MAKE THE MOST OF YOUR preventive care benefits

Preventive care includes medical tests (sometimes called screenings), checkups and counseling to help prevent illnesses, disease or other health problems. 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

To be covered at 100% with no out-of-pocket costs to you,[1] the service must be:

- Provided by an in-network doctor or facility
- Billed by your doctor as a preventive care visit
- Done in a doctor's office, urgent care facility, outpatient clinic or ambulatory surgery center

What's covered?

Here are some services that are usually covered as preventive care (see page 2 for details):

- Adult screening tests[2]
- Well-baby and well-child care[3]
- Immunizations (adult and child)[4]
- Mammograms
- Colon cancer screenings

What's not covered as preventive?

Here are some services your doctor may do that are not considered preventive care. If your doctor files them as preventive, they will be denied as "not covered." These services should be filed as diagnostic and will be covered under your diagnostic benefit.

- Urine tests
- Hormone tests
- Vitamin D tests
- Vitamin B tests
- Iron level tests
- Chest X-rays
- Thyroid tests
- EKGs (electrocardiograms)

How to avoid extra costs

When you make your appointment, say that you want preventive care screenings and tests.

- Ask if any tests or treatments done might not be considered preventive care
- Ask if discussing other topics that are not considered preventive care will lead to extra out-of-pocket costs
- Ask if any lab work can be sent to an in-network lab to lower any out-of-pocket costs

Know before you go

Learn more about your preventive care coverage. Check your benefit booklet, visit BlueCrossNC.com/Preventive or call the Customer Service number on the back of your member ID card.

Service	In-Network[5]	
	In Office	Outpatient Facility
Mammograms	**Covered at 100% if billed as preventive** If billed as diagnostic, may be subject to deductible and cost share or covered at 100%	
Women's Health Services • Breastfeeding support and counseling • Contraceptive methods and counseling • Gestational diabetes screening (pregnant women) • Interpersonal and domestic violence screening and counseling • Postpartum depression screening • Sexually transmitted infections counseling • Well-woman visits	**Covered at 100% if billed as preventive** If billed as diagnostic, may be subject to deductible and cost share or covered at 100%	
Colorectal Cancer Screenings (Colonoscopies) – Includes pathology charges associated with polyp removal	**Covered at 100% if billed as preventive** If billed as diagnostic, may be subject to deductible and cost share or covered at 100%	
Adult Preventive Care (Routine Exams)	**Covered at 100% if billed as preventive** If billed as diagnostic, may be subject to deductible and cost share or covered at 100%	
Immunizations • Diphtheria-Tetanus-Acellular Pertussis (DTaP) • Polio (IPV) • Flu (Influenza) • Measles-Mumps-Rubella (MMR) • Pneumonia • 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 • COVID-19 *(Immunizations required for occupational hazard or international travel are not covered)*	**Covered at 100% if billed as preventive** If billed as diagnostic, may be subject to deductible and cost share or covered at 100%	
Well-Baby/Well-Child Care • Physical exams • Vision and hearing tests • Developmental/ behavioral assessments • Newborn bilirubin screening • Oral health	**Covered at 100% if billed as preventive** If billed as diagnostic, may be subject to deductible and cost share or covered at 100%	
Adult & Child (Age 6+) Obesity Services • Obesity screening • Behavioral intervention • Nutritional counseling	**Covered at 100%** Visits covered at 100% are limited to a set number, which is defined in the member benefit booklet	
Adult Tests[6] • Cervical cancer (Pap test and/or HPV test) • Chlamydia • Diabetes • Cholesterol (lipid) • Depression • High blood pressure • HIV screening and counseling • Latent tuberculosis • Lung cancer • Osteoporosis	**Covered at 100% if billed as preventive**	

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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 BlueConnectNC.com or by requesting a copy from Blue Cross NC 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 & 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 outlines coverage for in-network services only received through non-grandfathered plans. If these services are rendered by an out-of-network (OON) provider, member liability will be no more than 30% coinsurance after the OON deductible. Refer to your benefit booklet for details. For a complete list of covered preventive care services, please visit BlueCrossNC.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 BlueCrossNC.com/Preventive.