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**BlueCross BlueShield  
of Vermont**

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# Understanding Preventive Care

# FAQs: Understanding Preventive Care

At Blue Cross and Blue Shield of Vermont, (BCBSVT) we want you to get preventive care so you can find out about health problems early and get the treatment you need. Some preventive care can keep you from becoming sick in the first place. This guide explains which preventive care services may be right for you and how we cover various services.\*

## What is preventive care?

Preventive care includes screenings, tests, medicines and counseling performed or prescribed by your doctor or other health care provider when you don't have signs or symptoms of an injury or illness. Other preventive care helps detect health conditions early, so you can change your lifestyle or get treatment to improve your health. We encourage you to get appropriate preventive care for your age and gender. (See the charts in this guide.)

## What will preventive care cost me?

BCBSVT covers certain preventive services at no cost to you (i.e., with no "cost-sharing" like deductibles, co insurance or co-payments). We provide this benefit for:

- Services rated A or B by the United States Preventive Services Task Force (USPSTF);
- Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; and
- Guidelines supported by the Health Resources

and Services Administration;

- The American Academy of Pediatrics' Bright Futures program recommendations; and
- Other applicable state and federal mandates.

All of the committees and Administrations listed above provide required guidelines about, and research on, preventive services to determine which are the most effective for population health. Your plan benefits apply only if your plan is not "grandfathered" with respect to the Affordable Care Act. \*\*The charts in this brochure show you which services we consider preventive based on recommendations made by the committees and Administrations listed above. You generally do not have to pay cost-sharing for these services. You do have to pay cost-sharing for preventive services not on this list.

## What is the difference between preventive and diagnostic medicine?

A preventive procedure starts with the intent of confirming your good health when you are apparently free of symptoms or disease. Diagnostic medicine happens when you go to your doctor or other health care provider with symptoms and your provider recommends screenings and tests to diagnose their cause. While we cover these services, you may have to pay deductibles, co-payments and/or co-insurance.

## Can preventive care turn into diagnostic medicine?

Yes. Sometimes a provider begins a preventive screening or test and, during its course, finds or suspects disease. The provider then bills for a diagnostic procedure. You may have to share in the cost. Also, if you have a history of a particular illness, a screening related to that illness might be considered diagnostic for you, while it may be preventive for other patients.

## Check out these examples:

Scenario 1: A 30-year old woman without symptoms has an annual physical. It includes a breast exam, a Pap smear, cholesterol and glucose screening and screening for sexually transmitted diseases. The Pap smear shows an irregularity. The first exam will not take any cost-sharing. A follow-up exam, done at a later date because of the irregularity of the Pap, will require payment of the appropriate cost-sharing amount.

Scenario 2: You have a lipid test and a metabolic test at your annual physical. You do not have any cost-sharing for the lipid test, but since the metabolic test is not on the USPSTF's list of A- and B-rated services, you must pay the appropriate cost-sharing amount of the metabolic test.

## Are there other preventive services that I may need?

Yes, you may need other preventive services because of your individual health needs. The USPSTF bases its recommendations on the needs of the general population. You may have unique needs, so we encourage you to consult your doctor or other health care provider about additional preventive care.

## Preventive Medications (available at no cost; requires prescription)

SERVICE	EXAMPLES/RESTRICTIONS
Aspirin	Men, ages 45–79, and women, ages 55–79 (generic only)
Breast Cancer Prevention	Women, no age restrictions
Contraception	Women, no age restrictions (generic only for oral contraceptive medications)
Vitamin D Supplements	Adults age 65 and over
Folic Acid Supplements	Women, ages 12–50
Fluoride Supplements	Children, ages 6 mos.–5 years (generic only)
Pediatric Iron Supplements	Children, ages 6 mos.–12 mos. (generic only)
Smoking Cessation	Up to 180-day supply of nicotine replacement therapies

\*For full details, please consult a subscriber contract or plan document.

\*\*Coverage that existed before passage of the Affordable Care Act may have different preventive care provisions. If your plan is grandfathered, you will see language explaining your benefits in your contract document or on our member resource center. Check your subscriber contract, or plan documents for your benefits or call our customer service team at the number on the back of your ID card.

# Preventive Care for Men

All preventive care information in this document is based on current Federal and state guidelines and is subject to change.

		FIND YOUR AGE (YEARS)												
FOR YOUR:	SCREENING OR EXAM TYPE:	18	20	30	35	40	45	50	55	60	65	70	75	80
Height and Weight	Body Mass Index (BMI)	[Blue shading]												
Intestinal Health	Colorectal Cancer									*				
Heart and Vascular Health	Abdominal Aortic Aneurysm										One-time screening if you have ever smoked.			
	Blood Pressure	Have your blood pressure checked every 2 years.												
	Cholesterol		If you are at increased risk for coronary heart disease! <sup>1</sup>		[Blue shading]									
Metabolic Health	Type 2 Diabetes	If your sustained blood pressure (treated or untreated) is greater than 135/80 mmHg.												
Sexual Health	HIV Screening	If you are at increased risk for HIV infection. <sup>1</sup>												
	Syphilis Screening	If you are at increased risk for syphilis infection.												
Immunizations	Flu Shot	Get the flu shot every year.												
	Pneumonia Shot													
	Shingles Vaccine													
Medications	Aspirin									Ask your doctor if you should take aspirin to prevent heart disease.				
Other Screenings	Alcohol Intake	[Blue shading]												
	Fall Prevention													
	Smoking Cessation	[Blue shading]												

**Blue** indicates that every man within the age range should have this screening, exam or medicine. We cover it with no cost-sharing.

**Green** indicates that there are unique circumstances that may be covered by BCBSVT if you qualify. Consult your doctor to see if this screening, exam or medicine is right for you.

\* If you have a family history of colorectal cancer, you may need screening earlier.

1. If your lifestyle puts you at an increased risk for any of these health concerns, or you have any other clinical concerns, talk with your provider to make sure you receive the appropriate testing and care.



# Preventive Care for Women

All preventive care information in this document is based on current Federal and state guidelines and is subject to change.

		FIND YOUR AGE (YEARS)													
FOR YOUR:	SCREENING OR EXAM TYPE:	18	20	30	35	40	45	50	55	60	65	70	75	80	
Height and Weight	Body Mass Index (BMI)	All ages													
Intestinal Health	Colorectal Cancer						*								
Heart and Vascular Health	Blood Pressure	Have your blood pressure checked every 2 years.													
	Cholesterol			Recommended if you are at increased risk for coronary heart disease. <sup>1</sup>			Strongly recommended if you are at increased risk for coronary heart disease. <sup>1</sup>								
Bone Health	Osteoporosis														
Metabolic Health	Type 2 Diabetes	If your sustained blood pressure (treated or untreated) is greater than 135/80 mmHg.													
Women's Health	Cervical Cancer			If you are 21 to 65 years old and have been sexually active, have a Pap smear every 1 to 3 years.											
	Chlamydia and Other STDs Screening and Counseling	If you are sexually active and 18-24 years.		If you are older than 24 years, sexually active and you are at increased risk for infection.											
	HIV Screening and Counseling	If you are at increased risk for HIV infection. <sup>1</sup>													
	HPV Testing	All ages													
	Mammogram						All ages								
	Syphilis Screening	If you are at increased risk for syphilis infection.													
	Contraceptives and Contraceptive Counseling	Generic female contraception methods (or brand name methods if no generic is available)													
Immunizations	Flu Shot	Get the flu shot every year.													
	Pneumonia Shot										Get a pneumonia shot.				
	Shingles Vaccine								All ages						
Other Screenings	Alcohol intake	All ages													
	Fall Prevention										All ages				
	Smoking Cessation	All ages													
	Domestic Violence	All ages													

Blue indicates that every woman within the age range should have this screening, exam or medicine. We cover it without cost-sharing.

Green indicates that there are unique circumstances that may be covered by BCBSVT with no cost-sharing if you qualify. Consult your doctor to see if this screening, exam or medicine is right for you.

\* If you have a family history of colorectal cancer, you may need screening earlier.

1. If your lifestyle puts you at an increased risk for any of these health concerns, or you have any other clinical concerns, talk with your provider to make sure you receive the appropriate testing and care.

## Care During and After Pregnancy

As a pregnant woman, you may be worried about your baby's health already. One of the best ways to ensure your baby is healthy is to take care of your own health by seeing your provider and receiving the appropriate preventive care. Preventive care consists of screenings and exams that look for disease before you have symptoms. The sooner a disease or condition is detected, the sooner you and your baby may have access to treatment.

The following table is a reference guide of preventive care screenings that should be factored into your usual preventive care screenings, exams and medicines. If you have questions at any point, consult your provider. Please note that not all care related to pregnancy (e.g., confirmation of pregnancy, amniocentesis, fetal stress monitoring, etc.) may be eligible at no cost to you.

FOR:	SCREENING OR EXAM:	SPECIFIC GUIDELINES
Infectious Disease	Asymptomatic Bacteriuria	Screening recommended at 12-16 weeks gestation or at first prenatal visit, if later.
	Chlamydial Infection	Screening recommended at first prenatal visit for all pregnant women aged 24 or younger and for older pregnant women who are at increased risk.
	Gonorrhea	Screening recommended at first prenatal visit for all sexually active, pregnant women.
	Hepatitis B Virus	Screening strongly recommended at first prenatal visit.
	Syphilis Infection	Screening recommended at first prenatal visit.
Nutritional Conditions	Iron Deficiency Anemia	Routine screening recommended.
Obstetric Conditions	Rh (D) Incompatibility	Blood typing and antibody testing strongly recommended at first prenatal visit.
Breastfeeding	Support and Counseling	
	Supplies	You must get Prior Approval for hospital-grade breast pumps
Other Screenings	Alcohol & Drug Misuse	
	Depression	
	Smoking Cessation	
	Gestational Diabetes	

Blue indicates that every woman should have this screening, exam or medicine. We cover it without cost-sharing.

Green indicates that there are unique circumstances that may be covered by BCBSVT with no cost-sharing if you qualify. Consult your doctor to see if this screening, exam or medicine is right for you.



# Children & Adolescents

## Preventive Care & Immunization Checklists

In order to ensure your child stays healthy, it is important to have frequent check-ups with your child's primary care provider to get your child the appropriate screenings and immunizations.

The U.S. Preventive Services Task Force (USPSTF) recommends certain screenings for children from birth to 18 years of age. USPSTF uses the Center for Disease Control and Prevention (CDC) as their source

for immunization recommendations based on age. BCBSVT covers these preventive services for our members and encourages parents and children to use the following charts as a preventive care reference guide. Your child may have unique healthcare needs or individual circumstances that require additional screenings, exams and/or immunizations.

All preventive care information in this document is based on current Federal and state guidelines and is subject to change.

SCREENING	AGE (YEARS)				
	AT BIRTH	3	6	12	18
Congenital Hypothyroidism					
Phenylketonuria (PKU)					
Sickle Cell Disease					
Hearing Loss					
Iron Deficiency Anemia Screening					
Lipid Screening					
Visual Impairment		At least once between 3 and 5 years			
Height and Weight (Childhood Obesity)					
Major Depressive Disorder					

Blue indicates all children should have this screening. These tests may be covered without cost sharing.



## Immunization Schedule

An integral part of early preventive care for young people is proper immunization. During the first year of life, your child loses the immunity received from his or her mother. If an unvaccinated child is exposed to disease, the child's body may not be capable of fighting it. When a child's body develops immunity from vaccination, the body can recognize and fight the disease in the future.

The immunizations on the next page are those recommended by the US Preventive Services Task Force and the Center for Disease Control and Prevention. We cover all of the listed immunizations with no cost-sharing.



## Immunization Schedule\*

CHILD'S AGE	VACCINE (DOSE)	PROTECTS AGAINST
At Birth	Hepatitis B (1 of 3)	Hepatitis B virus
1-2 months	Hepatitis B (2 of 3)	
2 months	DTaP (1 of 5)	Diphtheria, tetanus and pertussis (whooping cough)
	Hib (1 of 4)	Infections of the blood, brain, joints or lungs (pneumonia)
	Polio (1 of 4)	Polio
	Pneumococcal Conjugate <sup>1</sup> (1 of 4)	infections of the blood, brain, joints, inner ears or lungs (pneumonia)
	Rotavirus <sup>2</sup> (1 of 3)	Rotavirus diarrhea (and vomiting)
4 months	DTaP (2 of 5)	
	Hib (2 of 4)	
	Polio (2 of 4)	
	Pneumococcal conjugate (2 of 4)	
	Rotavirus <sup>2</sup> (2 of 3)	
6 months	DTaP (3 of 5)	
	Hib (3 of 4)	
	Pneumococcal conjugate (3 of 4)	
	Rotavirus <sup>2</sup> (3 of 3)	
6-18 months	Hepatitis B (3 of 3)	
	Polio (3 of 4)	
6 months or older	Influenza (yearly)	Flu and complications
12-15 months	Hib (4 of 4)	
	Pneumococcal Conjugate <sup>1</sup> (4 of 4)	
	MMR (1 of 2)	Measles, mumps, and rubella (German measles)
	Varicella (1 of 2)	Chickenpox
12-23 months	Hepatitis A (1 of 2)	Hepatitis A virus (inflammation of the liver)
15-18 months	DTaP (4 of 5)	
18 months or older	Hepatitis A (2 of 2 following 6 months after first dose)	
4-6 years	DTaP (5 of 5)	
	Polio (4 of 4)	
	MMR (2 of 2)	
	Varicella (2 of 2)	
11-12 years	Tdap (1 of 1)	Diphtheria, tetanus and pertussis (whooping cough)
	MCV4 <sup>3</sup> (1 of 1)	Meningococcal conjugate vaccine
	HPV (1 of 3)	Human Papillomavirus
	HPV (2 of 3)	
	HPV (3 of 3)	

\* This chart provides guidelines for most children. Ask your health care provider about specific recommendations for your child.



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