to determine if your plan covers in-network preventive services and/or preventive drugs with no cost-sharing.

