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!

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 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.

For more specific information about your coverage and guidelines, see the back of this brochure.
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 pre-colonoscopy 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.

*Cologuard services may be subject to additional out-of-pocket expense.
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: Pap test
- 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

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Please also see Medications and supplements section on previous page for covered drugs.
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 infection 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 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, or sex.

Premera:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • 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, TTY 800-842-5357
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 Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost.
Call 800-722-1471 (TTY: 800-842-5357).

Français (French):

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:
Premera Blue Cross - Civil Rights Coordinator
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

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 Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

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Deutsche (German):

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Italiano (Italian):

Chinese (Chinese):
本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知可能有重要的日期。您可能需要在截止日期前采取行動，以保留您的健康保障及費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357).
この通知には重要な情報が含まれています。この通知には、Premera Blue Crossの申請または補償要件に関する重要な情報が含まれている場合があります。この通知で記載されている可能性がある重要な日付をご確認ください。健康保険や医療サポートを維持するには、特定の日または一定の行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관련하그리고 Premera Blue Cross 문을 통한 커뮤니케이션에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하는 귀하의 신청을 유지하거나 비용을 절감하기 위해서 필요한 마감일까지 조치해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보를 총의 내용으로 받아들일 수 있을 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357)로 전화하십시오。

波兰语 (Polish):

日语 (Japanese):
この通知には重要な情報が含まれています。この通知には、Premera Blue Crossの申請または補償要件に関する重要な情報が含まれている場合があります。この通知で記載されている可能性がある重要な日付をご確認ください。健康保険や医療サポートを維持するには、特定の日または一定の行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357).

Polskie (Polish):

Paraguai (Portuguese):
Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir dados importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):
Ang Paunawa na ito ay naglalaman ng magalang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng magalang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring maging mahalagang ka ng magagawa ng halang sa iyang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan ng tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulog sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

Ukraynsькій (Ukrainian):
Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на клітинні дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретній ситуації, щоб забезпечити вашу медичну страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):