

Using your preventive benefits

YOUR PREMIERA BLUE CROSS 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.

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 are not subject to annual limits, age, or gender limitations, provided they are billed as routine, preventive services.

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 Premiera Customer Service at **877-995-2696**.

PREMERA | 

BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

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; 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.	
Depression, anxiety, and suicide risk screening		All individuals from birth to 64 years of age
Developmental screening		Children under age 18

¹ Cologuard services may be subject to additional out-of-pocket expense.

SERVICES, SCREENINGS, AND TESTS (continued)

Service	Additional details	Covered as preventive for:
Diabetes (type 2) and prediabetes screening		Adults 18 and older
Domestic violence screening and counseling		All individuals regardless of age
Fall prevention	Physical therapy; contact customer service to see if coverage is provided for history of falls or mobility issues	Adults age 65 and older
General chemistry screening	Basic and comprehensive metabolic panel, renal function panel, and electrolyte panel	Adults 18 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		All individuals regardless of age at increased risk
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
Pregnancy	Anemia screening	Individuals who are or may become pregnant
	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	
	Gestational diabetes screening	
	Hepatitis B infection screening	
	Pre-pregnancy, prenatal, and postpartum visits	
	Rh (antibody) incompatibility testing	
	RSV (Respiratory Syncytial Virus) vaccine	
Syphilis screening		

SERVICES, SCREENINGS, AND TESTS (continued)

Service	Additional details	Covered as preventive for:
Prostate cancer screening	Prostate-specific antigen (PSA) blood test	Adults 18 and older
Sterilization		Adults 18 and older ²
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
Thyroid screening		Adults 18 and older
Unhealthy drug use screening	Screening refers to asking questions about unhealthy drug use, not testing biological specimens	Adults 18 and older
Urinalysis screening		Adults 18 and older
Vision screening		Children under age 18
Vitamin D screening		All individuals regardless of age

² The Health Savings Plan covers vasectomies at 100% after the deductible is met.

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 influenzae 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

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state 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. 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>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Language Assistance

- ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 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 800-722-1471 (TTY: 711)。
- CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).
- 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.
- ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).
- PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).
- УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).
- ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (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。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。
- ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711)።
- XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).
- ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).
- ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
- ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).
- ໂປດອຸບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).
- ATANSYON:** Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).
- ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).
- UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).
- ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).
- ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).
- توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.