



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.

As a result of the health care law, most Independence Blue Cross health plans now include coverage for certain designated in-network preventive services with no cost-sharing.

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.



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

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
Preventive care for newborns: <ul style="list-style-type: none"> • Screening for heritable (genetic) disorders and congenital hypothyroidism (to determine if the thyroid is functioning correctly) • Eye medication to prevent gonorrhea • Hearing loss screening • Phenylketonuria (PKU) screening to test for a rare genetic disorder • Sickle cell disease screening 	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) ¹	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 Children: 3 – 17 yrs once every year 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

¹ 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.

² More information about recommended immunizations is available from the Centers for Disease Control at www.cdc.gov/vaccines/schedules.

Immunizations (adults and children)²

- 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 ³	For fecal occult: All adults, 50 years and older, once every year For flexible sigmoidoscopy: all adults, 50 years and older, once every 3 years For barium enema: All adults, 50 years and older, once every 3 years 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 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.

³ 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 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
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 ⁴	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 ⁵	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

⁴ 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.

⁵ 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.

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.

