

Using your preventive benefits

YOUR PREMIERA BLUE CROSS BLUE SHIELD OF ALASKA 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

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

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	Home tests: fecal occult blood (FOBT), fecal immunochemical (FIT), and stool DNA (Cologuard ¹)	Adults starting at age 45 through age 75; sooner than age 45 for those at higher risk of colon cancer
	Provider's office: sigmoidoscopy	
	Outpatient hospital, ambulatory surgical center: 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.	

¹ 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	Anemia screening	Individuals who are or may become pregnant
	Aspirin , 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.	
	Bacteriuria urinary tract infection screening	
	Blood pressure screening	
	Breastfeeding interventions to support and promote breastfeeding before and after childbirth	
	Breast pumps and supplies (single or double styles)	
	Chlamydia and gonorrhea screening	
	Folic acid , generic only; 0.4-0.8 mg only. Requires a written prescription.	
	Gestational diabetes screening	
	Hepatitis B infection screening	
	Pre-pregnancy, prenatal, and postpartum visits	
	Rh (antibody) incompatibility testing	
	RSV (Respiratory Syncytial Virus) vaccine	
	Syphilis screening	
Prostate cancer screening	Prostate-specific antigen (PSA) blood test	Adults 18 and older
Sterilization		Women 18 and older
Sexually transmitted infection (STI) prevention counseling		Children under age 18. Adults 18 and older at higher risk.
Sickle cell anemia and trait	Hemoglobinopathies	Newborns
Syphilis infection screening		Non-pregnant adolescents at increased risk for infection. Adults 18 and older at higher risk for infection.
TB (tuberculin) testing		Children under age 18
Unhealthy drug use screening	Screening refers to asking questions about unhealthy drug use, not testing biological specimens	Adults 18 and older
Vision screening		Children under age 18

MEDICATIONS AND SUPPLEMENTS

Description	Additional details	Covered as preventive for:
Aspirin	Over-the-counter, generic aspirin-only products (81 mg/ day). Requires a written prescription.	For pregnant individuals who are at high risk for preeclampsia
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, 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:
Breast cancer preventive medications	Raloxifene, Soltamox, tamoxifen, or aromatase inhibitors	Adults age 35 and older or those at higher risk
Fluoride	Generic only. Requires a written prescription.	Children age 6 months through 16 years
Folic acid	Generic only; 0.4–0.8 mg only. Requires a written prescription.	Individuals who are or may become pregnant
HIV pre-exposure prophylaxis (PrEP) drug coverage	Descovy, emtricitabine-tenofovir (200 mg–300 mg), Truvada (200 mg–300 mg)	All individuals regardless of age
Iron supplements	Over the counter, liquid form only	Children from birth to 12 months
Pre-colonoscopy cleansing preparations	Generic or single-source brands. Requires a written prescription. Fill limit of 2 every 365 days. (Over-the-counter drugs are not covered.)	Adults between the ages of 45 and 75
Statins	Generic statins. For prevention of cardiovascular diseases.	Adults between the ages of 40 and 75
Tobacco cessation	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. Requires a written prescription.	Adults 18 and older

VACCINATIONS

Description	Covered as preventive for:
Chicken pox vaccine (Varicella)	All individuals regardless of age
Covid-19 vaccine	All individuals regardless of age
DTaP vaccine (Diphtheria, tetanus, pertussis)	Children under age 18
DTaP-IPV-Hib-HepB vaccine (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, hepatitis B)	Children under age 18
Flu vaccine (Influenza)	All individuals regardless of age
Hepatitis A vaccine	All individuals regardless of age
Hepatitis B vaccine	All individuals regardless of age
Hib vaccine (Haemophilus influenza type b)	Children under age 18
HPV vaccine (Human papillomavirus)	All individuals regardless of age
IPV vaccine (Inactivated polio virus)	Children under age 18
Meningitis vaccine (Meningococcal)	All individuals regardless of age
MMR vaccine (Measles, mumps, rubella)	All individuals regardless of age
Pneumonia vaccine (Pneumococcal)	All individuals regardless of age
Rotavirus vaccine	Children under age 18
RSV vaccine (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.
Shingles vaccine (Herpes zoster)	Adults 50 and over; adults 19 and older at higher risk
Td vaccine (Diphtheria toxoids)	Adults 18 and older
Tdap vaccine (Tetanus, diphtheria, pertussis)	All individuals regardless of age

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

Notice of availability and nondiscrimination 800-809-9361 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Vala'au mo auaunaga tau fesoasoani mo gagana e leai ni totogi ma fesoasoani fa'aopo'opo talafeagai ma auaunaga.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

Звертайтеся за безкоштовною мовною підтримкою та відповідними додатковими послугами.

ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่นๆ เพิ่มเติม

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

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