



Preventive Care Benefits for Blue Cross of Idaho PPO Plan Members

Highlights of your preventive care benefits:

- 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 subject to deductible and coinsurance.

PPO Preventive Care Benefit - Quick Reference Guide

| Covered Preventive Care Services | In-Network | Out-of-Network |
|---|---|--|
| Annual adult physical examinations; routine or scheduled well-baby and well-child examinations; Bone Density; Chemistry Panels; Cholesterol Screening; Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy, Fecal Occult Blood Test); Complete Blood Count (CBC); Diabetes Screening; Pap Test; PSA Test; Rubella; Screening EKG; Screening Mammogram; Thyroid Stimulating Hormone (TSH); Transmittable Diseases Screening (Chlamydia, Gonorrhea, HIV, Syphilis, Tuberculosis (TB)); Urinalysis (UA); Aortic Aneurysm Ultrasound; Alcohol Misuse Assessment; Genetic Counseling for High Risk Family History of Breast or Ovarian Cancer; Newborn Metabolic Screening (PKU, Thyroxine, Sickle Cell); Health Risk Assessment for Depression; Newborn Hearing Test; Lipid Disorder Screening; Smoking Cessation Counseling Visit; Dietary Counseling (limited to 3 visits per Insured, per Benefit Period); [Variable – use for groups with Maternity Urine Culture for Pregnant Women; Hepatitis B Virus Screening for Pregnant Women; Iron Deficiency Screening for Pregnant Women; Rh (D) Incompatibility Screening for Pregnant Women.] | Members pay nothing of the allowed amount for specifically listed preventive care services per person, per benefit period. No copayment, deductible or coinsurance required. | Members pay coinsurance after meeting deductible. |
| Women’s preventive health services (applies to group and individual plan members unless otherwise noted.) | In-Network | Out-of-Network |
| Well-woman visits (for recommended age-appropriate preventive services); gestational diabetes screening; interpersonal and domestic violence screening and counseling; human papillomavirus testing; sexually transmitted infections screening; human immune-deficiency virus screening; breastfeeding support, supplies and counseling. | | Members pay coinsurance after meeting deductible. |
| Contraceptive methods and counseling (applies to non-grandfathered group and individual/family plans. Grandfathered groups may purchase benefit for an added premium.) Includes prescribed contraceptive methods approved by the Food and Drug Administration, including prescribed devices, injectable and insertable methods of temporary contraception and tubal ligation, sterilization procedures. Prescription drug contraceptive services limited to oral contraceptive generic drugs and diaphragms. Oral contraceptive prescription drugs coverage limited to 90-day supply at one time. Also includes patient education and counseling for all women with reproductive capacity. | | |
| Breastfeeding support, supplies, and counseling (applies to non-grandfathered group and individual/family plans. Grandfathered groups may purchase benefit for an added premium.) Includes comprehensive lactation support and supply services during pregnancy and/or in the postpartum period and costs for breastfeeding equipment. | | |
| Blue Cross of Idaho may cover services not specifically listed when medically necessary. | Members pay deductible and coinsurance | Members pay deductible and coinsurance |



| Immunizations | In-Network | Out-of-Network |
|--|---|--|
| Accellular Pertussis, Diphtheria, Hemophilus Influenza B, Hepatitis B, Influenza, Measles, Mumps, Pneumococcal (pneumonia), Poliomyelitis (polio), Rotavirus, Rubella, Tetanus, Varicella (Chicken Pox.), Hepatitis A, Meningococcal, Human papillomavirus (HPV) and Zoster. | Members pay nothing for specifically listed immunizations. No copayment, deductible or coinsurance required. | |
| Blue Cross of Idaho may cover immunizations not listed when medically necessary. | Members pay deductible and coinsurance. | Members pay deductible and coinsurance. |

Please Note: Your provider must bill these services as preventive/wellness services. The specifically listed preventive care services may be adjusted accordingly to coincide with federal government changes, updates, and revisions.

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 contract and contract amendment language. Rev. 8/12