



HEALTH CARE REFORM

Benefits for preventive services

The chart on the following pages shows the preventive services covered under your health plan as part of the Affordable Care Act (ACA). These services are subject to change based on federal requirements. Benefits for the services listed here are covered at no cost to you when they are obtained from a Blue Cross and Blue Shield of Nebraska in-network provider, subject to the gender, age and frequency guidelines indicated.

Recommended preventive services

| Recommended preventive service | Men | Women | Pregnant Women | Children | Age | Frequency |
|---|-----|-------|----------------|----------|---|---|
| Abdominal Aortic Aneurysm, Screening | • | | | | 65 and older | One per lifetime |
| Alcohol Misuse Screening and Behavioral Counseling Intervention | • | • | | | | Screening: One per calendar year; Counseling by PCP: Eight sessions per calendar year |
| Alcohol and Drug Assessment, Developmental/Behavioral Assessment | | | | • | | |
| Anxiety Disorder Screening | • | • | • | • | 8 to 65 | |
| Aspirin for the Prevention of Cardiovascular Disease | • | • | | | 50 to 59 | Subject to plan's retail day supply limit |
| Aspirin for the Prevention of Preeclampsia | | | • | | 13 to 59 | Subject to plan's retail day supply limit |
| Asymptomatic Bacteriuria in Adults, Screening | | | • | | | |
| Autism Screening, Developmental/Behavioral Assessment | | | | • | Up to 3 years | |
| Behavioral Counseling in Healthy Weight and Weight Gain in Pregnancy | | | • | | | |
| Blood Screening, Newborn - Children | | | | • | Up to 1 year | |
| Breast Cancer, Screening (mammogram) | | • | | | 40 and older | One per calendar year |
| Breast Cancer, Discuss Chemoprevention When at High Risk | | • | | | | |
| Breast Cancer, Prescribe Risk-Reducing Medication for Women at Increased Risk of Cancer | | • | | | 35 and older | Subject to plan's retail day supply limit |
| Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and Discussion of BRCA Mutation Testing (based on family risk factors) | | • | | | | |
| Breastfeeding, Primary Care Interventions to Promote Breastfeeding | | • | • | | | |
| Breastfeeding Support, Supplies, and Counseling (breast pump, lactation classes) | | • | • | | | Pumps: One pump per pregnancy; Lactation support and counseling: No frequency restrictions |
| Cervical Cancer, Screening (Pap smear) | | • | • | • | | One per calendar year |
| Chlamydial Infection, Screening | • | • | • | • | | |
| Colorectal Cancer, Screening (Screenings include: colonoscopy, sigmoidoscopy, proctosigmoidoscopy, barium enema, fecal occult blood testing, CT of colon, FIT-DNA, laboratory tests, colon bowel preparation medication and related services) | • | • | | | 45 and older 45 to 75 for FIT-DNA test | One every five calendar years; One per calendar year for fecal occult blood test; One every three calendar years for FIT-DNA test |
| Congenital Hypothyroidism, Screening (newborns) | | | | • | Up to 1 year | |
| Contraceptive Methods and Counseling (female contraceptive methods and birth control including tubal and sterilization) | | • | | | | |
| Contraceptive Methods (Pharmacy) (birth control) | | • | | | | Subject to plan's retail day supply limit |
| Critical Congenital Heart Defect Screening (newborns) | | | | • | | |
| Dental Caries in Preschool Children, Prevention (apply fluoride varnish to the primary teeth) | | | | • | 6 months to 6 years | |

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| Dental Caries in Preschool Children, Prevention (prescribe oral fluoride if deficient in water) | | | | • | 6 months to 16 years (through 15 years) | Subject to plan's retail day supply limit |
| Depression, Screening | • | • | • | • | | |
| Developmental Screening, Developmental/ Behavioral Assessment | | | | • | Up to 3 years | |
| Developmental Surveillance, Developmental/ Behavioral Assessment | | | | • | | |
| Diabetes Mellitus (Type 2) and Prediabetes in Adults, Screenings | • | • | | • | | |
| Diabetes, Screening for Gestational Diabetes | | | • | | | |
| Behavioral Counseling in Primary Care to Promote Healthy Diet and Physical Activity (adults with cardiovascular risk factors) | • | • | | | | Up to 12 visits per calendar year |
| Evaluation and Management Services (E/M) (periodic preventive examination/ office visit/ well woman visit) | • | • | • | • | | Newborn up to 6 years unlimited; annually thereafter |
| Folic Acid, Daily Supplement of | | • | • | | | Subject to plan's retail day supply limit |
| Gonorrhea, Screening | | • | • | • | | |
| Gonorrhea, Prophylactic Eye Medication (newborns) | | | | • | | |
| Hearing Loss in Newborns, Screening | | | | • | Up to 1 month | |
| Hearing, Sensory Screening (beyond newborn screening) | | | | • | Up to 22 years (through 21 years) | One per calendar year |
| Hepatitis B Virus Infection, Screening | • | • | • | • | | |
| Hepatitis C Virus (HCV) Infection, Screening | • | • | | | | One per lifetime |
| High Blood Pressure, Screening | • | • | | • | | |
| HIV Infection: Preexposure Prophylaxis Medication | • | • | • | • | | Subject to plan's retail day supply limit |
| HIV Screening and Counseling (at risk and all pregnant women) | • | • | • | • | | |
| Human papillomavirus (HPV), Screening | • | • | | | | |
| Interpersonal and Domestic Violence, Screening and Counseling | | • | | | | |
| Immunizations | • | • | • | • | | |
| Iron Deficiency Anemia, Prevention – Hematocrit or Hemoglobin Screening (at risk 6 to 12 month old babies) | | | | • | Up to 2 years for screening; Up to 1 year for pharmacy | Lab tests have no frequency restrictions; Drugs are subject to plan's retail day supply limit |
| Iron Deficiency Anemia, Screening | | | • | | | |
| Lead, Screening | | | | • | Up to 7 years | |
| Lipid Disorders, Screening (cholesterol) | • | • | | • | | One every five calendar years |
| Lung Cancer, Screening | • | • | | | 50 up to 80 years | One per calendar year |
| Major Depressive Disorders in Men, Women, Pregnant Women, Adolescents and Children Screening | • | • | • | • | 12 and older | Two visits per calendar year |
| Obesity, Screening | • | • | | • | | |
| Oral Health, Screening | | | | • | | |

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| Osteoporosis in Women, Screening (bone density testing) | | • | | | | One every two calendar years |
| Perinatal Depression, Counseling and Interventions | | • | • | | | Eight sessions per pregnancy up to one year after delivery |
| Phenylketonuria (PKU), Screening (newborns) | | | | • | Up to 1 year | Two per lifetime |
| Prevention of Falls in Community-Dwelling Older Adults | • | • | | | 65 and older | |
| Psychosocial Assessment, Developmental/ Behavioral Assessment | | | | • | | |
| Rh (D) Incompatibility, Screening | | | • | | | |
| Sexually Transmitted Infections, Counseling | • | • | | • | | |
| Sickle Cell Disease, Screening (newborns) | | | | • | Up to 1 year | |
| Skin Cancer, Behavioral Counseling | • | • | | • | 10 up to 24 years | |
| Statins for the Prevention of Cardiovascular Disease | • | • | • | | 40 up to 75 years | Subject to plan's retail day supply limit |
| Suicide Screening for Children | | | | • | 12 to 17 | Two visits per calendar year |
| Syphilis Infection, Screening | • | • | • | • | | |
| Tobacco Use and Tobacco-Caused Disease, Counseling (including tobacco/nicotine cessation drugs and deterrents) | • | • | | • | | Medical: Up to eight visits per calendar year. Drugs and deterrents are limited to 180-day supply per product type |
| Tuberculin Test, Screening | • | • | • | • | | |
| Vision, Sensory Screening | | | | • | Up to 22 years | One per calendar year |
| Visual Impairment in Children Younger than 5 Years, Screening | | | | • | Up to 5 years | One per calendar year |

Benefits will be provided for in-network preventive services that are:

- Evidence-based items or services that have a rating of A or B in the current recommendations of the United States Preventive Services Task Force;
- Evidence-informed preventive care and screenings listed in comprehensive guidelines supported by the Health Resources and Services Administration for infants, children and adolescents (through 21 years);
- Evidence-informed preventive care and screenings listed in comprehensive guidelines supported by the Health Resources and Services Administration for women; and
- Recommended from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for routine immunizations for children, adolescents and adults.

Note: Preventive services do not generally include services intended to treat an existing illness, injury or condition. Benefits will be determined based on how the provider submits the claim. Claims must be submitted with the appropriate diagnosis and procedure code in order to be paid at the 100% benefit level. If during your preventive services visit you receive services to treat an existing illness, injury or condition, you may be required to pay a copay, deductible and/or coinsurance for those covered services. Medical or reimbursement policies may apply.

Questions?

Call the Member Services number on the back of your member ID card.

[NebraskaBlue.com/Prevent](https://www.nebraskablue.com/Prevent)