

HEALTH CARE REFORM

Benefits for Preventive Services

Questions?

Call the Blue Cross and Blue Shield of Nebraska (BCBSNE) Member Services Department at the telephone number shown on the back of your BCBSNE member ID card.

nebraskablue.com/preventivecare

This chart shows the preventive services covered under your health plan as part of the Affordable Care Act (ACA), the health care reform legislation that went into effect for plan/policy years on and after September 23, 2010. Benefits for the services listed here are covered at 100% when they are obtained from a Blue Cross and Blue Shield of Nebraska network provider, subject to the gender, age and frequency guidelines indicated.

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.

Preventive Service Recommended by the US Preventive Services Task Force	Gender				Age	Frequency
	Men	Women	Pregnant Women	Children		
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	•	•			Men: 50 to 59 Women: 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			•			
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and discussion of BRCA Mutation Testing (based on family risk factors)		•	•			
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 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, laboratory tests, colon bowel preparation medication and related services)	•	•			50 and older	One every 5 calendar years; One per calendar year for fecal occult blood test
Congenital Hypothyroidism Screening (newborn)				•	Up to age 1	
Dental Caries in Preschool Children, Prevention (apply fluoride varnish to the primary teeth)				•	6 months up to age 6	
Dental Caries in Preschool Children, Prevention (prescribe oral fluoride if deficient in water)				•	Up to age 6 (through age 5)	Subject to plan's retail day supply limit
Depression (Adults) Screening	•	•	•	•		

Preventive Service Recommended by the US Preventive Services Task Force	Gender				Age	Frequency
	Men	Women	Pregnant Women	Children		
Developmental Surveillance, Developmental/Behavioral Assessment				•		
Diabetes Mellitus (Type 2) in Adults, Screening	•	•		•		
Diabetes, Screening for Gestational Diabetes			•			
Diet, 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 age 6 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 age 1 month	
Hepatitis B Virus Infection, Screening	•	•	•	•		
Hepatitis C Virus (HCV) Infection, Screening	•	•				One per lifetime
High Blood Pressure, Screening	•	•		•		
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 age 2 for screening; Up to age 1 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 5 calendar years
Lung Cancer, Screening	•	•			55 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)		•			60 and older	One every 2 calendar years
Phenylketonuria (PKU), Screening (newborn)				•	Up to age 1	Two per lifetime
Prevention of Falls in Community-Dwelling Older Adults (prescribe Vitamin D)	•	•			65 and older	Drugs are subject to plan's retail day supply limit
Psychosocial Assessment, Developmental/Behavioral Assessment				•		
Rh (D) Incompatibility, Screening			•			
Sexually Transmitted Infections, Counseling	•	•		•		
Sickle Cell Disease, Screening (newborns)				•	Up to age 1	
Skin Cancer, Behavioral Counseling	•	•		•	Ages 10 up to 24	
Syphilis Infection, Screening	•	•	•	•		
Tobacco Use and Tobacco-Caused Disease, Counseling (including tobacco/nicotine cessation drugs and deterrents)	•	•		•		Medical: Up to 8 counseling sessions per calendar year. Drugs and deterrents are limited to 180 day supply per product type
Visual Impairment in Children Younger than 5 Years, Screening				•	Up to age 5	One per calendar year