

Using your preventive benefits

Your Premera Blue Cross plan for Microsoft pays preventive services in full when you see a provider within your plan network. Preventive care services check your current health status when you are symptom-free. These screenings and tests allow you to detect the need for diagnosis and treatment to help avoid serious health problems.

Take advantage by following these simple steps:

- 1 Schedule your annual exam and vaccinations with your provider.
- 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.

When tests and screenings are not preventive:

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 an existing condition are not preventive services and are subject to your annual plan cost shares.

The preventive guidelines for adults, children, and teens can be found on the following pages. Recommended age and frequency of preventive services varies. However, these services, screenings, and tests are not subject to annual limits, age, or gender limitations, provided they are billed as routine, preventive services. The requirements for medications and supplements must be met to be covered as preventive.

These services are based on guidelines required under 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

If you have any questions about your preventive coverage, call customer service at 800-676-1411 (TTY: 711), Monday through Friday, 5 a.m. to 8 p.m. Pacific Time.

For more specific information about your coverage and guidelines, review your Summary Plan Description at aka.ms/benefits.

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BLUE CROSS

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SERVICES, SCREENINGS, AND TESTS

Service	Additional details	Recommended 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 75) who have ever smoked
Alcoholism screening and counseling		Adults 18 and older
Alcohol and drug use screening , including tobacco		Children under age 18
Anemia screening		Children under age 18
Autism screening		Children under age 18
Behavioral problems		Children under age 18
Bilirubin screening		Newborns through the 28th day
Birth control and contraception	Visits for birth control devices and contraception	Children under age 18
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 for women and sponges) does not require a written prescription. Certain birth control mobile apps are also covered. See the Summary Plan Description for additional coverage detail.	All women 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 is strongly recommended; please contact customer service	Women 18 and older
Breast cancer (risk reduction) counseling		Women 18 and older at higher risk
Breast cancer screening mammography		Women 40 and older
Cervical cancer screening (PAP and HPV testing)		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 (PAP and HPV testing)		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)	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.	

SERVICES, SCREENINGS, AND TESTS (continued)

Service	Additional details	Recommended 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 35 to 70 who are overweight or obese
Domestic violence screening and counseling		All individuals regardless of age
Fall prevention	Physical therapy; contact Premera to see if coverage is approved for history of falls or mobility issues	Adults age 65 and older
Gonorrhea screening		All individuals regardless of age at higher risk
Healthy eating assessment and dietary counseling	Includes nutritional therapy with a dietitian or nutritional therapist; 12 visits per calendar year	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
International normalized ratio (INR) testing	For liver disease and/or bleeding disorders	All individuals regardless of age
Lab services	General Health Screenings 80050, Electrolyte Panel 80051, Comprehensive Metabolic Panel 80053, Lipid Panel 80061, Urinalysis 81000, 81003, and 81007, Thyroid testing 84443	Adults 18 and older
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.

SERVICES, SCREENINGS, AND TESTS (continued)

Service	Additional details	Recommended as preventive for:
Metabolic (blood) screening for newborns (such as PKU)	Phenylketonuria is an inherited metabolic deficiency	Newborns
Nicotine dependency screening and counseling	For quitting smoking, vaping, 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
Pregnancy	Anemia screening	Individuals who are or may become pregnant
	Aspirin , over-the-counter, generic aspirin-only products (73–325 mg). Covered for pregnant women who are at high risk for preeclampsia. Requires a written prescription.	
	Bacteriuria urinary tract infection screening	
	Blood pressure screening	
	Breastfeeding support is available from your provider during pregnancy and after the birth. In addition, up to 12 pre- or post-natal visits with a certified lactation consultant are available	
	Breast pumps and supplies (see Summary Plan Description for more information on coverage)	
	Chlamydia and gonorrhea screening	
	Folic acid , generic only; over the counter, 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 55 and older
Retinopathy screening for diabetes		All individuals regardless of age
Sterilization		Women 18 and older
Sexually transmitted infection (STI) testing and prevention counseling		All individuals regardless of age
Sexually transmitted infection (STI) testing and prevention counseling	For gonorrhea, HIV, or syphilis infection	Children under age 18
Sickle cell anemia and trait	Hemoglobinopathies	Newborns
Skin cancer behavioral counseling		Children under age 18
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

To receive the preventive drug benefit, you will need a written prescription. This benefit is only available for these drugs and devices when they meet the indicated requirements and strength. For the full list of preventive drugs, see the **Microsoft preventive drug list**.

Description	Additional details	Covered as preventive for:
Aspirin	Over-the-counter, generic aspirin-only products (73–325 mg). 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 for women and sponges) does not require a written prescription. Certain birth control mobile apps are also covered. See Summary Plan Description for additional coverage detail.	All women regardless of age
Birth control and contraception	Birth control devices and contraception	Children under age 18
Breast cancer preventive medications	Raloxifene, Soltamox, tamoxifen, or aromatase inhibitors	Adults age 35 and older or those at higher risk
Fluoride	Generic over the counter. Requires a written prescription.	Children age 6 months to age 16
Folic acid	Generic over the counter only; 0.4–0.8 mg only. Prenatal vitamins with folic acid will continue to be covered or denied according to the standard benefit of your plan and are subject to the cost shares and limits of that plan.	Women who are pregnant or are considering pregnancy
HIV pre-exposure prophylaxis (PrEP) drug coverage	Emtricitabine/tenofovir disoproxil fumarate (200 mg-300mg)	All individuals regardless of age
Iron supplements	Over the counter, liquid form only. For children 13 months and older, liquid or tablet form will be covered according to the standard benefit of your plan and will be subject to the cost shares and limits of that plan.	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
Travel vaccinations	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