



2023 Employer Update Covering Preventive Services

Preventive Care Services Covered With No Cost to the Member

Your group health plan covers certain preventive services as a benefit of membership, at no cost to the member when they use a provider in your plan's network. There is no copay, deductible or coinsurance, even if the individual or family deductible or out-of-pocket maximum has not been met.

Covered Preventive Care Services¹

Depending on the particular health plan, coverage may be provided for the preventive services listed in this guide, at no cost to the member when seeing a provider participating in a health plan's provider network. This list may not include all of a particular plan's covered preventive services. Blue Cross and Blue Shield of Montana members can call Customer Service at the number on their member ID card for details on how these benefits apply to their coverage and for the most up-to-date list of covered preventive services, including those paid without any cost-sharing.



Children and Adolescents

Children and Adolescents Well-child Exam

Examples of services included as part of an annual well-child exam include history and physical exam, and measurements of height, weight and body mass index (BMI).

Immunizations

- COVID-19*
- Diphtheria, Tetanus, Pertussis "Whooping Cough"
- Haemophilus Influenzae Type B
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Influenza (Flu)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Inactivated Poliovirus
- Rotavirus
- Varicella (Chickenpox)

Learn more on recommendations of children and adolescents immunization schedule:

<http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

* Only certain vaccines are recommended for children and adolescents. Vaccines should be administered in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP).

Screening Tests and Counseling

- Alcohol and drug use assessment for adolescents
- Autism
- Cervical dysplasia screening
- Critical congenital heart defect screening for newborns
- Dyslipidemia screening (for children at higher risk)
- Hematocrit or hemoglobin screening
- HIV screening
- Lead screening
- Obesity screening and counseling
- Screening for hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Screening for sexually transmitted infections (STIs)
- Skin cancer behavioral counseling for young adults
- Tobacco Cessation
- Tuberculosis testing
- Visual acuity screening

Preventive Treatments

- Dental caries prevention fluoride varnish and oral fluoride supplementation
- Gonorrhea preventive medication for eyes of all newborns





Adults

Adults Preventive Exam

Examples of services included as part of an annual preventive exam include history and physical exam, and measurements of height, weight and body mass index (BMI).

Immunizations

- COVID-19
- Hepatitis A
- Hepatitis B
- Haemophilus Influenzae Type B (Hib)
- Human Papillomavirus (HPV)
- Influenza (Flu)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella (Chickenpox)
- Zoster

Learn more on recommendations of adults immunization schedule:

<http://www.cdc.gov/vaccines/schedules/hcp/adult.html>

Screening Tests

- Abdominal aortic aneurysm screening
- Anxiety screening
- Blood pressure screening
- Cholesterol screening
- Colorectal cancer screening
- Depression screening
- Diabetes and pre-diabetes screening for adults
- Hepatitis B screening
- Hepatitis C screening
- PrEP medication for prevention of HIV including baseline and monitoring services
- Lung cancer screening
- Obesity screening
- Sexually transmitted infection (STI) screenings (chlamydia, HIV, gonorrhea, syphilis)
- Tuberculosis
- Genetic counseling and evaluation for BRCA testing where family history is associated with an increased risk
- Human papillomavirus (HPV) DNA test
- Intimate partner violence counseling and screening
- Osteoporosis screening
- Urinary incontinence screening
- Annual well woman visit
- Breast cancer prevention medication
- Breast cancer screening mammography

Health Counseling

- Alcohol and drug misuse screening and counseling
- Cardiovascular disease (CVD) including cholesterol screening and statin use for the prevention of CVD
- Counseling related to chemoprevention of breast cancer
- Falls prevention
- Healthy diet and physical activity counseling for adults who are overweight or obese and have additional cardiovascular risk disease factors
- Obesity counseling
- Prevention of sexually transmitted infections (STIs)
- Sexually transmitted infections
- Skin cancer behavioral counseling for young adults
- Tobacco use cessation (Includes prescription for one or more products within the categories approved by the FDA for use in smoking cessation)
- Use of aspirin to prevent cardiovascular disease



Contraception²

The following contraceptive items and services are covered without cost-sharing when provided by a health care provider in a health plan's network.

- One or more prescribed products within each of the categories approved by the FDA for use as a method of contraception
- FDA-approved contraceptives available over the counter (foam, sponge, condoms)
- The morning after pill
- Medical devices such as IUD, diaphragm, cervical cap and contraceptive implants
- Female sterilization, including tubal ligation

Specifically for Pregnancy

- Alcohol misuse screening and counseling
- Anemia screening
- Aspirin for preeclampsia prevention
- Bacteriuria screening
- Breastfeeding support, supplies and counseling
- Counseling for healthy weight gain during pregnancy
- Diabetes screening after pregnancy
- Folic acid supplementation
- Gestational diabetes screening
- Hepatitis B screening
- HIV screening
- Perinatal depression screening
- Preeclampsia screening
- Rh(D) incompatibility screening
- Screenings for sexually transmitted infections (STIs) including chlamydia, gonorrhea, and syphilis
- Tobacco use and cessation counseling



1 Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. This includes preventive care services as follows:

- Evidence-based items/services rated A or B in the current recommendations of the U.S. Preventive Services Task Force
- Routine immunizations for children, adolescents and adults recommended by the Advisory Committee on Immunization Practices of the Centers for Disease control and prevention
- Evidence-informed preventive care and screenings for infants, children, and adolescents in the comprehensive guidelines of the Health Resources and Services Administration
- Evidence-based preventive care and screenings for women described in the comprehensive guidelines of the Health Resources and Services Administration

2 Certain group health plans established or maintained by organizations that qualify as religious employers may be exempt. These services may be covered under a plan's Pharmacy benefits. The fact that a particular medical service is listed in this document is not a guarantee that benefits are available for such service. The member is instructed to refer to their health benefits document to determine what benefits are available for the particular medical service.