Using your preventive benefits

YOUR PREMERA BLUE CROSS PLAN PAYS IN-NETWORK PREVENTIVE SERVICES IN FULL

You'll get the most value from these benefits by choosing a provider in your plan's network. Getting timely preventive care is one way to detect potential health issues before they become serious and possibly expensive to treat.

So take advantage by following these simple steps:

1. Schedule your annual exam and vaccinations with your provider right away!
2. When you make your appointment, be sure to tell the scheduler that you want a preventive exam.
3. Bring this flyer with you to show your provider what's considered preventive and covered in full under your medical plan. Talk with your provider about preventive services that are right for you.

Keep in mind

During your visit, your provider may find a problem that needs more screening or tests to pinpoint the issue. Also, if you manage an ongoing health issue, your provider may run further tests. Screenings and tests that diagnose or monitor your condition are not preventive services and are subject to your annual plan deductible and coinsurance. Recommended age and frequency of preventive services varies.

If you have any questions about your preventive coverage, call the customer service number on the back of your member ID card.

Consult your benefit booklet for confirmation of benefits and coverage for these services.

PREMERA BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

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ADULTS 18 AND OLDER

Services, screenings, and tests

- **Wellness exams:** visits for routine wellness or physical exams
- **Abdominal aortic aneurysm screening** for men (65 to 74) who have ever smoked; one-time screening
- **Alcoholism screening and counseling**
- **Unhealthy drug use screening**. Screening refers to asking questions about unhealthy drug use, not testing biological specimens.
- **Blood pressure screening**
- **Breast cancer screening:** screening mammography
- **Cholesterol test** for adults of specific ages or those at higher risk
- **Colorectal cancer screenings** starting at age 45 through age 75; sooner than age 45 for those at higher risk of colon cancer. Colorectal screening options include:
  - **Home tests:** fecal occult blood (FOBT), fecal immunochemical (FIT), and stool DNA (Cologuard[1])
  - **Provider's office:** sigmoidoscopy
  - **Outpatient hospital, ambulatory surgical center:** Colonoscopy (if your provider recommends a screening colonoscopy, costs for related services such as pre-colonoscopy consultation, anesthesia your provider considers medically appropriate for you, removal of polyps, and pathology are included.) Follow-up colonoscopy following a positive home test.
- **Depression screening**
- **Diabetes (type 2) and prediabetes screening**
- **Domestic violence screening and counseling**
- **Fall prevention** for ages 65 and older
- **Healthy eating assessment and dietary counseling**
- **Hepatitis B screening** for those at higher risk
- **Hepatitis C screening** for those at higher risk
- **HIV (human immunodeficiency virus) infection screening** for those at increased risk
- **HIV pre-exposure prophylaxis (PrEP) therapy** certain HIV PrEP tests, screening, counseling, and medication are covered at no cost when used as a preventive measure for those receiving or being evaluated for HIV PrEP drug coverage. These include:
  - HIV and sexually transmitted infection (STI) testing
  - Hepatitis B and C testing
  - Creatinine testing and calculated estimated creatinine clearance (eCrCl) or glomerular filtration rate (eGFR)
  - Pregnancy testing
  - STI screening and counseling
  - Adherence counseling
  - See the Medications and supplements section for drug coverage
- **Latent tuberculosis infection screening** for those at higher risk
- **Lung cancer screening** for ages 50 to 80 who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Prior authorization may be required; please contact customer service.
- **Nicotine dependency screening and counseling** for quitting smoking or chewing tobacco
- **Obesity screening and counseling for weight loss**
- **Prostate cancer screening**: prostate-specific antigen (PSA) blood test
- **Sexually transmitted infection (STI) counseling** for those at higher risk
- **Syphilis infection screening** for those at higher risk for infection

Medications and supplements

- **Aspirin** for pregnant women who are at high risk for preeclampsia; over-the-counter, aspirin-only products (81 mg/day). **Requires a written prescription**.
- **Birth control** for birth control devices and family planning; generic, single-source brand, and multi-source brand oral contraceptives (including emergency contraception), cervical caps, patches, diaphragms, IUDs (intrauterine device), contraceptive implants, and injectable contraception. Requires a written prescription. Over-the-counter birth control (for example: condoms and sponges) does not require a written prescription. Certain birth control mobile apps are also covered. See benefit booklet for additional coverage detail.
- **Breast cancer preventive medications** for those at higher risk — raloxifene, Soltamox, tamoxifen, or aromatase inhibitors
- **Folic acid** for women who are pregnant or are considering pregnancy. Generic only; 0.4–0.8 mg only. **Requires a written prescription**.
- **HIV pre-exposure prophylaxis (PrEP) drug coverage:** Descovy, emtricitabine-tenofovir (200 mg–300 mg), Truvada (200 mg–300 mg)
- **Pre-colonoscopy cleansing preparations** for those between the ages of 45 and 75; generic or single-source brands. **Requires a written prescription**. Fill limit of 2 every 365 days. (Over-the-counter drugs are not covered.)
- **Statins** for prevention of cardiovascular diseases; generic low- to moderate-dose statins for males and females between the ages of 40 and 75
- **Tobacco cessation:** over-the-counter generic patches, lozenges, and gum; prescription only for bupropion (generic Zyban), Varenicline, NRT (nicotine replacement therapy) nasal spray, or NRT inhaler. **Requires a written prescription**.

[1] Cologuard services may be subject to additional out-of-pocket expense.

ADULTS 18 AND OLDER (CONTINUED)

Reproductive and women's health

- **Birth control, contraception, and family planning:** visits for birth control devices and family planning; generic, single-source brand, and multi-source brand oral contraceptives (including emergency contraception), cervical caps, patches, diaphragms, insertion or removal of IUD (intrauterine device), contraceptive implants, and injectable contraception. Requires a written prescription. Over-the-counter birth control (for example: condoms and sponges) does not require a written prescription. Certain birth control mobile apps are also covered. See benefit booklet for additional coverage detail.
- **Bone density (osteoporosis) screening**
- **Breast and ovarian cancer (BRCA) genetic counseling and testing:** prior authorization for testing required; please contact customer service
- **Breast cancer (chemoprevention) counseling** for women at higher risk
- **Breast cancer preventive medications** for those at higher risk — raloxifene, Soltamox, tamoxifen, or aromatase inhibitors
- **Breast cancer screening:** screening mammography
- **Cervical cancer screening**
  - Ages 21 to 65: cytology (pap test) every 3 years
  - Ages 30 to 65; cytology every 5 years for those who want to lengthen the screening interval in combination with human papillomavirus (HPV) screening
- **Chlamydia infection screening**
- **Domestic violence screening and counseling**
- **Gonorrhea screening** for those at higher risk
- **HPV (human papillomavirus) screening**
- **Perinatal/postpartum depression:** counseling Interventions for those at higher risk
- **Sterilization** for women

Vaccinations

- **Chicken pox** (Varicella)
- **Ebola** (Ervebo)
- **Flu** (Influenza)
- **Hepatitis A**
- **Hepatitis B**
- **HPV** (Human papillomavirus)
- **Meningitis** (Meningococcal)
- **MMR** (Measles, mumps, rubella)
- **Pneumonia** (Pneumococcal)

Please also see the Medications and supplements section on previous page for covered drugs.

- **Shingles** (Herpes zoster)
- **Td** (Diphtheria toxoids)
- **Tdap** (Tetanus, diphtheria, pertussis)

Pregnancy

- **Anemia screening**
- **Bacteriuria urinary tract infection screening**
- **Breastfeeding interventions** to support and promote breastfeeding before and after childbirth
- **Breast pumps** and supplies (single or double styles)
- **Chlamydia and gonorrhea screening**
- **Folic acid f**or women who are pregnant or are considering pregnancy. Generic only; 0.4–0.8 mg only. **Requires a written prescription**.
- **Gestational diabetes screening**
- **Pre-pregnancy, prenatal, and postpartum visits**
- **Hepatitis B infection screening**
- **Rh (antibody) incompatibility testing**
- **Syphilis screening**

CHILDREN AND TEENS

For children under age 18, routine exams, vaccinations, and screenings listed below are covered in full when received from a provider within your plan's network.

Services, screenings, and tests

- **Well-baby exam** from birth to 3 years
- **Well-child exam** for ages 4 to 18
- **Anemia screening**
- **Annual alcohol and drug use screening**
- **Autism screening**
- **Behavioral issues**
- **Bilirubin screening** for newborns through the 28th day
- **BMI:** height, weight, and body mass
- **Cervical dysplasia** for sexually active females
- **Depression, anxiety, and suicide risk screening**
- **Developmental screening**
- **Domestic violence screening and counseling**
- **Hearing screening**
- **Hepatitis B screening** for those at higher risk
- **HIV (human immunodeficiency virus) screening** for individuals age 15 or older or those at increased risk.
- **HIV pre-exposure prophylaxis (PrEP) therapy:** certain HIV PrEP tests, screening, counseling, and medication are covered at no cost when used as a preventive measure for those receiving or being evaluated for HIV PrEP drug coverage. These include:
  - HIV and sexually transmitted infection (STI) testing
  - Hepatitis B and C testing
  - Creatinine testing and calculated estimated creatinine clearance (eCrCl) or glomerular filtration rate (eGFR)
  - Pregnancy testing
  - STI screening and counseling
  - Adherence counseling
  - See the Medications and supplements section for drug coverage
- **Hypothyroidism:** congenital; lack of thyroid secretions
- **Lead screening** for children at risk of exposure
- **Lipid disorders** pertaining to cholesterol and triglycerides
- **Metabolic screening for newborns (such as PKU);** phenylketonuria is an inherited metabolic deficiency
- **Obesity screening and counseling for weight loss**
- **Oral health risk assessment and fluoride varnish to primary teeth:** completed during routine physical exam
- **Sexually transmitted infection (STI) prevention counseling**
- **Sickle cell anemia and trait for newborns:** hemoglobinopathies
- **Syphilis infection screening** for non-pregnant adolescents who are at increased risk for infection
- **TB testing:** tuberculin
- **Vision screening**

Vaccinations

- **Chicken pox** (Varicella)
- **DTaP** (Diphtheria, tetanus, pertussis)
- **DTaP-IPV-Hib-HepB** (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, hepatitis B)
- **Flu** (Influenza)
- **Hib** (Haemophilus influenza type b)
- **Hepatitis A**
- **Hepatitis B**
- **HPV** (Human papillomavirus)
- **IPV** (Inactivated polio virus)
- **Meningitis** (Meningococcal)
- **MMR** (Measles, mumps, rubella)
- **Pneumonia** (Pneumococcal)
- **Rotavirus**
- **Tdap** (Tetanus, diphtheria, pertussis)

Medications and supplements

- **Fluoride** age 6 months through 16 years. Generic only. **Requires a written prescription**.
- **Iron supplements** from birth to 12 months; over the counter, liquid form only
- **HIV pre-exposure prophylaxis (PrEP) drug coverage:** Descovy, emtricitabine-tenofovir (200 mg–300 mg), Truvada (200 mg–300 mg)

These services are based on guidelines required under state or federal law. The guidelines are changed from time to time and come from:

- Services that the U.S. Preventive Services Task Force has given an A or B rating
- Vaccinations that the Centers for Disease Control and Prevention recommends
- Screening and other care for women, babies, children, and teens that the Health Resources and Services Administration recommends
- Services that meet legal requirements in Washington state

This is only a summary. For more specific information, go to this government website:
healthcare.gov/coverage/preventive-care-benefits/

See our preventive care medical policy at
premera.com/medicalpolicies/10.01.523.pdf

PREMERA | BLUE CROSS

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera 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). Premera provides 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 the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator ─ Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471（TTY:711）まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.