

Expanded Coverage for Preventive Care Under National Health Care Reform

Most health plans can no longer require cost sharing for certain preventive services as a result of National Health Care Reform. In addition, coverage must be provided for some preventive services, such as screenings, immunizations, and other types of care, as recommended by the federal government. The U.S. Department of Health and Human Services also issued guidelines to ensure that all women have access to preventive health services necessary for women's health and well-being. These guidelines require health plans and health insurance issuers to cover the recommended women's preventive health services without charging a copayment, co-insurance, or deductible for in-network services. Non-grandfathered health plans and health insurance issuers need to cover these services without member cost sharing.



What this means for Members and Accounts

Blue Cross Blue Shield of Massachusetts offers the following services with no member cost share when they are administered by network doctors and hospitals:¹

- Routine adult exams²
- Routine GYN exams²
- Certain family planning services
- Routine hearing exams
- Routine vision exams²
- Certain prenatal services
- Routine pediatric care

Women's preventive health services recommended by the Department of Health and Human Services include the following types of preventive services:¹

- Annual well-woman visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV) infections
- Contraceptive methods and counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

Preventive Services with No Cost Sharing

Blue Cross Blue Shield of Massachusetts covers the preventive services listed in the following charts at no cost to our members when the services are provided by a network doctor or hospital. Some of these services may also be covered as part of routine physical exams, such as checkups, routine gynecological visits, or well-child exams.

The list of preventive care services and tests covered with no member cost share is subject to change upon the issuance of additional guidance from the federal government pursuant to Patient Protection and Affordable Care Act. Blue Cross Blue Shield of Massachusetts has updated its products, and certain plan designs may have expanded preventive benefits beyond what is required by national health care reform. Some grandfathered and/or self-insured plan designs may have a more limited selection.

^{2.} Certain limitations may apply. For a complete description of benefits, please refer to your subscriber certificate, account agreement description, or plan materials.

Preventive Services with No Cost Share for Adults Including Women's Preventive Services (Age 19 and Older)³

Pharmacy Services, Screenings, Tests, and Procedures **Counseling Services** Immunizations,⁵ and Supplies • Aspirin for the prevention Pharmacy Services: Blood pressure of heart disease Depression • Folic acid supplements for women • Breast cancer chemoprevention planning or capable of pregnancy, • Cholesterol through age 50 • Breast cancer screening Colonoscopies and sigmoidoscopies • Tier 1 contraceptive methods • Breastfeeding • Diabetes in asymptomatic adults for females6 • Alcohol misuse, includes screenings Gonorrhea • Sexually transmitted infections⁶ Immunizations: • Hepatitis B • Tobacco use • Hepatitis A • HIV • Obesity, includes screenings • Hepatitis B Syphilis • Healthy diet for hyperlipidemia/risk • Herpes zoster for diet-related chronic disease Males: • Human papillomavirus • Abdominal aortic aneurysm, for males • Human immunodeficiency • Influenza older than 65-75 (once per lifetime) virus (HIV)6 • Measles, mumps, rubella • Contraceptive methods⁶ Meningococcal Females: • Pneumococcal • Breast cancer mammography (at least one baseline mammogram during the • Tetanus, diphtheria, pertussis 5-year period in which a member is age • Varicella 35 through 39 and one mammogram Rabies for each member in each calendar year for a member age 40 or older) Travel Immunizations • Cervical cancer, including pap smears Supplies: (one per calendar year) • Breastfeeding support Chlamydial infection and breast pumps⁶ • Osteoporosis, for women age 60 and older (one per calendar year) Note: Check your benefit materials for more information • Domestic violence⁶ • Voluntary sterilization procedures⁶ Over-the-Counter Medications:⁴ • Human papillomavirus (HPV) • Generic Aspirin (81mg) for females, DNA testing⁵ age 55-79 and males, age 45-79 • Generic Folic Acid for females, up Prenatal: to age 50 • Bacteriuria (pregnant women at Generic Smoking Cessation for up 12 weeks or first prenatal visit) to a 90-day supply per calendar year • RH incompatibility (first pregnancy • Generic Vitamin D for females and visit and at 24–28 weeks gestation) males, age 65 and older • Screening for gestational diabetes⁶

• Generic women's contraceptives (e.g. female condoms, sponges, and spermicide)

- 3. This list is subject to change at any time.
- 4. A licensed clinician must prescribe these medications.
- 5. Doses, recommended ages, and recommended populations vary.
- 6. Service included in the Women's Preventive Health Services.

Preventive Services with No Cost Share for Children (Birth through 18 Years)

Screenings, Tests, and Counseling Services	Pharmacy Services ⁷	Immunizations ⁸
 Obesity screening and counseling Phenylketonuria Lead Developmental screening Autism screening Developmental surveillance Psychosocial/behavioral assessment Alcohol and drug use assessment Dyslipidemia Cervical dysplasia Tuberculin test Hematocrit or hemoglobin Sexually transmitted diseases Newborns: Hearing loss, up to one year old Congenital hypothyroidism Sickle cell disease Metabolic/hemoglobin Adolescents: Depression, ages 12–18 	 Dental caries chemoprevention, oral fluoride, up through age five Iron supplements for infants, up to 12 months old⁷ Prophylactic eye medication for gonorrhea, for infants up to 12 months old⁷ Generic over-the-counter iron supplements for infants up to 12 months old⁷ 	Ages 0–18: • Diphtheria, tetanus, pertussis • Hepatitis A • Hepatitis B • Inactivated poliovirus • Influenza • Measles, mumps, rubella • Meningococcal • Pneumococcal • Pneumococcal • Rotavirus • Varicella (chickenpox) Ages 0–6: • Haemophilus influenzae type B Ages 7–18: • Human papillomavirus

If you have questions regarding coverage for preventive services, please contact your account service representative or call Member Service at the number on the front of your ID card.

- 7. Covered with a valid prescription from a licensed clinician.
- 8. Doses, recommended ages, and recommended populations vary.

