






# Preventive care for adults and children

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

# 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)
-  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
- Prediabetes and Type 2 diabetes
- 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
- 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, 2022**

VACCINE	19-26 YEARS	27-49 YEARS	50-64 YEARS	≥ 65 YEARS
Influenza inactivated (IIV) or Influenza recombinant (RIV4) <sup>or</sup>	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)			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	should be 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)	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			


<sup>1</sup> 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 
- Obesity prevention in midlife\*

**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\*

\* For plan years starting in 2023



**COVID-19 Vaccination**

COVID-19 vaccines are recommended within the scope of the Emergency Use Authorization or Biologics License Application for the particular vaccine. ACIP recommendations for the use of COVID-19 vaccines can be found at [cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html](https://cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html)

The CDC's interim clinical considerations for use of COVID-19 vaccines can be found at [cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html](https://cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)

## 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
<b>Preventive exams</b> 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>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>	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>
<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
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
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



# Immunizations: Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

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	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	
Hepatitis B (HepB)	1st dose	2nd dose			<----- 3rd 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				<-- 4th dose -->		5th dose							
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	* See Notes		3rd & 4th dose* See Notes											
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)					Annual vaccination 1 or 2 doses										Annual vaccination 1 dose only			
Influenza (LAIV)												Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only				
Measles, mumps, rubella (MMR)					* See Notes	<-- 1st dose -->				2nd dose								
Varicella (VAR)						<-- 1st dose -->				2nd dose								
Hepatitis A (HepA)					* See Notes	2-dose series*												
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														Tdap 1 dose				
Human papillomavirus (HPV)													**	* See Notes				
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT >>2years)			*												1st dose	2nd dose		
Meningococcal B (MenB-4C, MenBFHbp)														* See Notes				
Pneumococcal polysaccharide (PPSV23)												* See Notes						

Range of recommended ages for all children

Recommended based on shared clinical decision-making or

Range of recommended ages for catch-up immunization

No recommendation/ Not applicable

Range of recommended ages for certain high-risk groups

\*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).

\*\*Can be used in this age group



Notes to discuss with my doctor

Horizontal lines for writing notes on the left page.

Horizontal lines for writing notes on the right page.

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

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

AmeriHealth 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 AmeriHealth 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 AmeriHealth Administrators:

- by mail: AmeriHealth Administrators, ATTN: Civil Rights Coordinator, 1900 Market Street, Philadelphia, PA 19103;
- by phone: 844-352-1706 (TTY 711),
- by fax: 215-761-0920, or
- by email: [AHACivilRightsCoordinator@ahatpa.com](mailto:AHACivilRightsCoordinator@ahatpa.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, 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). (Spanish)

注意：如果您說中文，您可以免費獲得語言協助服務。請致電您 ID 卡上的電話號碼。(Chinese)

LO LUS TSEEMCEEB: Yog koj hais lus Hmoob, yeej muaj kev pab txhais lus pub dawb rau koj. Hu tus xovtooj rau ntawm koj daim npav ID. (Hmong)

CHÚ Ý: Nếu bạn nói tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ, miễn phí, cho bạn. Gọi số trên thẻ ID của bạn. (Vietnamese)

FIIRO GAAR AH: Hadii aad ku hadasho af-soomaali, waxaad heleysaa adeegyada kaalmada luuqada, oo bilaash ah. Lahadal lambarka ku qoran kaadha Aqoonsiga. (Somali)

သတိပြုရန်- သင် အင်္ဂလိပ်ဘာသာစကားကို ပြောဆိုလျှင် ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို အခမဲ့ ရရှိနိုင်ပါသည်။ သင်၏ ID ကတ်ပေါ်ရှိ ဖုန်းနံပါတ်သို့ ခေါ်ဆိုပါ။ (Burmese)

ВНИМАНИЕ! Если Вы говорите по- русски, Вы можете получить бесплатные услуги языковой поддержки. Позвоните по номеру телефона, указанному в Вашей идентификационной карте. (Russian)

انتباه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية، متوفرة لك، مجاناً. اتصل على الرقم الموجود على بطاقة هويتك. (Arabic)  
Xiyeeffannaa: yoo affan Ingilizii kandubbatuu, gargaarsa tajaajilaa afaan,, kafalitii mallee, sifii qobayyaa. Lakkobissa waraqaa eenyummaa kaardii kee irra. Bilibilli. (Oromo)

ATTENTION : si vous parlez français, sachez que vous pouvez bénéficier de services d'assistance linguistique gratuits. Appelez le numéro repris sur votre carte d'identité) (French)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenten-Systeme zur Verfügung. Rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

ትኩረት: አማርኛ የሚናገሩ ከሆነ፣ ያለምንም ክፍያ የቋንቋ እገዛ አገልግሎት ይሰጣል። በመታወቂያ ካርድዎ ላይ በሚገኘው ቁጥር ላይ ይደውሉ (Amharic)

주의: 한국어로 말할 수 있는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 귀하의 신분증에 있는 번호 로 전화하십시오. (Korean)

ເລື່ອງ: ຖ້າທ່ານເວົ້າພາສາລາວ, ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ພ້ອມໃຊ້ງານສາມັນທ່ານ. ໂທຫາໝາຍເລກຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

BAA ÁKONÍNÍZIN: Bilagáana bizaad bee yánífti'go , saad bee áká aná'álwo', t'áá jíík'e bee ná ahóót'i'. Kojü' hólne'. Bee néého'dílzinií nanitínííí bikáá'. (Navajo)

សម្គាល់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ អាចមានផ្តល់ជូនអ្នក។ សូមហៅទៅលេខនៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ។ (Khmer)

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

ATTENZIONE: Se parli Italiano, servizi di assistenza linguistica, gratuiti, sono a tua disposizione. Chiama il numero sulla tua scheda di identificazione. (Italian)

સાવધાન: જો તમે ગુજરાતી બોલતા હો, તો ભાષા સહાય સેવાઓ, મફતમાં, તમારા માટે ઉપલબ્ધ છે. તમારા ID કાર્ડ પર નંબર પર કોલ કરો. (Gujarati)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z darmowych usług pomocy językowej. Zadzwoń na numer widoczny na Twoim identyfikatorze. (Polish)

ATANSYON: Si ou pale kreyòl, gen sèvis èd ak lang disponib pou ou gratis. Rele nimewo ki sou kat ID ou a. (Creole)

ATENÇÃO: Se falar português, tem disponíveis serviços gratuitos de assistência nesta língua. Ligue para o número no seu cartão ID. (Portuguese)

注：英語以外の言語をご利用の方には無料の言語アシスタントサービスがございます。ID カードに記載された番号にお電話ください。(Japanese)

توجه: اگر بہ زبان فارسی صحبت می‌کنید، خدمات کمکی زبانی به صورت رایگان برای شما مهیا است. با شماره مندرج بر روی کارت شناسایی‌تان تماس بگیرید. (Farsi)



