MAKE THE MOST OF YOUR preventive care benefits

What is preventive care? It’s routine health care that includes screenings, check-ups and patient counseling to help prevent illnesses, disease or other health problems. Preventive care can help you stay healthy. It’s important because it can reveal a health problem before you have any signs or symptoms – and when it can be more easily treated.

Your health plan covers the cost
Did you know that Blue Cross and Blue Shield of North Carolina (BCBSNC) pays for eligible preventive care services? To be covered at 100 percent with no out-of-pocket costs to you, the service must be:
+ Provided by an in-network doctor or facility
+Filed by your doctor as a preventive care visit
+Performed in a doctor’s office, urgent care facility, outpatient clinic or ambulatory surgery center

What’s covered?
Here are some common services that are usually considered preventive care (see page 2 for details):
+ Adult screening tests
+ Well-baby and well-child care
+ Immunizations (adult and child)
+ Mammograms
+ Colon cancer screenings

What’s not covered at 100 percent?
Here are some common services your doctor may order that are not considered preventive care and which may result in out-of-pocket costs for you:
+ Urinalysis
+ Hormone tests
+ Vitamin D tests
+ Chest x-rays
+ Thyroid tests
+ EKGs (electrocardiograms)

How to avoid extra costs
When you schedule your appointment, say that you want preventive care screenings and tests. Then be sure to:
+ Ask if any additional tests or treatments provided during your appointment might not be considered preventive care.
+ Ask if discussing other topics, that are not considered preventive care, during your appointment will lead to extra out-of-pocket costs.
+ Ask if any routine lab work ordered can be sent to a BCBSNC in-network lab to lower any out-of-pocket costs.

Know before you go
Your employer may choose to cover more services as preventive. Learn more about your preventive care coverage. Check your benefit booklet, visit bcbsnc.com/preventive or call the customer service number on the back of your ID card if you have specific questions.
## Preventive Care Benefits

### Women’s Health Services
- Breastfeeding support and counseling
- Contraceptive methods and counseling
- Gestational diabetes screening (pregnant women)
- HIV screening and counseling

**Covered at 100%**

### Colorectal Screens (Colonoscopies) – Includes pathology charges associated with polyp removal

- Covered at 100% if filed as preventive
  - If filed as diagnostic, subject to deductible and coinsurance or covered at 100% after copay

### Adult Preventive Care (Routine exams)

### Immunizations – Includes the following:
- Diphtheria-Tetanus-Acellular Pertussis (DTaP)
- Polio (IPV)
- Influenza
- Measles-Mumps-Rubella (MMR)
- Pneumococcal vaccine
- Haemophilus Influenzae Type B (Hib)
- Hepatitis A and B
- Human Papillomavirus (HPV)
- Meningococcal vaccine
- Chicken Pox
- Tetanus-Diphtheria (Td) / Tetanus-Diphtheria-Acellular Pertussis (Tdap)
- Zoster (shingles)
- Rotavirus

**Covered at 100% if filed as preventive**
- If filed as diagnostic, subject to deductible and coinsurance or covered at 100% after copay

### Well-Baby/Well-Child Care
- Physical examinations
- Sensory screening (vision and hearing)
- Developmental/behavioral assessments
- Oral health

**Covered at 100% if filed as preventive**
- If filed as diagnostic, subject to deductible and coinsurance or covered at 100% after copay

### Adult & Child (age 6+) Obesity Services
- Obesity screening
- Behavioral intervention
- Nutritional counseling

**Covered at 100%**

### Adult Screening Tests
- Pap test
- Chlamydia screening
- Diabetes screening
- Colorectal cancer screening
- Depression screening
- High blood pressure screening
- Osteoporosis screening
- And more

**Covered at 100% if filed as preventive**
- If filed as diagnostic, subject to deductible and coinsurance or covered at 100% after copay

### Referenced Resources

1. This is a summary of preventive care benefits for non-grandfathered plans that went into effect on or after March 24, 2010. Final interpretation and a complete listing of benefits and what is not covered are in and governed by the group contract and benefit booklet. Your benefit booklet can be accessed on bcbsnc.com or by requesting a copy from BCBSNC Customer Service.
2. Based on the guidelines published by the United States Preventive Services Task Force.
3. Based on the guidelines published by the Health Resources and Services Administration.
4. Based on the full series of standard immunizations recommended by the Centers for Disease Control and Prevention’s Guidelines and Recommendations for Adults and Children.
5. Chart above outlines coverage for in-network services only received through non-grandfathered plans. Out-of-network benefits are not provided for most federally mandated preventive care benefits. State-mandated preventive services are offered both in- and out-of-network (see benefit booklet for details). For a complete list of covered preventive care services, please visit bcbsnc.com/preventive.
6. Screening tests that involve additional services may result in higher out-of-pocket costs. For a complete list of covered preventive care services, please visit bcbsnc.com/preventive.
AVISO DE NO DISCRIMINACIÓN Y ACCESIBILIDAD

La discriminación es contra la ley

- Blue Cross and Blue Shield of North Carolina ("BCBSNC") cumple con las leyes federales de derechos civiles aplicables. Por ello no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
- BCBSNC no excluye a las personas ni las trata de forma diferente por su raza, color, nacionalidad, edad, discapacidad o sexo.

BCBSNC:

- Brinda asistencia gratuita a las personas con discapacidades para que se comuniquen eficazmente con nosotros. Para ello, BCBSNC ofrece:
  - Intérpretes de lenguaje de señas capacitados
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos)

- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes calificados
  - Información escrita en otros idiomas

- Si necesita estos servicios, comuníquese con Servicio al Cliente al 1-888-206-4697, TTY y TDD, llame al 1-800-442-7028.

- Si considera que BCBSNC no le proporcionó estos servicios o lo discriminó de alguna otra manera debido a su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja a:
  BCBSNC, PO Box 2291, Durham, NC 27702,
  Attention: Civil Rights Coordinator- Privacy, Ethics & Corporate Policy Office,
  Teléfono 919-765-1663,
  Fax 919-287-5613,
  TTY 1-888-291-1783
civilrightscoordinator@bcbsnc.com

- Puede presentar una queja en persona o por correo regular, fax o correo electrónico. Si necesita ayuda para presentar una queja, la Coordinación de derechos civiles de la Oficina de políticas de privacidad, éticas y corporativas puede ayudarle.

- También puede presentar una queja de los derechos civiles al Departamento de Salud y Servicios Humanos de los EE.UU.:
  - Por correo electrónico: Oficina para los Derechos Civiles, a través del portal de quejas de la Oficina para los Derechos Civiles, https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o
  - Por correo regular:
    200 Independence Avenue,
    SW Room 509F, HHH Building,
    Washington, D.C., 20201
    Teléfonos: 1-800-368-1019, 800-537-7697 (TDD).

- Este aviso o anexos pueden tener información importante acerca de su solicitud o cobertura a través de BCBSNC. Revise las fechas claves. Puede que necesite actuar dentro de ciertos plazos establecidos para mantener su cobertura médica o para ayudarle con los costos. Usted tiene el derecho a obtener esta información y ayuda en su idioma sin costo alguno. Llame a Servicio al Cliente al 1-888-206-4697.
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-206-4697 (TTY: 1-800-442-7028).


注意：如果您講廣東話或普通話，您可以免費獲得語言援助服務。請致電1-888-206-4697（TTY: 1-800-442-7028）。
