

# PREVENTIVE PRENATAL BENEFITS

Health Care Reform



January 1, 2024

The following preventive prenatal services are covered without member cost-sharing when obtained at the in-network level. The benefits are generally applicable to Blue Cross and Blue Shield of Minnesota and Blue Plus commercial market non-grandfathered products. This document outlines the core benefits applicable to those products. Some groups and products, including, without limitation, those that are not required to comply with Affordable Care Act's preventive services requirements, may have a different set of preventive prenatal benefits than shown here or may apply some member liability even for in-network services. Groups who use a pharmacy benefit manager (PBM) other than Prime Therapeutics LLC\* may have different preventive medication (e.g., folic acid, tobacco products) coverage than listed here.

- Alcohol misuse counseling
- Anemia screening (iron deficiency)
- Urine screening
- Screening for gestational diabetes mellitus (GDM)
  - During pregnancy, regardless of presence or absence of high-risk factors
  - Initial glucose test, and if positive, confirmatory glucose tolerance test
- Breastfeeding support, supplies and counseling
  - Purchase of a manual or electric breast pump
- The following infectious disease screenings:
  - Chlamydia infection screening
  - Gonorrhea screening
  - Hepatitis B screening
  - Hepatitis C screening for high-risk individuals
  - HIV (human immunodeficiency virus) screening
  - Syphilis screening
- Gestational diabetes mellitus (GDM) screening
- Folic acid supplementation and counseling
  - Folic acid supplements for women ages 12-65, when member has a prescription and purchases at the pharmacy or pharmacy counter.
- Rh (Rhesus) factor incompatibility screening
- Tobacco use counseling and interventions
- Selected immunizations - if approved by the FDA (Food & Drug Administration) as safe for pregnant women
- Preventive medicine counseling and/or risk factor reduction interventions

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.

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

This document was current as of January 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.