








Preventive Care Services

The Patient Protection and Affordable Care Act requires all health plans, except grandfathered¹ plans, to provide coverage for preventive care services at no additional cost. These are provided to help prevent diseases or injuries, rather than to diagnose or treat a symptom or complaint, or to treat or cure a disease. These services include women’s preventive care and are based on recommendations from the Advisory Committee on Immunization Practices, the U.S. Preventive Services Task Force, Bright Futures, the American Academy of Pediatrics, and the U.S. Department of Health and Human Services. When provided by in-network providers, members do not pay additional costs for these services². However, members with plans that include out-of-network or self-referred level of benefits (for example, PPO and Blue Choice plans) will pay a cost share when these services are obtained from an out-of-network provider.

Sample Services with No Cost Sharing						
						
Routine adult exams	Routine GYN exams	Certain family planning services	Routine hearing exams	Routine vision exams	Certain prenatal services	Routine pediatric exams

What This Means for Members and Accounts

Blue Cross Blue Shield of Massachusetts offers the following services at no additional cost when administered by network providers³:

- Routine adult exams⁴
- Routine GYN exams⁴
- Certain family planning services
- Routine hearing exams
- Routine vision exams⁴
- Certain prenatal services
- Routine pediatric exams
- Physical therapy to prevent falls in community-dwelling adults ages 65 and older⁴
- Routine tests, procedures, and screenings
- Certain counseling services
- Immunizations
- Certain pharmacy services

Women’s preventive health services recommended by the Department of Health and Human Services include the following³:

- Annual well-woman visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV) infections
- Contraceptive methods and counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

1. Exempt from certain rights and protections provided under the Affordable Care Act

2. In-network (PPO plans) or PCP/plan approved benefits (Blue Choice plans)

3. The list of preventive care services and tests covered with no member cost share is subject to change upon the issuance of additional guidance from the federal government pursuant to the Patient Protection and Affordable Care Act. Blue Cross Blue Shield of Massachusetts has updated its products, and certain plan designs may have expanded preventive benefits beyond what is required by the Affordable Care Act. Some grandfathered or self-insured plan designs may have a more limited selection.

4. Certain limitations may apply. For a complete description of benefits, please refer to your subscriber certificate, account agreement description, or plan materials.

Preventive Services at No Additional Cost

We cover the preventive services listed in the following charts at no additional cost to our members when the services are obtained from an in-network provider. Some of these services may also be covered as part of routine physical exams, such as checkups, routine gynecological visits, or well-child exams.

For Adults, Including Women's Preventive Services (Age 19 and Older)⁵

Screenings, Tests, and Procedures	Counseling Services	Pharmacy Services, ⁶ Immunizations, ⁷ and Supplies
<ul style="list-style-type: none"> • Blood pressure • Depression • Cholesterol • Colorectal cancer • Diabetes in asymptomatic adults • Gonorrhea • Hepatitis B • Hepatitis C • Tuberculosis • HIV • Syphilis • Lung cancer screening for adults age 55 to 80 who have a 30-pack-per-year smoking history and currently smoke or have quit within the past 15 years • Dyslipidemia screening <p>Males:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm, for males 65–75 (once per lifetime) <p>Females:</p> <ul style="list-style-type: none"> • Breast cancer mammography (at least one baseline mammogram between ages 35-39 and one mammogram per calendar year for a member age 40 or older) • Cervical cancer, including Pap smears (one per calendar year) • Chlamydial infection • Osteoporosis, for women age 60 and older, and for women under age 60 who are at increased risk (one per calendar year) • Domestic violence⁸ • Voluntary sterilization procedures⁸ • HPV DNA testing • Breast cancer susceptibility gene (BRCA) testing <p>Prenatal:</p> <ul style="list-style-type: none"> • Bacteriuria (pregnant women at 12 weeks or first prenatal visit) • Rh incompatibility • Screening for gestational diabetes⁸ • Preeclampsia screening • Iron deficiency anemia screening 	<ul style="list-style-type: none"> • Aspirin for the prevention of heart disease • Breast cancer chemoprevention • Breast cancer screening • Breastfeeding • Alcohol misuse (includes screenings) • Sexually transmitted infections⁸ • Tobacco use (includes screenings) • Obesity (includes screenings) • Healthy diet for hyperlipidemia and risk for diet-related chronic disease • HIV⁸ • Contraceptive methods⁸ • Skin cancer • Intensive behavioral counseling for obese adults with cardiovascular disease (CVD) risk factors 	<p>Pharmacy Services:</p> <ul style="list-style-type: none"> • Generic low-to-moderate dose statin medication for adults ages 40–75 years with no history of CVD, one or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater • Folic acid supplements through age 50 • Generic birth control drugs and methods (or for a brand-name drug or method when a generic is not available) • Risk-reducing medications for those at increased risk of breast cancer • Bowel preparations <p>Immunizations:⁷</p> <ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • Herpes zoster • HPV • Influenza • Measles, mumps, rubella • Meningococcal • Pneumococcal • Tetanus, diphtheria, pertussis • Varicella • Rabies • Travel immunizations <p>Supplies:</p> <ul style="list-style-type: none"> • Breastfeeding support and breast pumps⁸ (Check your benefit materials for more information.) <p>Over-the-Counter Medications⁶:</p> <ul style="list-style-type: none"> • Generic aspirin (81mg) • Generic folic acid up to age 50 • Generic smoking cessation (up to two 90-day supplies per calendar year) • Generic vitamin D age 65 and older • Generic contraceptives (e.g., female condoms, sponges, emergency contraceptives, and spermicide) • Bowel preparations

5. This list is subject to change at any time.

6. A licensed clinician must prescribe these medications.

7. Doses, recommended ages, and recommended populations vary.

8. These services are included in the Women's Preventive Health Services.

For Children (Birth Through 18 Years)

Screenings, Tests, and Counseling Services	Pharmacy Services ⁹	Immunizations ¹⁰
<ul style="list-style-type: none"> • Obesity screening, behavioral interventions, and counseling • Phenylketonuria • Lead • Developmental screening • Autism screening • Developmental surveillance • Psychosocial and behavioral assessment • Alcohol and drug use assessment • Dyslipidemia • Cervical dysplasia • Tuberculin test • Hematocrit or hemoglobin • Sexually transmitted diseases • HIV screening (for adolescents at risk) • Visual acuity screening • Vision screening/assessment • Oral health risk assessment • Tobacco counseling and cessation interventions <p>Newborns:</p> <ul style="list-style-type: none"> • Hearing loss (up to one year old) • Congenital hypothyroidism • Sickle cell disease • Metabolic and hemoglobin <p>Adolescents:</p> <ul style="list-style-type: none"> • Depression (ages 12–18) 	<ul style="list-style-type: none"> • Dental cavities chemoprevention, oral fluoride (up through age 16) • Iron supplements for infants (up to 12 months old) • Prophylactic eye medication for gonorrhea for infants (up to 12 months old) • Generic over-the-counter iron supplements for infants (up to 12 months old) 	<p>Ages 0–18:</p> <ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis • Hepatitis A • Hepatitis B • Inactivated poliovirus • Influenza • Measles, mumps, rubella • Meningococcal • Pneumococcal • Rotavirus • Varicella (chickenpox) <p>Ages 0–4:</p> <ul style="list-style-type: none"> • Haemophilus influenzae type B <p>Ages 11 and Older:</p> <ul style="list-style-type: none"> • HPV

If you have questions regarding coverage for preventive care services, please contact your account service representative or call Member Service at the number on the front of your ID card.

9. A licensed clinician must prescribe these medications.

10. Doses, recommended ages, and recommended populations vary.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).