

# Using your preventive benefits

## YOUR PREMIERA 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.

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

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Consult your benefit booklet for confirmation of benefits and coverage for these services. See our preventive care medical policy at [premera.com/medicalpolicies/10.01.523.pdf](https://premera.com/medicalpolicies/10.01.523.pdf)

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BLUE CROSS

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## SERVICES, SCREENINGS, AND TESTS

Service	Additional details	Covered as preventive for:
Wellness exams	Visits for routine wellness or physical exams	All individuals regardless of age
Abdominal aortic aneurysm	One-time screening	Men (65 to 74) who have ever smoked
Alcoholism screening and counseling		Adults 18 and older
Alcohol and drug use screening		Children under age 18
Anemia screening		Children under age 18
Autism screening		Children under age 18
Behavioral issues		Children under age 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	Height, weight, and body mass measurements	Children under age 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 mammography		Adults 18 and older
Cervical cancer screening		Women age 21 to 65: cytology (pap test) every 3 years; Age 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 age 18
Chlamydia infection screening		Adults 18 and older
Cholesterol test		Adults of specific ages or those at higher risk
Colorectal cancer screenings	<b>Home tests:</b> fecal occult blood (FOBT), fecal immunochemical (FIT), and stool DNA (Cologuard <sup>1</sup> )	Adults starting at age 45 through age 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 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.	

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

## SERVICES, SCREENINGS, AND TESTS (continued)

Service	Additional details	Covered as preventive for:
Depression, anxiety, and suicide risk screening		All individuals from birth to 64 years of age
Developmental screening		Children under age 18
Diabetes (type 2) and prediabetes screening		Adults 18 and older
Domestic violence screening and counseling		All individuals regardless of age
Fall prevention		Adults age 65 and older
Gonorrhea screening		All individuals regardless of age at higher risk
Healthy eating assessment and dietary counseling		Adults 18 and older
Hearing screening		Children under age 18
Hepatitis B screening		All individuals at higher risk
Hepatitis C screening		Adults 18 and older at higher risk
HIV (human immunodeficiency virus) infection screening		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. See the Medications and supplements 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	
	Adherence counseling	
HPV (human papillomavirus) screening		Women 18 and older
Hypothyroidism	Congenital; lack of thyroid secretions	Children under age 18
Latent tuberculosis infection screening and testing		All individuals regardless of age
Lead screening		Children under age 18 at risk of exposure
Lipid disorders	Pertaining to cholesterol and triglycerides	Children under age 18
Lung cancer screening	Prior authorization may be required; please contact customer service.	Adults age 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 age 18
Perinatal/postpartum depression	Counseling interventions	Women 18 and older at higher risk

## SERVICES, SCREENINGS, AND TESTS (continued)

Service	Additional details	Covered as preventive for:
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>Pre-pregnancy, prenatal, and postpartum visits</b>	
	<b>Rh (antibody) incompatibility testing</b>	
	<b>RSV (Respiratory Syncytial Virus) vaccine</b>	
<b>Syphilis screening</b>		
<b>Prostate cancer screening</b>	Prostate-specific antigen (PSA) blood test	Adults 18 and older
<b>Sterilization</b>		Women 18 and older
<b>Sexually transmitted infection (STI) prevention counseling</b>		Children under age 18. Adults 18 and older at higher risk.
<b>Sickle cell anemia and trait</b>	Hemoglobinopathies	Newborns
<b>Syphilis infection screening</b>		Non-pregnant adolescents at increased risk for infection. Adults 18 and older at higher risk for infection.
<b>TB (tuberculin) testing</b>		Children under age 18
<b>Unhealthy drug use screening</b>	Screening refers to asking questions about unhealthy drug use, not testing biological specimens	Adults 18 and older
<b>Vision screening</b>		Children under age 18

## MEDICATIONS AND SUPPLEMENTS

Description	Additional details	Covered as preventive for:
<b>Aspirin</b>	Over-the-counter, generic aspirin-only products (81 mg/ day). Requires a written prescription.	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

## MEDICATIONS AND SUPPLEMENTS (continued)

Description	Additional details	Covered as preventive for:
<b>Breast cancer preventive medications</b>	Raloxifene, Soltamox, tamoxifen, or aromatase inhibitors	Adults age 35 and older or those at higher risk
<b>Fluoride</b>	Generic only. <b>Requires a written prescription.</b>	Children age 6 months through 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 between the ages of 45 and 75
<b>Statins</b>	Generic statins. For prevention of cardiovascular diseases.	Adults between the ages of 40 and 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	Covered as preventive for:
<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 age 18
<b>DTaP-IPV-Hib-HepB vaccine</b> (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, hepatitis B)	Children under age 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 influenza type b)	Children under age 18
<b>HPV vaccine</b> (Human papillomavirus)	All individuals regardless of age
<b>IPV vaccine</b> (Inactivated polio virus)	Children under age 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 age 18
<b>RSV vaccine</b> (Respiratory Syncytial Virus)	Adults age 60 and older; pregnant women; infants younger than 8 months, and infants 8 months to 19 months at increased risk.
<b>Shingles vaccine</b> (Herpes zoster)	Adults 50 and over; 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

This is only a summary. For more specific information, visit: [healthcare.gov/coverage/preventive-care-benefits/](https://www.healthcare.gov/coverage/preventive-care-benefits/)  
 Immunization schedules: [cdc.gov/vaccines/schedules](https://www.cdc.gov/vaccines/schedules)

### 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](mailto: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 ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ 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 ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711)።
  - XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajjila 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).
  - ໂປດອຸບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).
  - ATANSYON:** Si w pale Kreyòl Ayisyen, gen sévis 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.