

HEALTH CARE REFORM

Benefits for preventive services

This chart shows the preventive services covered by your health plan as part of the Affordable Care Act (ACA). 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.

The preventive services listed in the chart below are subject to changed based on federal requirements. 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 bill. 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

Preventive service recommended by the US Preventive Services Task Force	Men	Women	Pregnant Women	Children	Age	Frequency
Abdominal Aortic Aneurysm, Screening	●				65 and older	One per lifetime
Alcohol and Drug Assessment, Developmental/ Behavioral Assessment				●		
Alcohol Misuse Screening and Behavioral Counseling Intervention	●	●	●	●		Screening: One per calendar year; Counseling by PCP: Eight sessions per calendar year
Aspirin for the Prevention of Cardiovascular Disease	●	●			50 to 59	Subject to plan's retail day supply limit
Aspirin for the Prevention of Preeclampsia			●		Women: 13 to 59	Subject to plan's retail day supply limit
Asymptomatic Bacteriuria in Adults, Screening			●			
Behavioral Counseling in Healthy Weight and Weight Gain in Pregnancy			●			
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and discussion of BRCA Mutation Testing (based on family risk factors)		●	●			
Breast Cancer, Discuss Chemoprevention when 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 Cancer, Screening (mammogram)		●	●		40 and older	One per calendar year
Breastfeeding, Primary Care Interventions to Promote Breastfeeding		●	●			
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 (newborn)				●	Up to 1 year	
Dental Caries in Preschool Children, Prevention (apply fluoride varnish to the primary teeth)				●	6 months to 6 years	
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 (Adults) Screening	●	●	●	●		
Developmental Surveillance, Developmental/Behavioral Assessment				●		

Preventive service recommended by the US Preventive Services Task Force	Men	Women	Pregnant Women	Children	Age	Frequency
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 visits)	•	•	•	•		Newborn up to 6 years unlimited; annually thereafter
Folic Acid, Daily Supplement of		•	•			Subject to plan's retail day supply limit
Gonorrhea, Prophylactic Eye Medication (newborns)				•		
Gonorrhea, Screening		•	•	•		
Hearing Loss in Newborns, Screening				•	Up to 1 month	
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 (at risk and all pregnant women)	•	•	•	•		
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 are not limited. Drugs are subject to plan's retail day supply limit
Iron Deficiency Anemia, Screening			•			
Lipid Disorders, Screening (cholesterol)	•	•		•		One every five calendar years
Lung Cancer, Screening	•	•			50 up to 80	One per calendar year
Major Depressive Disorders in Children and Adolescents, Screening				•		
Obesity, Screening	•	•		•		
Oral Health, Screening				•		
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 (newborn)				•	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
Syphilis Infection, Screening	•	•	•	•		
Tobacco Use and Tobacco-Caused Disease, Counseling (including tobacco/nicotine cessation drugs and deterrents)	•	•		•		Medical: Up to eight counseling sessions per calendar year. Drugs and deterrents are limited to 180 day supply per product type
Tuberculin Test, Screening	•	•	•	•		
Visual Impairment in Children Younger than 5 Years, Screening				•	Up to 5 years	One per calendar year