



Benefits for preventive services

The chart on the following pages shows the preventive services covered under your health plan as part of the Affordable Care Act (ACA). These services are subject to change based on federal requirements. Benefits for the services listed here are covered at no cost to you when they are obtained from a Blue Cross and Blue Shield of Nebraska in-network provider, subject to the gender, age and frequency guidelines indicated.

Recommended preventive services

Recommended preventive service	Men	Women	Pregnant Women	Children	Age	Frequency
Abdominal Aortic Aneurysm, Screening	•				65 and older	One per lifetime
Alcohol Misuse Screening and Behavioral Counseling Intervention	•	•				Screening: One per calendar year; Counseling by PCP: Eight sessions per calendar year
Alcohol and Drug Assessment, Developmental/Behavioral Assessment				•		
Anxiety Disorder Screening	•	•	•	•	8 to 65	
Aspirin for the Prevention of Cardiovascular Disease	•	•			50 to 59	Subject to plan's retail day supply limit
Aspirin for the Prevention of Preeclampsia			•		13 to 59	Subject to plan's retail day supply limit
Asymptomatic Bacteriuria in Adults, Screening			•			
Autism Screening, Developmental/Behavioral Assessment				•	Up to 3 years	
Behavioral Counseling in Healthy Weight and Weight Gain in Pregnancy			•			
Blood Screening, Newborn - Children				•	Up to 1 year	
Breast Cancer, Screening (mammogram, MRI, ultrasound and pathology evaluation) and Patient Navigation service		•			40 and older	One per calendar year
Breast Cancer, Discuss Chemoprevention When at High Risk		•				
Breast Cancer, Prescribe Risk-Reducing Medication for Women at Increased Risk of Cancer		•			35 and older	Subject to plan's retail day supply limit
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and Discussion of BRCA Mutation Testing (based on family risk factors)		•				Subject to medical policy
Breastfeeding, Primary Care Interventions to Promote Breastfeeding		•	•			
Breastfeeding Support, Supplies and Counseling (breast pump, lactation classes)		•	•			Pumps: One pump per pregnancy; Lactation support and counseling: No frequency restrictions
Cervical Cancer, Screening (Pap smear) and Patient Navigation service		•	•	•		One per calendar year
Chlamydial Infection, Screening	•	•	•	•		
Colorectal Cancer, Screening (Screenings include: colonoscopy, sigmoidoscopy, proctosigmoidoscopy, barium enema, fecal occult blood testing, CT of colon, FIT-DNA, laboratory tests, colon bowel preparation medication and related services)	•	•			45 and older 45 to 75 for FIT-DNA test	One every five calendar years; One per calendar year for fecal occult blood test; One every three calendar years for FIT-DNA test
Congenital Hypothyroidism, Screening (newborns)				•	Up to 1 year	
Contraceptive Methods and Counseling (female contraceptive methods and birth control including tubal and sterilization)		•				
Contraceptive Methods (Pharmacy) (birth control)		•				Subject to plan's retail day supply limit
Critical Congenital Heart Defect Screening (newborns)				•		

Recommended preventive service	Men	Women	Pregnant Women	Children	Age	Frequency
Dental Caries in Preschool Children, Prevention (apply fluoride varnish to the primary teeth)				•	6 months to 6 years	
Dental Caries in Preschool Children, Prevention (prescribe oral fluoride if deficient in water)				•	6 months to 16 years (through 15 years)	Subject to plan's retail day supply limit
Depression, Screening	•	•	•	•		
Developmental Screening, Developmental/ Behavioral Assessment				•	Up to 3 years	
Developmental Surveillance, Developmental/ Behavioral Assessment				•		
Diabetes Mellitus (Type 2) and Prediabetes in Adults, Screenings	•	•		•		
Diabetes, Screening for Gestational Diabetes			•			
Behavioral Counseling in Primary Care to Promote Healthy Diet and Physical Activity (adults with cardiovascular risk factors)	•	•				Up to 12 visits per calendar year
Evaluation and Management Services (E/M) (periodic preventive examination/ office visit/ well woman visit)	•	•	•	•		Newborn up to 6 years unlimited; annually thereafter
Folic Acid, Daily Supplement of		•	•			Subject to plan's retail day supply limit
Gonorrhea, Screening	•	•	•	•		
Gonorrhea, Prophylactic Eye Medication (newborns)				•		
Hearing Loss in Newborns, Screening				•	Up to 1 month	
Hearing, Sensory Screening (beyond newborn screening)				•	Up to 22 years (through 21 years)	One per calendar year
Hepatitis B Virus Infection, Screening and Patient Navigation service	•	•	•	•		
Hepatitis C Virus (HCV) Infection, Screening	•	•				One per lifetime
High Blood Pressure, Screening	•	•	•	•		
HIV Infection: Preexposure Prophylaxis Medication	•	•	•	•		Subject to plan's retail day supply limit
HIV Screening and Counseling (at risk and all pregnant women)	•	•	•	•		
Human papillomavirus (HPV), Screening and Patient Navigation service	•	•				
Interpersonal and Domestic Violence, Screening and Counseling		•				Subject to medical policy
Immunizations	•	•	•	•		
Iron Deficiency Anemia, Prevention – Hematocrit or Hemoglobin Screening (at risk 6 to 12 month old babies)				•	Up to 2 years for screening; Up to 1 year for pharmacy	Lab tests have no frequency restrictions; Drugs are subject to plan's retail day supply limit
Iron Deficiency Anemia, Screening			•			
Lead, Screening				•	Up to 7 years	
Lipid Disorders, Screening (cholesterol)	•	•		•		One every five calendar years
Lung Cancer, Screening	•	•			50 up to 80 years	One per calendar year (subject to medical policy)

Recommended preventive service	Men	Women	Pregnant Women	Children	Age	Frequency
Major Depressive Disorders in Men, Women, Pregnant Women, Adolescents and Children Screening	•	•	•	•	12 and older	Two visits per calendar year
Obesity, High BMI, Intervention				•	6 to 18	
Obesity, Screening	•	•		•		
Oral Health, Screening				•		
Osteoporosis in Women, Screening (bone density testing)		•				One every two calendar years
Perinatal Depression, Counseling and Interventions		•	•			Eight sessions per pregnancy up to one year after delivery
Phenylketonuria (PKU), Screening (newborns)				•	Up to 1 year	Two per lifetime
Prevention of Falls in Community-Dwelling Older Adults	•	•			65 and older	
Psychosocial Assessment, Developmental/ Behavioral Assessment				•		
Rh (D) Incompatibility, Screening			•			
Sexually Transmitted Infections, Counseling	•	•		•		
Sickle Cell Disease, Screening (newborns)				•	Up to 1 year	
Skin Cancer, Behavioral Counseling	•	•		•	10 up to 24 years	
Statins for the Prevention of Cardiovascular Disease	•	•	•		40 up to 75 years	Subject to plan's retail day supply limit
Suicide Screening for Children				•	12 to 17	Two visits per calendar year
Syphilis Infection, Screening	•	•	•	•		
Tobacco Use and Tobacco-Caused Disease, Counseling (including tobacco/nicotine cessation drugs and deterrents)	•	•		•		Medical: Up to eight visits per calendar year. Drugs and deterrents are limited to 180-day supply per product type
Tuberculin Test, Screening	•	•	•	•		
Vision, Sensory Screening				•	Up to 22 years	One per calendar year
Visual Impairment in Children Younger than 5 Years, Screening				•	Up to 5 years	One per calendar year

Benefits will be provided for in-network preventive services that are:

- Evidence-based items or services that have a rating of A or B in the current recommendations of the United States Preventive Services Task Force;
- Evidence-informed preventive care and screenings listed in comprehensive guidelines supported by the Health Resources and Services Administration for infants, children and adolescents (through 21 years);
- Evidence-informed preventive care and screenings listed in comprehensive guidelines supported by the Health Resources and Services Administration for women; and
- Recommended from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for routine immunizations for children, adolescents and adults.

Note: Preventive services do not generally include services intended to treat an existing illness, injury or condition. Benefits will be determined based on how the provider submits the claim. Claims must be submitted with the appropriate diagnosis and procedure code in order to be paid at the 100% benefit level. If during your preventive services visit you receive services to treat an existing illness, injury or condition, you may be required to pay a copay, deductible and/or coinsurance for those covered services. Medical or reimbursement policies may apply.

Questions?

Call the Member Services number on the back of your member ID card.

[NebraskaBlue.com/Prevent](https://www.nebraskablue.com/prevent)