

June 1, 2024

Eligible preventive services are covered without member cost-sharing **when obtained at the in-network level.** This document outlines the core benefit applicable to Blue Cross and Blue Shield of Minnesota and Blue Plus commercial market products that are non-grandfathered. Coverage follows the United States Preventive Service Task Force (USPSTF) with respect to recommended baseline and frequency. Some groups and products, including, without limitation, those that use a pharmacy benefit manager other than Prime Therapeutics, may have a different set of preventive benefits than shown here. *

Non-preventive care received during a preventive care visit is subject to normal plan cost sharing. Out-of-network services may incur member liability or may not be covered.

1) Cervical cancer screening

- Age 21 – 29: PAP test every 3 years
- Age 30 – 65: PAP test every 3 years or Human Papilloma Virus (HPV) every 5 years or HPV with PAP test every 5 years

2) Counseling for sexually transmitted infection (STI)

- Group or individual sessions, 30-minute maximum per session, one per year

3) Counseling and screening for human immunodeficiency virus (HIV)

- Counseling may be group or individual, 30 minutes maximum per counseling session, one per year

4) Counseling and screening for interpersonal and domestic intimate partner violence

- Counseling may be group or individual, a maximum of 60 minutes per session, one per year for counseling and/or screening.

5) Well-woman visits

For women (ages 12-75)

- These services may be obtained during a well-woman visit:
 - Alcohol overuse counseling
 - Anemia screening: pregnant women
 - Urine screening: most members
 - Blood pressure screening
 - Breast cancer preventive medication counseling
 - Certain breast cancer preventive medications with a prescription
 - Breast cancer screening ages 40-74 (mammogram 2D or 3D)
 - Cervical cancer screening ages 21-65
 - Chlamydia infection screening
 - Cholesterol screening
 - Colorectal cancer screening age 45-75 or earlier depending on family history
 - Depression screening
 - Diabetes screening
 - Folic acid supplementation as a prenatal supplement
 - Folic acid supplements for women ages 12 – 65, when member has a prescription and purchases at the pharmacy or pharmacy counter.
 - Gonorrhea screening
 - Healthy diet counseling
 - Hepatitis B screening: pregnant women

- HIV (human immunodeficiency virus) screening
- Obesity screening and counseling
- Osteoporosis screening
- Rh (Rhesus) incompatibility screening
- STI (sexually transmitted infection) counseling
- Syphilis screening
- Tobacco use counseling and interventions
 - Certain over the counter and prescription tobacco cessation products when member has a prescription and purchases at the pharmacy or pharmacy counter.

6) Contraceptive methods** and counseling

Individual counseling session for women (ages 12 – 65), one per year. *Some self-insured groups may have a different set of preventive benefits than shown here.

**See separate document entitled “Women’s Preventive Contraceptive Benefits” for an overview of contraceptive methods that may be available under your plan.

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.

This document was current as of June 1, 2024, and therefore may not reflect the most up to date information. This information may change from time to time as determined appropriate by Blue Cross and/or Blue Plus. Coverage for specific preventive services may differ from that described in this document. Not all items on this list are covered benefits for all products or groups with Blue Cross or Blue Plus. For the most up to date information about benefits that may be available to you, please contact Customer Service at the number located on the back of your ID card. 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 may be subject to deductibles, copays and/or coinsurance.