

PREVENTIVE CARE FOR ADULTS AND CHILDREN



**STAY HEALTHY WITH PREVENTIVE CARE!
GET YOUR CHECKUPS, SCREENINGS,
AND IMMUNIZATIONS AT NO COST TO YOU.**

At AmeriHealth, your health is top priority. One important way to stay healthy is getting the preventive care your doctor recommends — and you'll pay \$0.

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

We want to be sure you get the preventive care recommended for you based on your personal risk factors, age, and gender. Doing so helps you identify health problems or minor issues *before* they become major health concerns, like diabetes or colon cancer. Plus, you save money on health care costs by spotting issues early and avoiding illnesses, like those prevented with immunizations.

Most AmeriHealth health plans fully cover recommended preventive care services at an in-network provider, so you pay \$0 out-of-pocket. Please be sure to verify your individual benefits, and note that some services may require preapproval. If a service is not considered preventive (for example, diagnostic procedures or ongoing treatment for an existing condition) or you don't fall within the coverage guidelines, charges may apply.



Questions?

Call the number on the back of your member ID card to speak to a Customer Service representative.

What preventive care services are right for you?

Talk to your doctor to see which preventive services are appropriate for you based on age and gender. Next, schedule an appointment if needed.

To understand the criteria for the preventive care services listed, review Medical Policy #00.06.02: Preventive Care Services. You can find it by visiting [medpolicy.amerihealth.com](https://www.merithealth.com/medpolicy) and typing "Preventive Care" in the search field.

Covered preventive services: Adults

The following visits, screenings, counseling, medications, and immunizations are generally considered preventive for adults ages 19 and older.

Visits

All adults are covered for one preventive exam (also called a well-visit) each benefit year.

Screenings

- Abdominal aortic aneurysm
- Alcohol and drug use/misuse and behavioral counseling intervention
- Anxiety
- Colorectal cancer
- Depression and suicide risk
- Hepatitis B virus
- Hepatitis C virus
- High blood pressure
- HIV (human immunodeficiency virus)
- Latent tuberculosis infection
- Lung cancer
- Obesity
- Prediabetes and Type 2 diabetes mellitus
- 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

- Prescription bowel preparation (used for colorectal cancer screenings)
- Statins
- Tobacco cessation medication
- Pre-exposure prophylaxis for the prevention of HIV

Table 1: Recommended Adult Immunization Schedule by Age Group, United States, 2024

| Vaccine | 19-26 years | 27-49 years | 50-64 years | ≥ 65 years |
|---|--|---------------------|-------------|------------------------|
| COVID-19 | 1 or more doses of updated (2023-2024 Formula) vaccine* | | | |
| Influenza inactivated (IIV) or Influenza recombinant (RIV4) | 1 dose annually | | | |
| Influenza live, attenuated (LAIV4) | 1 dose annually | | | |
| Respiratory Syncytial Virus (RSV) | Seasonal administration during pregnancy† | | | ≥60 years |
| 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) | | | Health care personnel* |
| Varicella (VAR) | 2 doses (if born in 1980 or later) | | 2 doses | |
| Zoster recombinant (RZV) | 2 doses for immunocompromising conditions* | | 2 doses | |
| Human papillomavirus (HPV) | 2 or 3 doses depending on age at initial vaccination or condition | 27 through 45 years | | |
| Pneumococcal (PCV15, PCV20, PPSV23) | | | | * |
| | | | | * |
| Hepatitis A (HepA) | 2, 3, or 4 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 | | | |
| Mpox | † | | | |

* More information about recommended immunizations is available from the Centers for Disease Control at [cdc.gov/vaccines](https://www.cdc.gov/vaccines).

† Refer to **Adult Combined Vaccine Schedule**

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection


Recommended vaccination based on shared clinical decision-making

Recommended vaccination for adults with an additional risk factor or another indication



No recommendation/ Not applicable

For more information about recommended immunizations, review Medical Policy #08.01.04: Routine/Nonroutine Vaccines. You can find it by visiting [mediapolicy.amerihealth.com](https://www.mediapolicy.amerihealth.com) and typing the policy number in the search field.

Covered preventive services: Women












The following visits, screenings, counseling, medications, and immunizations are generally considered preventive for women. Many preventive care services that are applicable to pregnant women are marked with a  symbol.

Visits




- Well-woman visits
- Postpartum care visits
- Prenatal care visits for pregnant women 
- Healthy weight and weight gain in pregnancy 

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 papillomavirus (HPV)
- Interpersonal and domestic violence
- Iron-deficiency anemia 
- 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 counseling

Medications

- Low-dose aspirin for preeclampsia 
- Breast cancer chemoprevention
- Folic acid 

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 |
|---|---|
| Visits | |
| <p>Pediatric prenatal visits</p> <p>Preventive exams</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"> • Behavioral counseling for skin cancer prevention • Blood pressure screening • Congenital heart defect screening • Counseling and education provided by health care providers to prevent initiation of tobacco use • Developmental surveillance • Dyslipidemia risk assessment • Hearing risk assessment for children 29 days or older • Height, weight, and body mass index measurements • Hemoglobin/hematocrit risk assessment • High body mass index screening • Oral health risk assessment • Risk assessment of sudden cardiac arrest and sudden death | <p>All expectant parents for the purpose of establishing a pediatric medical home</p> <p>All children up to 21 years of age, with preventive exams provided at:</p> <ul style="list-style-type: none"> • 3–5 days after birth • By 1 month • 2 months • 4 months • 6 months • 9 months • 12 months • 15 months • 18 months • 24 months • 30 months • 3–21 years: annual exams |
| Additional screening services and counseling | |
| Behavioral counseling for prevention of sexually transmitted infections | Semiannually for all sexually active adolescents at increased risk for sexually transmitted infections |
| High body mass index behavioral counseling | Behavioral counseling for children 6 years or older with an age-specific and sex-specific BMI in the 95th percentile or greater |
| Medications | |
| Fluoride | Oral fluoride supplementation starting at 6 months of age up to 16 years for children whose water supply is deficient in fluoride. |
| Prophylactic ocular topical medication for gonorrhea | All newborns within 24 hours after birth |
| Miscellaneous | |
| 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).

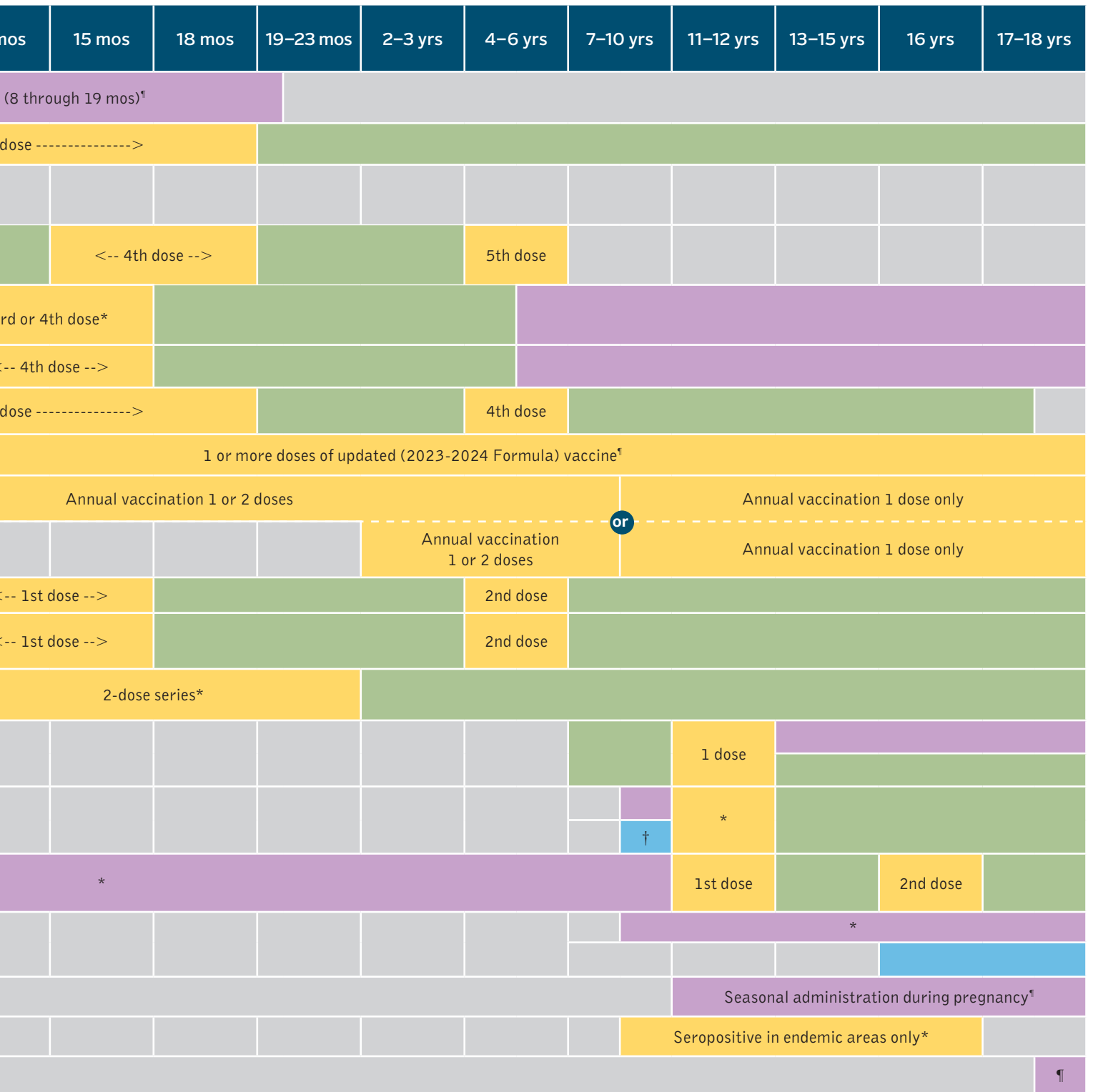
| Preventive service | Recommendation |
|--|---|
| Screenings | |
| Alcohol and drug use/misuse screening and behavioral counseling intervention | Annually for all children 11 years of age and older annual behavioral counseling in a primary care setting for children with a positive screening result for drug or alcohol use/misuse |
| Anxiety screening | Children 8 years to 18 years |
| Autism and developmental screening | All children |
| Behavioral/Social/Emotional screening | All children |
| Bilirubin screening | All newborns |
| Chlamydia and gonorrhea 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 |
| 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 individuals at high risk for HBV infection |
| 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 |
| Vision screening | All children up to age 21 years |

Immunizations: Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2024

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 purple bars.

| Vaccine | Birth | 1 mo | 2 mos | 4 mos | 6 mos | 9 mos | 12 mo |
|--|--|----------|----------|----------|------------|--------|-------|
| Respiratory Syncytial Virus (RSV-mAB [Nirsevimab]) | 1 dose depending on maternal RSV vaccination status [†] | | | | | 1 dose | |
| Hepatitis B (HepB) | 1st dose | 2nd dose | | | <----- 3rd | | |
| 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 | * | | 3 |
| Pneumococcal conjugate (PCV15, PCV20) | | | 1st dose | 2nd dose | 3rd dose | | < |
| Inactivated poliovirus (IPV <18 yrs) | | | 1st dose | 2nd dose | <----- 3rd | | |
| COVID-19 (1vCOV-mRNA, 1vCOV-aPS) | | | | | | | |
| Influenza (IIV4) | | | | | | | |
| Influenza (LAIV) | | | | | | | |
| Measles, mumps, rubella (MMR) | | | | | * | | < |
| Varicella (VAR) | | | | | | | < |
| Hepatitis A (HepA) | | | | | * | | < |
| Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs) | | | | | | | |
| Human papillomavirus (HPV) | | | | | | | |
| Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years) | | | | | | | |
| Meningococcal B (MenB-4C, MenBFHbp) | | | | | | | |
| Respiratory Syncytial Virus vaccine (RSV [Abrysvo]) | | | | | | | |
| Dengue (DEN4CYD; 9-16 yrs) | | | | | | | |
| Mpox | | | | | | | |

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



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

† Recommended vaccination can begin in this age group

¶ Refer to **CDC Table 1**.

For more information about recommended immunizations, review Medical Policy #08.01.04: Routine/Nonroutine Vaccines. You can find it by visiting [medpolicy.amerihealth.com](https://www.medpolicy.amerihealth.com) and typing the policy number in the search field.

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Telugu: క్షణ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషాసహాయక సేవలు ఉచితంగా లభిస్తాయి. 1-800-275-2583 (TTY: 711) కు కాల్ చేయండి.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannsch du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódíílnih koji' 1-800-275-2583.

Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian:

សូមមេត្តាចាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរស័ព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

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

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan 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. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscordinator@1901market.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>.

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