

# Using your preventive benefits

## FOR GRANDFATHERED PLANS

Your Premera Blue Cross Blue Shield of Alaska plan may cover in-network preventive care in full. Please review your plan to confirm your health plan coverage.

Using your preventive benefits is a good way to maintain and even improve your health. When the listed screenings, tests, and services are billed by your doctor as routine preventive services, your plan will cover them according to what is stated in your health plan benefit booklet. You'll get the most value from these benefits by choosing an in-network doctor. It is also a good idea to bring this list and your health plan information to your exam so your doctor is aware of your coverage.

## Adults

### Suggested preventive services for adults age 19 to 64

- **Blood pressure testing**
- **Breast cancer screening** (mammography)
- **Clinical breast exam**
- **Lipid panel** (cholesterol, lipoprotein, triglycerides)
- **Diabetes screening** (Type 2)
- **Colon cancer screening** (colonoscopy, sigmoidoscopy, barium enema, and home test kits. Not a core preventive benefit; refer to your benefit booklet cost sharing information).
- **Cervical cancer screening** (Pap test and HPV testing)
- **HIV Preexposure Prophylaxis (PrEP) Therapy** (Certain HIV PrEP medication is covered at no cost when used as a preventive measure for those identified as high risk for HIV infection<sup>1</sup>.)

- **HIV Preexposure Prophylaxis (PrEP) drug coverage<sup>1</sup>**  
– emtricitabine-tenofovir, Truvada, Descovy
- **Osteoporosis** (DEXA bone density) study
- **Prostate cancer** (PSA blood) test

### Vaccinations

- Flu (Influenza)
- Diphtheria, tetanus, pertussis
- Shingles

### Keep in mind

Recommended age and frequency varies. Talk with your provider about tests, screenings, and vaccinations that are right for you.

<sup>1</sup> For additional coverage details, including the effective date of coverage for PrEP at no cost under your health plan, please call customer service at the number on the back of your ID card.

## Children and teens

### Suggested preventive care services

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

### Well child and teens

- **Well-baby exam**—ages 0 to 3
- **Well-child exam**—ages 4 to 18
- **Cervical cancer screening**  
(PAP test and HPV testing)
- **HIV Preexposure Prophylaxis (PrEP) Therapy**  
(Certain HIV PrEP medication is covered at no cost when used as a preventive measure for those identified as high risk for HIV infection<sup>1</sup>.)
- **HIV Preexposure Prophylaxis (PrEP) drug coverage<sup>1</sup>**  
– emtricitabine-tenofovir, Truvada, Descovy

### Vaccinations

- Flu (Influenza)
- Diphtheria, tetanus, pertussis
- Hepatitis A
- Hepatitis B
- Measles, mumps, rubella (MMR)
- Chicken pox (varicella)
- Inactivated polio virus
- Pneumonia (PCV or PPV)
- HPV (human papillomavirus)

## Helpful Tips

### When tests or screenings are not preventive

Your preventive benefits offer full coverage for many tests, screenings, and vaccinations. During your preventive exam, your doctor may find an issue or problem that requires further testing or screening for a proper diagnosis to be made. Also, if you have a chronic disease, your doctor may check your condition with tests. These types of screenings and tests help to diagnose or monitor your illness. These diagnostic tests are not covered by your preventive benefits and often require you to pay a greater share of the costs.

### Anesthesia for preventive colonoscopies

If you are ready to schedule a preventive colonoscopy, you should know how your anesthesia for this screening will be covered. Anesthesia services performed in connection with a preventive colonoscopy are covered if the attending provider determines that anesthesia would be medically appropriate for you.

<sup>1</sup> For additional coverage details, including the effective date of coverage for PrEP at no cost under your health plan, please call customer service at the number on the back of your ID card.

## Discrimination is Against the Law

Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal 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>.

## Language Assistance

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-508-4722 (TTY: 711).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-508-4722 (TTY: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-508-4722 (TTY: 711) 번으로 전화해 주십시오.

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 800-508-4722 (TTY: 711).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-508-4722 (телетайп: 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 800-508-4722 (TTY: 711)。

**MO LOU SILAFIA:** Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se togoti, mo oe, Telefoni mai: 800-508-4722 (TTY: 711).

**ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-508-4722 (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。800-508-4722 (TTY:711) まで、お電話にてご連絡ください。

**PAKDAAR:** Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 800-508-4722 (TTY: 711).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-508-4722 (TTY: 711).

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-508-4722 (телетайп: 711).

**เรียน:** ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-508-4722 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-508-4722 (TTY: 711).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-508-4722 (TTY: 711).

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-508-4722 (رقم هاتف الصم والبكم: 711).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-508-4722 (TTY: 711).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-508-4722 (ATS: 711).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-508-4722 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-508-4722 (TTY: 711).

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-508-4722 (TTY: 711) تماس بگیرید.