

PREVENTIVE CARE SERVICES

Detailed descriptions



How often and what kind of preventive care services you need depends upon your age, gender, health and family history. Not all items on this list are covered benefits for all products or groups with Blue Cross or Blue Plus. Coverage for certain items and services may only be provided for plan and policy years after a certain date. Pharmacy coverage may differ for members with pharmacy benefit managers other than Prime Therapeutics. This list may not represent all possible tests or benefits, and inclusion of a service or item on this list does not guarantee coverage. Check your health plan benefits, or call the number on the back of your member ID card for details on coverage. Additional requirements may apply. Tests ordered during a preventive visit that are not considered preventive care may be subject to deductibles, copays and/or coinsurance. Additionally, treatment or tests for an existing condition or illness are not preventive care and are subject to deductibles, copays and/or coinsurance.

CATEGORY	DESCRIPTION
GENERAL PREVENTIVE CARE	
Preventive medical exams and counseling	<p>Preventive physical/medical exam – age- and gender-appropriate medical history and physical exam, counseling, anticipatory guidance and risk-factor interventions.</p> <p>May include (not an all-inclusive or restrictive, list, and additional requirements may apply):</p> <ul style="list-style-type: none"> • Blood pressure measurement • Skin cancer counseling to reduce ultraviolet (UV) ray exposure • Skin exam – for melanomas, sores, lesions • Aspirin use and counseling for certain people with elevated cardiovascular disease risk <ul style="list-style-type: none"> – Aspirin for men (45 – 79) and women (55 – 79) with a prescription in network • Prostate cancer digital rectal exam • Domestic violence screening and counseling • Height, weight, body mass index (BMI)
CARDIOVASCULAR AND METABOLIC SCREENING TESTS (CERTAIN MEN AND WOMEN)	
Abdominal aortic aneurysm (AAA) ultrasound	Ultrasound screening
Cholesterol (lipid) profile	Cholesterol, HDL and LDL tests
Diabetes screening test	Blood glucose and A1C tests

PLEASE NOTE: This document was last updated on April 18, 2019, and therefore may not reflect the most up-to-date information. For the most up-to-date information about benefits that may be available to you, please contact Blue Cross customer service at the number located on the back of your member ID card.

CATEGORY	DESCRIPTION
COUNSELING AND CLINICAL ASSESSMENT OR SCREENING	
Alcohol, drug and tobacco misuse	May include: <ul style="list-style-type: none"> • Screening and counseling to reduce alcohol misuse • Drug use assessment • Screening and counseling to prevent tobacco use and tobacco-caused disease <ul style="list-style-type: none"> – Tobacco cessation counseling sessions – FDA-approved tobacco cessation medications, when prescribed and provided in network
Blood infection	Hepatitis B and C virus (HBV and HCV) screening
Depression	Screening for depression
Domestic violence	May include: <ul style="list-style-type: none"> • Counseling and screening for interpersonal and domestic violence
Nutrition, healthy weight, and physical activity	May include: <ul style="list-style-type: none"> • Behavioral counseling in primary care to promote a healthy diet for adults with hyperlipidemia and other risk factors • Falls prevention counseling for older adults at increased risk <ul style="list-style-type: none"> – Vitamin D supplements for men and women 65 and older with a prescription • Nutrition counseling • Screening and counseling for obesity (specifically, screening for and management of obesity)
Lung infection	Latent tuberculosis (TB) screening
Sexually transmitted infections (STI), risk reduction counseling and screening	May include: <ul style="list-style-type: none"> • Human immunodeficiency virus (HIV) • Chlamydia • Gonorrhea • Syphilis
Vision* and hearing	Vision screening – glaucoma, acuity, refraction Hearing screening – screening test, audiometry and pure tone

*Note: The preventive vision benefit only applies for employer-sponsored health plans. There is no coverage for adult routine eye exams in non-grandfathered individual health plans.

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CATEGORY	DESCRIPTION
IMMUNIZATIONS	
For details on doses, recommended ages and recommended populations, see prevention guidelines at cdc.gov/vaccines/schedules . Listed below are most commonly utilized immunizations – list may not be all-inclusive.	
Tetanus, diphtheria, pertussis, poliovirus vaccines	May be offered singly or grouped
Influenza vaccines	
Varicella (chickenpox) vaccines	
Hepatitis A vaccines	
Hepatitis B vaccines	
Human papillomavirus (HPV) vaccines	
Measles, mumps, rubella (MMR) vaccines	
Pneumonia vaccines	
Meningitis vaccines	
Zoster (herpes shingles) vaccines	
Rotavirus vaccines	
CANCER SCREENING TESTS	
Colorectal cancer screening	<p>May include one or more of the following:</p> <ul style="list-style-type: none"> • Stool occult blood (once/year) • Air contrast barium enema • Sigmoidoscopy/flexible sigmoidoscopy • Proctosigmoidoscopy • Colonoscopy • Cancer screening exam, including sedation • Stool DNA • CT colonography • Bowel preparations (pharmacy benefit)
Lung cancer screening	Ages 55 – 80 using low-dose computed tomography (LDCT)
Prostate cancer screening	<p>May include:</p> <ul style="list-style-type: none"> • Prostate specific antigen (PSA) test (once/year) • Digital rectal exam (DRE) usually performed as part of preventive medical exam

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CATEGORY	DESCRIPTION
WOMEN'S HEALTH (ALSO SEE PREGNANCY-RELATED)	
Preventive gynecological exam	Preventive physical/medical exam – age-appropriate medical history and physical exam, counseling, or anticipatory guidance and risk-factor interventions. May include evaluation of: thyroid, breasts and abdomen, as well as pelvic exam.
Well-woman visit	Ages 12 – 64. May include services such as: <ul style="list-style-type: none"> • Hepatitis B screening • Osteoporosis screening • Sexually transmitted infection (STI) screening
Contraceptive methods and counseling	Ages 12 – 64. Counseling for contraception and specific FDA-approved contraceptives, including over-the-counter, when prescribed and provided in network. Religiously exempt groups and certain plans may exclude this benefit.
Counseling for breast cancer (BRCA) and BRCA testing	For women at elevated risk for breast and ovarian cancer, based on medical necessity; may be part of well-woman visit. BRCA lab tests for women at elevated risk. Eligibility as a preventive benefit subject to medical necessity criteria in Blue Cross medical policy “Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (VI-16).”
Counseling regarding risk and use of medication to reduce risk of breast cancer	For women at elevated risk; may be part of well-woman visit. Generic tamoxifen and raloxifene ages 35 and older with a prescription when provided in network.
Osteoporosis screening	Bone density measurement (once/year)
Cervical cancer screening	May include: <ul style="list-style-type: none"> • Pap test • Human papillomavirus (HPV) test (women 30 and older)
Breast cancer screening	Mammogram, two dimensional (2D (conventional)) or three dimensional (3D), unilateral or bilateral (once/year).
Ovarian cancer screening	May include: <ul style="list-style-type: none"> • CA-125 (once/year) • Transvaginal ultrasound (once/year)

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CATEGORY	DESCRIPTION
PREGNANCY-RELATED	
Breastfeeding support, supplies and counseling	May include: <ul style="list-style-type: none"> • Primary care interventions to promote breastfeeding • Breastfeeding support supplies and counseling, including coverage of purchase of a manual breast pump
Routine prenatal tests	May include: <ul style="list-style-type: none"> • Gestational diabetes mellitus screening • Presence of bacteria in the urine • Hepatitis B • Iron-deficiency anemia • Iron supplements for women with a prescription when provided in network • Screening for RH incompatibility
Alcohol, drug and tobacco misuse assessment and counseling, preventive medicine counseling and/or risk factor reduction interventions	May include: <ul style="list-style-type: none"> • Screening and counseling to reduce alcohol misuse • Drug use assessment • Screening and counseling to prevent tobacco use and tobacco-caused disease <ul style="list-style-type: none"> – Tobacco counseling during pregnancy – FDA-approved tobacco cessation medications, when prescribed and provided in network • Preventive medicine counseling and/or risk factor reduction interventions
Sexually transmitted infections (STI), risk reduction and screening	May include: <ul style="list-style-type: none"> • Human immunodeficiency virus (HIV) • Chlamydia • Gonorrhea • Syphilis
Counseling for folic acid supplementation	For women planning pregnancy; may be part of well-woman visit. Folic acid supplements for women ages 12 – 64 with a prescription when provided in network.

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CATEGORY	DESCRIPTION
CHILDREN AND ADOLESCENTS	
Preventive medical exam for children and adolescents (Bright Futures)	<p>Preventive physical/medical exam – age- and gender-appropriate medical history and physical exam, counseling or anticipatory guidance and risk-factor interventions.</p> <p>May include the following benefits (not an all-inclusive or restrictive list):</p> <ul style="list-style-type: none"> • Blood pressure screening • Skin cancer counseling to reduce ultraviolet (UV) ray exposure • Skin exam – for melanomas, sores, lesions • Iron supplementation recommendation for children at increased risk for iron-deficiency anemia <ul style="list-style-type: none"> – Iron supplements for children ages 6 – 12 months and adolescent women 12 – 17 with a prescription • Domestic violence screening and counseling • Height, weight, body mass index (BMI) • Safety and injury prevention • Assessment of risk for lead exposure
Depression screening	Screening for depression
Nutrition, healthy weight, and physical activity	<p>May include:</p> <ul style="list-style-type: none"> • Behavioral counseling in primary care to promote a healthy diet for people with hyperlipidemia and other risk factors • Nutrition counseling • Screening and counseling for obesity (specifically, screening for and management of obesity)
Vision and hearing	<ul style="list-style-type: none"> • Vision screening – glaucoma, acuity, refraction • Hearing screening – screening test, audiometry and pure tone
Behavioral health assessment	<p>Includes:</p> <ul style="list-style-type: none"> • Alcoholism/substance abuse • Intellectual and mental disorders • Depression • Behavioral health assessment
Tooth decay and cavity prevention	<ul style="list-style-type: none"> • Fluoride supplements for children whose water supply lacks fluoride, ages 6 months – 6 years with a prescription • Topical application of fluoride varnish birth through 6 years old
Tuberculosis testing	Testing for tuberculosis (TB) for children

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NOTICE OF NONDISCRIMINATION PRACTICES

Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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>
- by phone at: 1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at: U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညီကိုင်ခိုး, တာ်ကဟ့ၣ်န့ၣ်ကိုင်တာ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTYအဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jì' béesh bee hodíílnih.