

# Using your preventive benefits

## YOUR PREMIERA BLUE CROSS PLAN PAYS IN-NETWORK PREVENTIVE SERVICES IN FULL

**This document is a summary of preventive benefits covered by your health plan, and not a guarantee of benefits or coverage. Consult your benefit booklet for confirmation of benefits and coverage.** Sign in to [premera.com](https://premera.com) and go to the **Benefit Details** page, or call customer service at the number on the back of your member ID card.

Get no-cost preventive services 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.

### Take advantage with 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 you want a preventive exam.
- 3 Talk with your provider about preventive services that are right for you.

### Keep in mind

Your provider may find a problem during your visit that needs more screening or tests to pinpoint an issue. They may also run further tests if you manage an ongoing health issue. Screenings and tests used to diagnose or monitor a condition are not preventive services and are subject to your annual plan deductible and coinsurance. Recommended age and frequency of preventive services vary.

These services are based on guidelines required by state or federal law. The guidelines do change occasionally and come from:

- Services given an A or B grade recommendation by the U.S. Preventive Services Task Force
- Vaccinations recommended by the Centers for Disease Control and Prevention (check their website for immunization schedules)
- Screenings and other care for women, babies, children, and teens recommended by the Health Resources and Services Administration
- Services that meet Washington state legal requirements

See our Preventive Care Benefit Coverage Guideline for specific information at [premera.com/medicalpolicies/10.01.523.pdf](https://premera.com/medicalpolicies/10.01.523.pdf).

**PREMERA** | 

**BLUE CROSS**

An Independent Licensee of the Blue Cross Blue Shield Association

## SERVICES, SCREENINGS, AND TESTS

| Service   | Additional details   | Preventive coverage by age  |
|---|--|---|
| Wellness exams  | Visits for routine wellness or physical exams  | All individuals regardless of age   |
| Abdominal aortic aneurysm                                       | One-time screening   | Men ages 65 to 74 who have ever smoked  |
| Alcoholism screening and counseling                             |  | Adults 18 and older   |
| Alcohol and drug use screening                                  |  | Children under 18   |
| Anemia screening  |  | Children under 18   |
| Autism screening  |  | Children under 18   |
| Behavioral issues   |  | Children under 18   |
| Bilirubin screening   |  | Newborns through the 28th day   |
| 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. | All individuals regardless of age   |
| Blood pressure screening  |  | All individuals regardless of age   |
| BMI (body mass index)   | Height, weight, and body mass measurements   | Children under 18   |
| Bone density (osteoporosis) screening                           |  | Women 18 and older  |
| Breast and ovarian cancer (BRCA) genetic counseling and testing | Prior authorization for testing required; please contact customer service  | Women 18 and older  |
| Breast cancer (chemoprevention) counseling                      |  | Women 18 and older at higher risk   |
| Breast cancer screening   | <b>Screening mammography</b>   | Adults 40 and older; sooner for those at higher risk  |
|   | <b>Additional imaging</b> such as MRI, ultrasound, or three-dimensional (3d) imaging   |   |
|   | <b>Pathology evaluation</b> (biopsies and consultations)   |   |
|   | <b>Patient navigation services<sup>1</sup></b>   |   |
| Cervical cancer screening                                       | <b>Screening and patient navigation services<sup>1</sup></b>   | Women ages 21 to 65: cytology (Pap test) every 3 years; ages 30 to 65: screening for human papillomavirus (HPV) every 5 years or combined HPV and cytology test every 5 years |
| Cervical dysplasia screening                                    |  | Sexually active females under 18  |
| Chlamydia infection screening                                   |  | Women regardless of age and at higher risk; men regardless of age when taking PreP for HIV prevention   |
| Cholesterol test  |  | Adults of specific ages or those at higher risk   |

<sup>1</sup>Patient navigation services are designed to make healthcare easier to access for people with complex conditions like cancer, both in-person and virtually. These services include but are not limited to person-centered assessment and planning, healthcare access and health system navigation, referrals to support services (such as language translation, transportation, and social services), and patient education.

## SERVICES, SCREENINGS, AND TESTS (continued)

| Service   | Additional details   | Preventive coverage by age  |
|---|--|---|
| Colorectal cancer screenings                                  | <b>Home tests:</b> fecal occult blood (FOBT), fecal immunochemical (FIT), and stool DNA (Cologuard <sup>1</sup> )  | Adults starting at ages 45 to 75; sooner than age 45 for those at higher risk of colon cancer         |
|   | <b>Provider's office:</b> sigmoidoscopy  |   |
|   | <b>Outpatient hospital, ambulatory surgical center:</b> Colonoscopy (if your provider recommends a screening colonoscopy, costs for related services, like pre-colonoscopy consultation, anesthesia deemed medically appropriate by your provider, polyp removal, and pathology, are covered.) Follow-up colonoscopy after a positive home test. |   |
| <b>Depression, anxiety, and suicide risk screening</b>        |  | All individuals from birth to 64  |
| <b>Developmental screening</b>                                |  | Children under 18   |
| <b>Diabetes type 2 and prediabetes screening</b>              |  | Adults 18 and older   |
| <b>Domestic violence screening and counseling</b>             |  | All individuals regardless of age   |
| <b>Fall prevention</b>  |  | Adults ages 65 and older  |
| <b>Gonorrhea screening</b>                                    |  | Women regardless of age and at higher risk; men regardless of age when taking PreP for HIV prevention |
| <b>Healthy eating assessment and dietary counseling</b>       |  | Adults 18 and older   |
| <b>Hearing screening</b>                                      |  | Children under 18   |
| <b>Hepatitis B screening</b>                                  |  | All individuals at higher risk  |
| <b>Hepatitis C screening</b>                                  |  | Adults 18 and older at higher risk  |
| <b>HIV (human immunodeficiency virus) infection screening</b> |  | Individuals 15 and older or at higher risk  |
| <b>HIV pre-exposure prophylaxis (PrEP) therapy</b>            | 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. See the <b>Medications and supplements</b> section for drug coverage. Includes:  | All individuals regardless of age   |
|   | 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   |   |
| <b>HPV (human papillomavirus) screening</b>                   |  | Women 18 and older  |
| <b>Hypothyroidism</b>   | Congenital; lack of thyroid secretions   | Children under 18   |
| <b>Latent tuberculosis infection screening and testing</b>    |  | All individuals regardless of age   |
| <b>Lead screening</b>   |  | Children under 18 at risk of exposure   |
| <b>Lipid disorders</b>  | Pertaining to cholesterol and triglycerides  | Children under 18   |

<sup>1</sup>Cologuard services may be subject to additional out-of-pocket expense.

## SERVICES, SCREENINGS, AND TESTS (continued)

| Service   | Additional details   | Preventive coverage by age  |
|---|--|---|
| Lung cancer screening   | Prior authorization may be required; please contact customer service.  | Adults ages 50 to 80 who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years  |
| Metabolic screening for newborns (such as PKU)                    | Phenylketonuria is an inherited metabolic deficiency   | Newborns  |
| Nicotine dependency screening and counseling                      | For quitting smoking or chewing tobacco  | Adults 18 and older   |
| Obesity screening and counseling for weight loss                  |  | All individuals regardless of age   |
| Oral health risk assessment and fluoride varnish to primary teeth | Completed during routine physical exam   | Children under 18   |
| Perinatal/postpartum depression                                   | Counseling interventions   | Women 18 and older at higher risk   |
| Pregnancy   | <b>Anemia screening</b>  | Individuals who are or may become pregnant  |
|   | <b>Aspirin</b> , over-the-counter, generic aspirin-only products (81 mg/day). Covered for pregnant individuals who are at high risk for preeclampsia. Requires a written prescription. |   |
|   | <b>Bacteriuria urinary tract infection screening</b>   |   |
|   | <b>Blood pressure screening</b>  |   |
|   | <b>Breastfeeding interventions</b> to support and promote breastfeeding before and after childbirth  |   |
|   | <b>Breast pumps</b> and supplies (single or double styles)   |   |
|   | <b>Chlamydia and gonorrhea screening</b>   |   |
|   | <b>Folic acid</b> , generic only; 0.4–0.8 mg only. Requires a written prescription.  |   |
|   | <b>Gestational diabetes screening</b>  |   |
|   | <b>Hepatitis B infection screening</b>   |   |
|   | <b>Prepregnancy, prenatal, and postpartum visits</b>   |   |
|   | <b>Rh (antibody) incompatibility testing</b>   |   |
|   | <b>RSV (respiratory syncytial virus) vaccine</b>   |   |
| <b>Syphilis screening</b>   |  |   |
| Prostate cancer screening   | Prostate-specific antigen (PSA) blood test   | Adults 18 and older   |
| Sterilization   |  | Women 18 and older  |
| Sexually transmitted infection (STI) prevention counseling        |  | Children under 18; adults 18 and older at higher risk   |
| Sickle cell anemia and trait                                      | Hemoglobinopathies   | Newborns  |
| Syphilis infection screening                                      |  | Non-pregnant adolescents at increased risk for infection; women regardless of age and at higher risk; men regardless of age when taking PreP for HIV prevention |
| TB (tuberculin) testing   |  | Children under 18   |
| Unhealthy drug use screening                                      | Screening refers to asking questions about unhealthy drug use, not testing biological specimens  | Adults 18 and older   |
| Vision screening  |  | Children under 18   |

## MEDICATIONS AND SUPPLEMENTS

| Description  | Additional details   | Preventive coverage by age                                     |
|--|--|--|
| <b>Aspirin</b>   | Over-the-counter, generic aspirin-only products (81 mg/day). <b>Requires a written prescription.</b>   | For pregnant individuals who are at high risk for preeclampsia |
| <b>Birth control</b>                                     | 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. | Adults 18 and older  |
| <b>Breast cancer preventive medications</b>              | Raloxifene, Soltamox, tamoxifen, or aromatase inhibitors   | Adults ages 35 and older or those at higher risk               |
| <b>Fluoride</b>  | Generic only. <b>Requires a written prescription.</b>  | Children ages 6 months to 16 years                             |
| <b>Folic acid</b>  | Generic only; 0.4–0.8 mg only. <b>Requires a written prescription.</b>   | Individuals who are or may become pregnant                     |
| <b>HIV pre-exposure prophylaxis (PrEP) drug coverage</b> | Descovy, emtricitabine-tenofovir (200 mg–300 mg), Truvada (200 mg–300 mg)  | All individuals regardless of age                              |
| <b>Iron supplements</b>                                  | Over the counter, liquid form only   | Children from birth to 12 months                               |
| <b>Pre-colonoscopy cleansing preparations</b>            | Generic or single-source brands. <b>Requires a written prescription.</b> Fill limit of 2 every 365 days. (Over-the-counter drugs are not covered.)   | Adults ages 45 to 75   |
| <b>Statins</b>   | Generic statins. For prevention of cardiovascular diseases.  | Adults ages 45 to 75   |
| <b>Tobacco cessation</b>                                 | Over-the-counter generic patches, lozenges, and gum; prescription only for bupropion (generic Zyban), varenicline, NRT (nicotine replacement therapy) nasal spray, or NRT inhaler. Limited to 180-day supply per year. <b>Requires a written prescription.</b>   | Adults 18 and older  |

## VACCINATIONS

| Description  | Preventive coverage by age  |
|--|---|
| <b>Chicken pox vaccine</b> (Varicella)   | All individuals regardless of age   |
| <b>Covid-19 vaccine</b>  | All individuals regardless of age   |
| <b>DTaP vaccine</b> (Diphtheria, tetanus, pertussis)   | Children under 18   |
| <b>DTaP-IPV-Hib-HepB vaccine</b> (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, hepatitis B) | Children under 18   |
| <b>Flu vaccine</b> (Influenza)   | All individuals regardless of age   |
| <b>Hepatitis A vaccine</b>   | All individuals regardless of age   |
| <b>Hepatitis B vaccine</b>   | All individuals regardless of age   |
| <b>Hib vaccine</b> (Haemophilus influenzae type b)   | Children under 18   |
| <b>HPV vaccine</b> (Human papillomavirus)  | All individuals regardless of age   |
| <b>IPV vaccine</b> (Inactivated polio virus)   | Children under 18   |
| <b>Meningitis vaccine</b> (Meningococcal)  | All individuals regardless of age   |
| <b>MMR vaccine</b> (Measles, mumps, rubella)   | All individuals regardless of age   |
| <b>Pneumonia vaccine</b> (Pneumococcal)  | All individuals regardless of age   |
| <b>Rotavirus vaccine</b>   | Children under 18   |
| <b>RSV vaccine</b> (Respiratory syncytial virus)   | Adults 60 and older; pregnant women; infants under 8 months, and infants ages 8 months to 19 months at increased risk |
| <b>Shingles vaccine</b> (Herpes zoster)  | Adults 50 and older; adults 19 and older at higher risk   |
| <b>Td vaccine</b> (Diphtheria toxoids)   | Adults 18 and older   |
| <b>Tdap vaccine</b> (Tetanus, diphtheria, pertussis)   | All individuals regardless of age   |

Consult your benefit booklet for confirmation of benefits and coverage. Sign in to [premera.com](https://premera.com) and go to the Benefit Details page.