Using your preventive benefits

YOUR PREMERA BLUE CROSS BLUE SHIELD OF ALASKA PLAN PAYS IN-NETWORK PREVENTIVE SERVICES IN FULL

You’ll get the most value from these benefits by choosing a doctor in your plan’s network. Getting timely preventive care is one way to detect potential health issues before they become serious and possibly expensive to treat.

So take advantage by following these simple steps:

1 Schedule your annual exam and vaccinations with your doctor right away!
2 When you make your appointment, be sure to tell the scheduler that you want a preventive exam.
3 Bring this flyer with you to show your doctor what’s considered preventive and covered in full under your medical plan. Talk with your doctor about preventive services that are right for you.

Keep in mind

During your visit, your doctor may find a problem that needs more screening or tests to pinpoint the issue. Also, if you manage an ongoing health issue, your doctor may run further tests. Screenings and tests that diagnose or monitor your condition are not preventive services and are subject to your annual plan deductible and coinsurance. Recommended age and frequency of preventive services varies.

If you have any questions about your preventive coverage, call the customer service number on the back of your member ID card.

For more specific information about your coverage and guidelines, see the back of this brochure.
ADULTS 18 AND OLDER

Services, screenings, and tests

- **Wellness exams** for ages 18 and older; visits for routine wellness or physical exams
- **Abdominal aortic aneurysm screening** for men (65 to 74) who have ever smoked; one-time screening
- **Alcoholism screening and counseling**
- **Blood pressure screening**
- **Breast cancer screening**: screening mammography
- **Cholesterol test** for adults of specific ages or those at higher risk
- **Colorectal cancer screenings** starting at age 50 through age 75; sooner than age 50 for those at higher risk of colon cancer. Colorectal screening options include:
  - **Home tests**: Fecal occult blood (FOBT), fecal immunochemical (FIT) and stool DNA (Cologuard*)
  - **Doctor’s office**: Sigmoidoscopy
  - **Outpatient hospital, ambulatory surgical center**: Colonoscopy (If your doctor recommends a screening colonoscopy, costs for related services such as pre-colonoscopy consultation, anesthesia your doctor considers medically appropriate for you, removal of polyps, and pathology are included.)
- **Depression screening**
- **Diabetes (Type 2) screening**
- **Fall prevention** for ages 65 and older
- **Healthy eating assessment and dietary counseling**
- **Hepatitis B screening** for those at higher risk
- **Hepatitis C screening** for those at higher risk
- **HIV (human immunodeficiency virus) infection screening** for those at higher risk
- **Latent tuberculosis infection screening** for those at higher risk
- **Lung cancer screening** for ages 55 to 80 at higher risk; prior authorization required; please contact customer service
- **Nicotine dependency screening and counseling** for quitting smoking or chewing tobacco
- **Obesity screening and counseling for weight loss**
- **Prostate cancer screening**: prostate-specific antigen (PSA) blood test
- **Sexually transmitted infection (STI) counseling** for those at higher risk
- **Syphilis testing** for those at higher risk

Medications and supplements

- **Aspirin** for pregnant women who are at high risk for preeclampsia or those at risk due to heart conditions between the ages of 45 and 79; over-the-counter, aspirin-only products (75–325 mg). Requires a written prescription.
- **Birth control** for birth control devices and family planning; generic, single-source brand, and multi-source brand oral contraceptives (including emergency contraception), cervical caps, patches, diaphragms, IUDs (intrauterine device), contraceptive implants, injectable contraception, and over-the-counter birth control (for example, female condoms, sponges). Requires a written prescription. Please see benefit booklet for additional coverage detail.
- **Breast cancer preventive medications** for those at higher risk — raloxifene, Soltamox, and tamoxifen
- **Folic acid** for women who are pregnant or are considering pregnancy; over-the-counter (0.4–0.8 mg). Requires a written prescription.
- **Pre-colonoscopy cleansing preparations** for those between the ages of 50 and 75; generic or single-source brands. Requires a written prescription. Fill limit of 2 every 365 days. (Over-the-counter drugs are not covered as a preventive benefit.)
- **Statins** for prevention of cardiovascular diseases; generic low- to moderate-dose statins for males and females between ages of 40 and 75.
- **Tobacco cessation** over-the-counter, generic patches, lozenges, and gum; prescription only for Bupropion (generic Zyban), Chantix, NRT (nicotine replacement therapy) nasal spray, or NRT inhaler. Requires a written prescription.

*Cologuard services may be subject to additional out-of-pocket expense.
Reproductive and women's health

- Birth control, contraception, and family planning: visits for birth control devices and family planning; generic, single-source brand, and multi-source brand oral contraceptives (including emergency contraception), cervical caps, patches, diaphragms, insertion or removal of IUD (intrauterine device), contraceptive implants, injectable contraception, and over-the-counter birth control (for example: female condoms, sponges). Requires a written prescription. Please see benefit booklet for additional coverage detail.

- Bone density (osteoporosis) screening

- Breast and ovarian cancer (BRCA) genetic counseling and testing: prior authorization for testing required, please contact customer service

- Breast cancer (chemoprevention) counseling for women at higher risk

- Breast cancer preventive medications for those at higher risk — raloxifene, Soltamox, and tamoxifen

- Breast cancer screening: screening mammography

- Cervical cancer screening
  - Ages 21 to 65: Cytology (pap test) every 3 years
  - Ages 30 to 65 who want to lengthen the screening interval, Human papilloma virus (HPV) screening alone or in combination with cytology every 5 years

- Chlamydia infection screening

- Domestic violence screening and counseling

- Gonorrhea screening for those at higher risk

- HPV (human papillomavirus) screening

- Sterilization for women

Vaccinations

- Chicken pox (Varicella)
- Flu (Influenza)
- Hepatitis A
- Hepatitis B
- HPV (Human papillomavirus)
- Meningitis (Meningococcal)
- MMR (Measles, mumps, rubella)
- Pneumonia (Pneumococcal)
- Shingles (Herpes zoster)
- Tdap (Tetanus, diphtheria, pertussis)

Pregnancy

- Anemia screening
- Bacteriuria urinary tract infection screening
- Breast-feeding interventions to support and promote breast feeding before and after childbirth
- Breast pumps and supplies (single or double styles)
- Folic acid for women who are pregnant or are considering pregnancy; over-the-counter (0.4–0.8 mg). Requires a written prescription.
- Gestational diabetes screening
- Hepatitis B infection screening
- Rh (antibody) incompatibility testing
- Syphilis screening

*Please also see Medications and supplements section on previous page for covered drugs.
For children under age 18, routine exams, vaccinations, and screenings listed below are covered in full when received from a doctor within your plan’s network.

**Services, screenings, and tests**
- Well-baby exam from birth to 3 years
- Well-child exam for ages 4 to 18
- Anemia screening
- Annual alcohol and drug use screening
- Autism screening
- Behavioral issues
- Bilirubin screening for newborns through the 28th day
- BMI: height, weight, and body mass
- Cervical dysplasia for sexually active females
- Depression screening
- Developmental screening
- Hearing screening
- Hepatitis B screening for those at higher risk
- HIV (human immunodeficiency virus) screening for those at risk
- Hypothyroidism: congenital; lack of thyroid secretions
- Lead screening for children at risk of exposure
- Lipid disorders: cholesterol and triglycerides
- Metabolic screening for newborns (such as PKU); phenylketonuria is an inherited metabolic deficiency
- Obesity screening and counseling for weight loss
- Oral health risk assessment and fluoride varnish to primary teeth: completed during routine physical exam
- Sexually transmitted infection (STI) prevention counseling
- Sickle cell anemia and trait for newborns: hemoglobinopathies
- TB testing: tuberculin
- Vision screening

**Vaccinations**
- Chicken pox (Varicella)
- DTaP (Diphtheria, tetanus, pertussis)
- Flu (Influenza)
- HIB (Haemophilus influenza type B)
- Hepatitis A
- Hepatitis B
- HPV (Human papillomavirus)
- IPV (Inactivated polio virus)
- Meningitis (Meningococcal)
- MMR (Measles, mumps, rubella)
- Pneumonia (Pneumococcal)
- Rotavirus

**Medications and supplements**
- Fluoride up to age 18. Generic only — 0.25 mg, 0.5 mg, 1 mg only; no combinations. Requires a written prescription.
- Iron supplements from birth to 12 months; over the counter, liquid form only

These services are based on guidelines required under state or federal law. The guidelines are changed from time to time and come from:
- Services that the U.S. Preventive Services Task Force has given an A or B rating
- Vaccinations that the Centers for Disease Control and Prevention recommends
- Screening and other care for women, babies, children, and teens that the Health Resources and Services Administration recommends
- Services that meet legal requirements in Washington state

This is a summary only. For more specific information, go to this government website:

See our preventive care medical policy at [premera.com/medicalpolicies/10.01.523.pdf](http://premera.com/medicalpolicies/10.01.523.pdf)
Discrimination is Against the Law

Premera Blue Cross Blue Shield of Alaska complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Tel toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross Blue Shield of Alaska. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-508-4722 (TTY: 800-842-5357).

Arabic:
لا يمكنني أن أضمن أن هذه المعلومات دقيقة. يُرجى الاتصال بالقسم القانوني إذا كنت بحاجة إلى معلومات أكثر. 

Français (French):
Cet avis a des informations importantes. Cet avis a des informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross Blue Shield of Alaska. La présente avis peut contenir des dates clés. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. 
Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-508-4722 (TTY: 800-842-5357).

Deutsche (German):

Italiano (Italian):
Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross Blue Shield of Alaska. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione.
Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiami 800-508-4722 (TTY: 800-842-5357).

中文 (Chinese):
本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross Blue Shield of Alaska 提交的申請或保險的重要訊息。本通知可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-508-4722 (TTY: 800-842-5357).