

Using your preventive benefits

YOUR PREMERA BLUE CROSS PLAN PAYS IN-NETWORK PREVENTIVE SERVICES IN FULL

You'll get the most value from these benefits by choosing a doctor 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 doctor right away!
- 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 doctor what's considered preventive and covered in full under your medical plan. Talk with your doctor about preventive services that are right for you.

Keep in mind

During your visit, your doctor may find a problem that needs more screening or tests to pinpoint the issue. Also, if you manage an ongoing health issue, your doctor 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.



ADULTS 18 AND OLDER

Services, screenings, and tests

- Wellness exams for ages 18 and older; visits for routine wellness or physical exams
- **Abdominal aortic aneurysm screening** for men (65 to 74) who have ever smoked; one-time screening
- Alcoholism screening and counseling
- · Blood pressure screening
- · Breast cancer screening: screening mammography
- Cholesterol test for adults of specific ages or those at higher risk
- Colorectal cancer screenings starting at age 50 through age 75; sooner than age 50 for those at higher risk of colon cancer. Colorectal screening options include:
 - Home tests: Fecal occult blood (FOBT), fecal immunochemical (FIT) and stool DNA (Cologuard*)
 - Doctor's office: Sigmoidoscopy
 - Outpatient hospital, ambulatory surgical center:
 Colonoscopy (If your doctor recommends a screening colonoscopy, costs for related services such as precolonoscopy consultation, anesthesia your doctor considers medically appropriate for you, removal of polyps, and pathology are included.)
- · Depression screening
- · Diabetes (Type 2) screening
- Fall prevention for ages 65 and older
- · Healthy eating assessment and dietary counseling
- Hepatitis B screening for those at higher risk
- Hepatitis C screening for those at higher risk
- HIV (human immunodeficiency virus) infection screening for those at higher risk
- Latent tuberculosis infection screening for those at higher risk
- Lung cancer screening for ages 55 to 80 at higher risk; prior authorization required; please contact customer service
- Nicotine dependency screening and counseling for quitting smoking or chewing tobacco
- · Obesity screening and counseling for weight loss
- Prostate cancer screening; prostate-specific antigen (PSA) blood test
- Sexually transmitted infection (STI) counseling for those at higher risk
- · Syphilis testing for those at higher risk

Medications and supplements

- Aspirin for pregnant women who are at high risk for preeclampsia or those at risk due to heart conditions between the ages of 45 and 79; over-the-counter, aspirin-only products (75–325 mg). Requires a written prescription.
- **Birth control** 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, injectable contraception, and over-the-counter birth control (for example, female condoms, sponges). **Requires a written prescription**. Please see benefit booklet for additional coverage detail.
- Breast cancer preventive medications for those at higher risk — raloxifene, Soltamox, and tamoxifen
- Folic acid for women who are pregnant or are considering pregnancy; over-the-counter (0.4–0.8 mg). Requires a written prescription.
- Pre-colonoscopy cleansing preparations for those between the ages of 50 and 75; generic or single-source brands. Requires a written prescription. Fill limit of 2 every 365 days. (Over-the-counter drugs are not covered as a preventive benefit.)
- Statins for prevention of cardiovascular diseases; generic low- to moderate-dose statins for males and females between ages of 40 and 75.
- Tobacco cessation over-the-counter, generic patches, lozenges, and gum; prescription only for Bupropion (generic Zyban), Chantix, NRT (nicotine replacement therapy) nasal spray, or NRT inhaler. Requires a written prescription.

ADULTS 18 AND OLDER (CONTINUED)

Reproductive and women's health

- 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, injectable
 contraception, and over-the-counter birth control (for
 example: female condoms, sponges). Requires a written
 prescription. Please see benefit booklet for additional
 coverage detail.
- · Bone density (osteoporosis) screening
- Breast and ovarian cancer (BRCA) genetic counseling and testing: prior authorization for testing required, please contact customer service
- Breast cancer (chemoprevention) counseling for women at higher risk
- Breast cancer preventive medications for those at higher risk — raloxifene, Soltamox, and tamoxifen
- Breast cancer screening: screening mammography
- · Cervical cancer screening
 - Ages 21 to 65: Cytology (pap test) every 3 years
 - Ages 30 to 65 who want to lengthen the screening interval, Human papiloma virus (HPV) screening alone or in combination with cytology every 5 years
- · Chlamydia infection screening
- · Domestic violence screening and counseling
- Gonorrhea screening for those at higher risk
- · HPV (human papillomavirus) screening
- · Sterilization for women

Vaccinations

- Chicken pox (Varicella)
- Flu (Influenza)
- · Hepatitis A
- Hepatitis B
- HPV (Human papillomavirus)
- Meningitis (Meningococcal)
- MMR (Measles, mumps, rubella)
- Pneumonia (Pneumococcal)
- Shingles (Herpes zoster)
- **Tdap** (Tetanus, diphtheria, pertussis)



Pregnancy

- · Anemia screening
- · Bacteriuria urinary tract infection screening
- Breast-feeding interventions to support and promote breast feeding before and after childbirth
- Breast pumps and supplies (single or double styles)
- Folic acid for women who are pregnant or are considering pregnancy; over-the-counter (0.4–0.8 mg).
 Requires a written prescription.
- · Gestational diabetes screening
- · Hepatitis B infection screening
- · Rh (antibody) incompatibility testing
- · Syphilis screening

CHILDREN AND TEENS

For children under age 18, routine exams, vaccinations, and screenings listed below are covered in full when received from a doctor within your plan's network.

Services, screenings, and tests

- · Well-baby exam from birth to 3 years
- Well-child exam for ages 4 to 18
- · Anemia screening
- · Annual alcohol and drug use screening
- Autism screening
- · Behavioral issues
- Bilirubin screening for newborns through the 28th day
- BMI: height, weight, and body mass
- Cervical dysplasia for sexually active females
- · Depression screening
- · Developmental screening
- Hearing screening
- Hepatitis B screening for those at higher risk
- HIV (human immunodeficiency virus) screening for those at risk
- **Hypothyroidism:** congenital; lack of thyroid secretions
- Lead screening for children at risk of exposure
- Lipid disorders: cholesterol and triglycerides
- Metabolic screening for newborns (such as PKU);
 phenylketonuria is an inherited metabolic deficiency
- · Obesity screening and counseling for weight loss
- Oral health risk assessment and fluoride varnish to primary teeth: completed during routine physical exam
- Sexually transmitted infection (STI) prevention counseling
- Sickle cell anemia and trait for newborns: hemoglobinopathies
- · TB testing: tuberculin
- · Vision screening

Vaccinations

- Chicken pox (Varicella)
- DTaP (Diphtheria, tetanus, pertussis)
- Flu (Influenza)
- **HIB** (Haemophilus influenza type B)
- · Hepatitis A
- · Hepatitis B
- HPV (Human papillomavirus)
- **IPV** (Inactivated polio virus)
- Meningitis (Meningococcal)
- MMR (Measles, mumps, rubella)
- Pneumonia (Pneumococcal)
- Rotavirus

Medications and supplements

- Fluoride up to age 18. Generic only 0.25 mg, 0.5 mg, 1 mg only; no combinations. Requires a written prescription.
- **Iron supplements** from birth to 12 months; over the counter, liquid form only

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

This is a summary only. For more specific information, go to this government website:

healthcare.gov/coverage/preventive-care-benefits/

See our preventive care medical policy at premera.com/medicalpolicies/10.01.523.pdf



Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. 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, or sex, 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, TRS: 711, Email 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 https://www.hhs.gov/ocr/office/file/index.html.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-807-7310 (TRS: 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 800-807-7310 (TRS: 711)。 CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-807-7310 (TRS: 711). 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-807-7310 (TRS: 711) 번으로 전화해 주십시오.

<u>ВНИМАНИЕ</u>: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-807-7310 (служба коммутируемых сообщений: 711).

<u>PAUNAWA</u>: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-807-7310 (TRS: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-807-7310 (служба комутованих повідомлень: 711). ប្រយ័គ្នះ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នកា ចូរ ទូរស័ព្ទ 800-807-7310 (TRS: 711)។

<u>注意事項</u>: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。800-807-7310 (TRS:711) まで、お電話にてご連絡ください。

<u>ማስታወሻ:</u> የሚናገሩት ቋንቋ ኣማርኛ ከነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-807-7310 (በስልክ ማገናኛ አንልግሎት: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-807-7310 (TRS: 711). .(711: رَعْمُ خَدْمُةُ تَرْحِيلُ الْاَتْمَالُاتُ لَلْصِمُ والْبُكَمُ: الْمُعُويَةُ تَتُوافُرُ لِكُ بِالْمُجَانِ. اتَصلُ بِرَقَمُ 800-807-7310 (رَقَمُ خَدْمُةُ تَرْحِيلُ الْاَتْمَالُاتُ لَلْصِمُ والْبُكَمُ: ਸਿੰਘਾਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-807-7310 (TRS: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

<u>ACHTUNG</u>: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-807-7310 (TRS: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-807-7310 (TRS: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-807-7310 (TRS: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-807-7310 (SRT : 711).

<u>UWAGA</u>: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-807-7310 (TRS: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-807-7310 (TRS: 711).

<u>ATTENZIONE</u>: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-807-7310 (TRS: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TRS: 711) (TRS-800-800 تماس بگیرید.