



STAYING WELL

# Preventive Care Coverage

Wondering what preventive care your plan covers?

Our plans cover the kind of services that:

- Screen for serious conditions
- Prevent infectious diseases
- Help you stay well

Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueShield  
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Regence

*your health, connected<sup>SM</sup>*

# WHAT YOU NEED TO KNOW ABOUT PREVENTIVE CARE

As you probably know, the federal health care reform law passed in 2010 requires insurers to cover specific preventive care services. We support that initiative. In fact, our plans already covered many preventive care services, as we have long believed that preventive care and early detection are key to the long-term health and well-being of our members.

This brochure explains who's eligible for preventive care and shows which services are available to you and the family members covered by your plan.

## Who's eligible for these preventive services?

To be eligible for these preventive services, you must first be covered by a current Regence policy.

Benefits for the federally required preventive services:

- Are not required in "grandfathered" policies, which are essentially policies that were in effect on March 23, 2010, as long as few or no benefit changes have been made to them. (We have chosen to retain grandfathered status for a very limited number of policies.)
- May be covered by grandfathered plans that have chosen to include the benefit.
- May apply to retiree-only plans.

## What preventive services are covered?

Regence follows government guidelines to determine which preventive services we cover.<sup>1</sup>

These guidelines are updated periodically to reflect new scientific and medical advances. Also, current services could be revised and may have limitations. Benefits are subject to change. New recommendations must be implemented no later than the first plan or policy year that is at least one year after the recommendation's publication.

You can learn more details about these services at [healthcare.gov](http://healthcare.gov), including recommended child and adolescent immunization schedules.

## What is the coinsurance/copay for these preventive services?

The services listed in this brochure will be paid at 100% (no deductibles, coinsurance or copays) when you see preferred or participating providers (Category 1 or Category 2) or in-network providers. Deductibles and/or coinsurance may apply when you see other providers. Services may require pre-authorization or have to meet medical policy criteria.

1. Evidence-based preventive guidelines are developed and validated by the following government entities: United States Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration (HRSA).



# COVERED PREVENTIVE SERVICES

Men	Women	Pregnant Women	Children (0-17)
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Health screenings, counseling and services for:	Suggested guidelines	Men	Women	Pregnant Women	Children (0-17)
Adult abdominal aortic aneurysm	Screening is covered once per lifetime for men age <b>65</b> and over if they have ever smoked.	✓			
Alcohol misuse	Screening and behavioral counseling intervention covered for adults age <b>18</b> and older.	✓	✓		
Anemia (iron deficiency)	Screening covered up to age 21, and pregnant women.	✓	✓	✓	✓
Bacteriuria (urinary tract infection)	Screening for asymptomatic pregnant women.			✓	
Blood pressure	Screening covered for adults age <b>18</b> and older.	✓	✓		
Breast cancer	Screening for women age <b>40</b> and older and those at increased risk. Mammograms only.		✓		
Breast cancer chemoprevention	Counseling for women at increased risk.		✓		
Breastfeeding equipment	Manual and electric breastfeeding pumps are covered when purchased or rented from a licensed provider. Hospital-grade pumps are not covered.		✓	✓	
Breastfeeding - lactation support and counseling	Lactation support and counseling are covered when provided by a licensed provider.		✓	✓	
Breastfeeding supplies	Initial breastfeeding supplies provided with a breastfeeding pump.		✓	✓	
Cervical cancer	Screening for sexually active women.		✓		
Chlamydia infection	Screening for infection.		✓		
Cholesterol	Screening for men age <b>35</b> and older and men ages <b>20-35</b> who are at increased risk for coronary heart disease. Screening for women age <b>45</b> and older and those <b>20-45</b> who are at increased risk for coronary heart disease.	✓	✓		✓
Colorectal cancer	Screening for those age <b>50</b> and older, once every 5 years for a sigmoidoscopy and every 10 years for a colonoscopy, fecal occult blood testing annually.	✓	✓		
Congenital hypothyroidism	Screening for newborns.				✓
Contraceptive education and training	Education and training on contraceptive methods. <i>See Note 1.</i>		✓		✓
Contraceptive devices - implants, cervical caps, intrauterine devices (IUDs), diaphragms	Generic contraceptive devices are covered. When no generic exists, a brand is covered. If a generic becomes available, the brand will no longer be covered under Preventive Care. <i>See Note 1.</i>		✓		✓
Depression screening	Screening during wellness exams.	✓	✓		✓
Diabetes (Type 2)	Screening for adults with sustained high blood pressure.	✓	✓		
Diabetes (Gestational)	Screening for pregnant women between <b>24 and 28 weeks</b> of gestation and the first pre-natal visit for pregnant women at high risk for diabetes.			✓	
Diet behavioral counseling	Counseling for adults with hyperlipidemia and other risk factors.	✓	✓		
Genetic risk assessment and BRCA (breast cancer susceptibility) mutation counseling and testing	For women with family risk of breast and ovarian cancer.		✓		
Gonorrhea medication	Preventive medication for the eyes of newborns.				✓
Gonorrhea screening	Screening for males up to age <b>21</b> and all females.	✓	✓		✓
Hearing	One screening in the first year of life for newborns.				✓
Hepatitis B	Screening for pregnant women.			✓	
Hepatitis C	Screening for those at increased risk, and a one-time screening for adults born between 1945 and 1965.	✓	✓		✓



# COVERED PREVENTIVE SERVICES

		Men	Women	Pregnant Women	Children (0-17)
HIV	Screening for adolescents and adults ages <b>15 to 65</b> years, and younger adolescents and older adults who are at increased risk. Also includes all pregnant women, including those who present in labor who are untested and whose HIV status is unknown.	✓	✓	✓	✓
HPV	Screening for women from age <b>30</b> , every 3 years.		✓		
Interpersonal and domestic violence	Screening and counseling during wellness exams.		✓		
Lead screening	Screening up to age <b>21</b> .	✓	✓		✓
Metabolic screening	Screening up to age <b>2 months</b> .				✓
Obesity	Screening and (if obese) counseling age <b>6</b> and older.	✓	✓		✓
Oral health	Risk assessment for preschool children.				✓
Osteoporosis	Screening for women age <b>65</b> and older and all women at increased risk.		✓		
Phenylketonuria (PKU)	Newborn screening for genetic disorders.				✓
Prevention of falls	Physical therapy for adults age <b>65</b> or older residing independently in the community who are at increased risk for falls.	✓	✓		
RH(D) incompatibility	Screening for pregnant women.			✓	
Sexually transmitted infection (STI)	Counseling during wellness exams.	✓	✓		✓
Sickle cell	Screening for children up to <b>12</b> months old.				✓
Skin cancer	Counseling for children, adolescents and young adults ages <b>10 to 24</b> .	✓	✓		✓
Sterilization	Sterilization is covered. <i>See Note 1.</i>		✓		
Syphilis	Screening for those at increased risk and those up to age <b>21</b> ; also includes pregnant women.	✓	✓	✓	✓
Tobacco use	Counseling and interventions. Does not include programs or classes. See also "Tobacco use" below.	✓	✓	✓	✓
Tuberculosis	Skin test for children.				✓
Vision	Screening for children age <b>3</b> up to age <b>5</b> .				✓
<b>Immunization vaccines -</b> <i>please consult your physician for frequency</i>					
Diphtheria, pertussis, tetanus (DPT)		✓	✓		✓
Haemophilus influenzae type b (Hib)					✓
Hepatitis A		✓	✓		✓
Hepatitis B		✓	✓		✓
Herpes zoster (shingles)	Age <b>60</b> and older.	✓	✓		
Human papillomavirus (HPV)	Up to age <b>27</b> .	✓	✓		✓
Inactivated poliovirus					✓
Influenza		✓	✓		✓
Measles, mumps, rubella (MMR)		✓	✓		✓
Meningococcal		✓	✓		✓
Pneumococcal		✓	✓		✓
Rotavirus					✓
Varicella		✓	✓		✓





## COVERED PREVENTIVE SERVICES

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### Prescription medications

Only the types of prescription medications listed below are covered under Preventive Care.

Medications require a prescription.

Get the most value for your health care dollar with preferred medications. Learn more at [regencerox.com/learn/covered](https://regencerox.com/learn/covered).

Service	Guidelines	Men	Women	Pregnant Women	Children (0-17)
Aspirin use for the prevention of cardiovascular disease	For men age <b>45-79</b> and women age <b>55-79</b> .	✓	✓		
Contraceptive injectables	Generic contraceptive injectables. See Note 1.		✓		✓
Contraceptive pills	Generic contraceptive pills. See Note 1.		✓		✓
Contraceptive products-topical	Diaphragms and patches. See Notes 1 and 2.		✓		✓
Emergency contraceptive products	Generic contraceptive pills. See Notes 1 and 2.		✓		✓
Fluoride supplements	For children <b>6</b> months through age <b>6</b> without sufficient fluoride				✓
Folic acid supplements	For all women planning or capable of pregnancy.		✓	✓	
Iron supplements	For children age <b>6-12</b> months at increased risk - drops only.				✓
Tobacco use	Generic tobacco cessation medications.	✓	✓		
Vitamin D supplement	For adults age <b>65</b> or older residing independently in the community who are at increased risk for falls.	✓	✓		
Wellness exams	Suggested guidelines				
Well-child exams	For children through <b>17</b> years of age.				✓
Annual physical exams	Ages <b>18</b> and over.	✓	✓		

Notes:

1. This benefit may not be available to members of groups who have applied for a religious exemption from contraceptive coverage.
2. When no generic exists in the medication category, a formulary brand is covered.

# QUESTIONS?

*Have questions? Call the Customer Service number on the back of your member card or go to the “Contact Us” link at [regence.com](http://regence.com).*

