



2014 Preventive Care Benefits

Applies to all SWS plans with effective dates on or after 9/1/14

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.

Covered Preventive Care Services	In-Network	Out-of-Network
<p>Specifically Listed Services 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; Breast Cancer (BRCA) risk Assessment and Genetic Counseling and Testing; 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 Member, per Benefit Period); Preventive Lead Screening; Lung Cancer Screening for Insureds age 55 and over; Hepatitis C Virus Infection Screening; 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.</p> <p>The specifically listed Preventive Care Services may be adjusted accordingly to coincide with federal government changes, updates, and revisions.</p>	<p>Members pay nothing of the allowed amount for specifically listed preventive care services per person, per benefit period. No copayment, deductible or coinsurance required.</p>	<p>Members pay coinsurance after meeting deductible.</p>
<p>Women's Preventive Health Services <i>(applies to group and individual plan members unless otherwise noted.)</i></p>	<p>In-Network</p>	<p>Out-of-Network</p>
<p>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.</p>	<p>Members pay nothing of the allowed amount for specifically listed preventive care services per person, per benefit period. No copayment, deductible or coinsurance required</p>	<p>Members pay coinsurance after meeting deductible.</p>
<p>Prescribed Contraceptives Blue Cross of Idaho pays 100% for Women's Preventive Prescription Drugs and devices as specifically listed on the Blue Cross of Idaho website, bcidaho.com; Deductible does not apply. The day supply allowed shall not exceed a 90-day supply at one (1) time, as applicable to the specific contraceptive drug or supply.</p>		
<p>Prescribed Contraceptive Services Includes diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation</p>		
<p>Blue Cross of Idaho may cover services not specifically listed when medically necessary.</p>	<p>Members pay deductible and coinsurance</p>	<p>Members pay deductible and coinsurance</p>

Immunizations	In-Network	Out-of-Network
<p>Acellular 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.</p> <p>All Immunizations are limited to the extent recommended by the Advisory Committee on Immunization Practices (ACIP) and may be adjusted accordingly to coincide with federal government changes, updates and revisions.</p>	<p>Members pay nothing for specifically listed immunizations. No copayment, deductible or coinsurance required.</p>	
<p>Other immunizations not specifically listed may be covered when Medically Necessary and approved by the BCI Pharmacy and Therapeutics Committee.</p>	<p>Members pay deductible and coinsurance</p>	<p>Members pay deductible and coinsurance</p>

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.