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# 2025 Preventive Health Benefits

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Health Plans

Effective Jan. 1, 2025, these benefits are fully compliant with the Affordable Care Act (ACA). The following exams, screenings, labs, counseling, services and immunizations are covered for adults, adolescents and children (including infants and toddlers).

Screening or visit type	Covered service and frequency	Who should be screened	Additional information
<b>General prevention and health guidance</b>			
<b>Well exams</b>	One time yearly with primary care provider or with OB/GYN, as appropriate	Children, adolescents, adults	Includes taking blood pressure, medical history, height and weight measurement and calculation of body mass index
<b>Behavioral screenings and counseling</b>			
<b>Alcohol, drug and tobacco</b>	Screening for misuse and counseling one time yearly	Children (age 11), adolescents, adults, pregnant and post-partum women	
<b>Anxiety</b>	Screening one time yearly	Adolescents (males age 18 and females ages 12-18), adults, pregnant and post-partum women	
<b>Autism</b>	Screening one time	Toddlers ages 18-30 months	
<b>Avoid exposure to ultraviolet (UV) light</b>	Counseling one time yearly	Infants, children, adolescents, adults to age 24	
<b>Behavioral and developmental assessment</b>	Screening one time yearly	Newborns, infants, children, adolescents, adults to age 21	
<b>Breastfeeding support</b>	Counseling	Pregnant and post-partum women	
<b>Depression</b>	Screening one time yearly	Adolescents, adults, pregnant and post-partum women	
<b>Exercise interventions to prevent falls</b>	Screening and counseling one time yearly	Adults age 65 and older	

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Screening or visit type	Covered service and frequency	Who should be screened	Additional information
<b>Behavioral screenings and counseling (continued)</b>			
<b>FDA-approved contraceptive methods, supplies and sterilization procedures</b>	Education and counseling on methods, supplies and sterilization procedures	Adolescent and adult females	
<b>Human immunodeficiency virus (HIV)</b>	Screening and counseling one time yearly	Adolescents (age 15 and older), adults, pregnant women	
<b>Intimate partner and domestic violence</b>	Screening and counseling one time yearly	Adult and pregnant women	
<b>Preventive obesity counseling</b>	No limit restrictions	Adults ages 40-60	
<b>Prevention of sexually transmitted infections</b>	Screening and counseling one time yearly	Adolescents, adults, pregnant women	
<b>Promotion of healthy diet</b>	Counseling one time yearly	Children, adolescents, adults, pregnant women	For pregnant women, includes promotion of healthy weight gain
<b>Tobacco cessation (programs to help you quit using tobacco products)</b>	Education and counseling one time yearly	Children, adolescents, adults, pregnant women	
<b>Weight loss for obesity</b>	Screening and counseling one time yearly	Adults with a BMI $\geq$ 30	

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Screening or visit type	Covered service and frequency	Who should be screened	Additional information
<b>Cancer</b>			
<b>Breast</b>	Screening mammogram one time yearly	Adults over ages 40-74	Adults under age 40 with family history, once between ages 35-39, and women over age 30 without children
<b>BRCA</b>	Counseling one time yearly	Adult women genetically at high risk for breast cancer	
<b>Cervical</b>	Screening: frequency varies by age/test	Adult women ages 21-65	<b>Ages 21-29:</b> cervical cytology (Pap) test every three years <b>Ages 30-65:</b> cervical cytology (Pap) test every three years or high-risk human papilloma test every five years or both
<b>Colorectal</b>	Screening labs or procedures: frequency varies by test/procedure	Adults ages 45-75	<b>Cologuard®:</b> every three years <b>Colonoscopy:</b> every 10 years <b>CT colonography:</b> every 10 years <b>Fecal immunochemical test:</b> every year <b>Fecal occult blood test:</b> every year <b>Sigmoidoscopy:</b> every three years
<b>Lung</b>	Screening one time yearly	Adults ages 55-80 with a 20-pack smoking history and currently or have quit within the past 15 months	Low-dose computed tomography (LDCT)
<b>Prostate</b>	Screening one time yearly	Adult men ages 50-69	Ask your provider if you should be screened

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Screening or visit type	Covered service and frequency	Who should be screened	Additional information
<b>Pre-diabetes, diabetes and gestational diabetes</b>			
<b>A1C</b>	Screening labs (up to four times yearly)	Adults diagnosed with pre-diabetes and diabetes	
<b>Fasting blood sugar</b>	Screening one time yearly	Adults, pregnant women	
<b>Heart health</b>			
<b>Abdominal aortic aneurysm</b>	Screening one time	Adult men ages 65-75 who have ever smoked	Ultrasonography
<b>Cholesterol</b>	Screening one time yearly	Children, adolescents, adults	
<b>Lipids</b>	Screening one time yearly	Children, adolescents, adults	
<b>Obesity</b>	Screening at least one time yearly or more often as determined by PCP	Children age 6 and older, adolescents	
<b>Promote healthy diet and physical activity</b>	Counseling one time yearly	Adults	Those at risk for cardiovascular disease
<b>Sudden cardiac arrest and death</b>	Screening one time yearly	Children age 11, adolescents ages 12-18, adults ages 19-21	
<b>Bone health</b>			
<b>Bone density scan</b>	Screening every three years	Adult women age 65 and older Adult women < age 65 who are post-menopausal	

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Screening or visit type	Covered service and frequency	Who should be screened	Additional information
<b>Labs and other screenings</b>			
<b>Bacteriuria</b>	Screening one time each pregnancy	Pregnant women	
<b>Bilirubin screening</b>	Screening one time	Newborns	
<b>Chlamydia</b>	Screening one time yearly	Adolescent and adult women	
<b>Gonorrhea</b>	Screening one time yearly	Adolescent and adult women	
<b>Hearing</b>	Screening one time yearly	Newborns, infants, children, adolescents, adults	
<b>Hematocrit or hemoglobin</b>	Screening one time yearly	Children, adolescents, adults	
<b>Hepatitis B</b>	Screening one time yearly	Adolescents, adults, pregnant women	
<b>Hepatitis C antibody</b>	Screening one time yearly	Adolescents age 18, adults ages 19-79	
<b>Human immunodeficiency virus (HIV)</b>	Screening one time yearly	Adolescents (age 15 and older), adults, pregnant women	
<b>Iron deficiency</b>	Screening one time yearly	Infants, children, adolescents, adults	
<b>Lead</b>	Screening one time yearly	Infants, toddlers	
<b>Medication to prevent gonorrhea eye infection</b>	Screening one time	Newborns	
<b>Oral health risk</b>	Screening one time yearly	Infants (beginning at 6 months), children, adolescents	Oral health screening; includes fluoride supplementation and fluoride varnish
<b>Preeclampsia</b>	Screening one time each pregnancy	Pregnant women	
<b>Rh incompatibility</b>	Screening each pregnancy	Pregnant women	

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Screening or visit type	Covered service and frequency	Who should be screened	Additional information
<b>Labs and other screenings, continued</b>			
<b>Syphilis</b>	Screening one time yearly and one time each pregnancy	Those who are high risk and pregnant women	
<b>Tuberculosis</b>	Screening one time yearly	Children, adolescents, adults	
<b>Uniform screening panel to detect inherited disorders</b>	Screening	Newborns	
<b>Urinary incontinence screening</b>	Screening one time yearly	Adults	
<b>Vision</b>	Screening one time yearly	Newborns, children, adolescents, adults	

Immunization	# Doses/Frequency	Who should receive
<b>Adult immunizations – (age 19 and older)</b>		
<b>COVID-19</b>	One or two doses depending on vaccine and boosters as recommended	All For current recommendations, click <a href="#">here</a> .
<b>Hemophilus influenzae, type B (Hib)</b>	One to three doses	Age 19 and older
<b>Hepatitis A</b>	Two to three doses	Age 19 and older
<b>Hepatitis AB</b>	Three to four doses	Age 19 and older
<b>Hepatitis B</b>	Two to four doses	Age 19 and older
<b>Human papillomavirus (HPV)</b>	Two to three doses	Ages 19-26
<b>Influenza</b>	One dose annually	Age 19 and older
<b>Measles, mumps, rubella (MMR)</b>	One or two doses, if born after 1957	Age 19 and older
<b>Meningococcal</b>	One to three doses and boosters as recommended	Age 19 and older
<b>Pneumococcal (PCV15, PCV20 and PPSV23)</b>	One to two doses	Age 19 and older
<b>Respiratory syncytial virus (RSV)</b>	One dose	Pregnant women between 32-36 weeks of gestation

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Immunization	# Doses/Frequency	Who should receive
<b>Adult immunizations – (age 19 and older)</b>		
<b>Shingles</b>	Two doses	Age 50 and older
<b>Tetanus, diphtheria, pertussis (Td or Tdap)</b>	One dose Tdap, then booster shots every 10 years	Age 19 and older Pregnant women
<b>Varicella</b>	One dose	All born in 1980 or later

Every effort is made to provide up-to-date information; however, vaccine recommendations occasionally change. To view the most recent recommendations from the CDC, go to [Adult Immunization Schedule](#).

Immunization	# Doses/Frequency	Who should receive
<b>Infant (including newborn), children and adolescent immunizations – (birth through age 18)</b>		
<b>COVID-19</b>	One or two doses depending on vaccine and boosters as recommended	6 months to 18 years
<b>Diphtheria, tetanus and pertussis (Dtap)</b>	Five doses	2, 4, 6 and 15-18 months and 4-6 years
<b>Tetanus, diphtheria and pertussis (Tdap)</b>	One dose	11-12 years
<b>Hemophilus influenzae, type B (Hib)</b>	Three to four doses, depending on vaccine	<b>Three doses:</b> 2, 4 months, with booster at 12-15 months <b>Four doses:</b> 2, 4, 6 months, with booster at 12-15 months
<b>Hepatitis A</b>	Two doses	12-23 months (doses must be 6 months apart)
<b>Hepatitis B</b>	Three doses	At birth, 1-2 months, 6-18 months
<b>Human papillomavirus (HPV)</b>	Two to three doses, depending on when first dose received	<b>Recommended:</b> <b>2 doses:</b> ages 9-14 years <b>3 doses:</b> ages 15-18 years
<b>Influenza</b>	One dose annually	All, ages 6 months and older
<b>Measles, mumps, rubella (MMR)</b>	Two doses	12-15 months, 4-6 years
<b>Meningococcal</b>	Two doses	11-12 years, 16 years
<b>Pneumococcal (PCV13)</b>	Four doses	2, 4, 6, 12-15 months

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Immunization	# Doses/Frequency	Who should receive
<b>Infant (including newborn), children and adolescent immunizations – (birth through age 18)</b>		
<b>Polio (inactivated)</b>	Four doses	2, 4, 6-18 months, 4-6 years
<b>Respiratory syncytial virus (RSV)</b>	One dose	Infants from 0-24 months
<b>Rotavirus</b>	Two to three doses, depending on vaccine	<b>Two dose series:</b> 2, 4 months <b>Three dose series:</b> 2, 4, 6 months
<b>Varicella</b>	Two doses	12-15 months, 4-6 years

Every effort is made to provide up-to-date information; however, vaccine recommendations occasionally change. To view the most recent recommendations from the CDC, as well as catch-up schedules for infants, children and adolescents who have missed some of their immunizations, go to [Child and Adolescent Immunization Schedule](#).

Please note that your physician may recommend additional diagnostic tests or screenings not included in this benefit brochure, and you may be financially responsible for those charges. For more details on recommended screenings for children, please see the American Academy of Pediatrics' [Bright Futures Family Pocket Guide](#).

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