

Highlights of your preventive care benefits

Applies to non-grandfathered individual and group plans

You pay nothing – no coinsurance, copayment or deductible – for covered preventive care services when you visit in-network providers. Preventive care benefits for services from out-of-network providers are subject to your out-of-network benefit.

The listed preventive care services may be adjusted to agree with federal government changes, updates and revisions.

Updates for 2020: Added skin cancer prevention counseling for adults and children. Replaced the term “alcohol misuse assessment” with “alcohol-unhealthy use screening.” Added anemia screening for children.

Services for adults (18 years and older)	Services for adults (continued)	Services for children (17 years and younger)
<ul style="list-style-type: none"> • Alcohol – unhealthy use screening • Annual adult physical examinations • Aortic aneurysm ultrasound • Behavioral counseling for participants who are overweight or obese • Bone density • Breast cancer (BRCA) risk assessment and genetic counseling and testing for high-risk family history of breast or ovarian cancer • Chemistry panels • Cholesterol screening • Colorectal cancer screening • Complete blood count (CBC) • Diabetes screening • Dietary counseling (limited to three visits per participant, per benefit period) • Health risk assessment for depression • Hepatitis B virus screening • Hepatitis C virus infection screening • HIV assessment • Lung cancer screening for participants age 55 and older • Pap test 	<ul style="list-style-type: none"> • PSA test • Screening and assessment for interpersonal and domestic violence • Screening mammogram • Skin cancer prevention counseling • Smoking cessation counseling visit • Sexually transmitted infections assessment • Transmittable diseases screening (chlamydia, gonorrhea, human immunodeficiency virus [HIV], human papillomavirus [HPV], syphilis, tuberculosis [TB]) • Thyroid-stimulating hormone (TSH) • Urinalysis (UA) • Urinary incontinence screening • Well-woman visits for recommended age-appropriate preventive services 	<ul style="list-style-type: none"> • Anemia screening • Dental fluoride application for participants age 5 and younger • Lipid disorder screening • Preventive lead screening • Rubella screening • Skin cancer prevention counseling • Routine or scheduled well-baby and well-child examinations, including vision, hearing and developmental screenings • Newborn screenings: <ul style="list-style-type: none"> • Hearing test • Metabolic screening (PKU, thyroxine, sickle cell) • Screening EKG <p>Please note: Not all children require all the services identified above. Your provider should give you information about your child’s growth, development and general health, and answer any questions you may have.</p>
	Services for pregnant women or women who may become pregnant	

*For groups that offer prescribed contraceptive coverage: Blue Cross of Idaho pays 100 percent of the cost of women’s preventive prescription drugs and devices as specifically listed on the BCI Formulary on the Blue Cross of Idaho website, bcidaho.com; deductible does not apply. The day supply allowed shall not exceed a 90-day supply at one time, as applicable to the specific contraceptive drug or supply. Prescribed contraceptive services include diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation.

Immunization

Acellular pertussis
Diphtheria
Haemophilus influenzae B
Hepatitis B
Influenza
Measles
Mumps
Pneumococcal (pneumonia)
Poliomyelitis (polio)
Rotavirus
Rubella
Tetanus
Varicella (chicken pox)
Hepatitis A
Meningococcal
Human Papillomavirus (HPV)
Zoster

Other immunizations not specifically listed may be covered at the discretion of Blue Cross of Idaho when medically necessary.

Please note: Your provider must bill these services as preventive/wellness services.

The descriptions above are general in nature, to allow for an overall view of Blue Cross of Idaho's preventive care coverage. For complete descriptions of your policy and policy changes, please read your policy and policy amendment language.