



SUMMARY OF PREVENTIVE CARE SERVICES

Your plan pays 100% of most preventive care services with no out-of-pocket costs to you.

Preventive care includes medical tests (sometimes called screenings), checkups and counseling to help prevent illnesses, disease or other health problems. It's important to know what preventive care is and what questions to ask your doctor to avoid extra costs.

WHICH TYPES OF SERVICES ARE COVERED AT 100%?

Preventive care is covered at 100% when 1) it is done by an in-network doctor*, 2) the doctor's office bills the claim as a preventive visit and 3) services are listed as preventive care under the Affordable Care Act (ACA). This list doesn't include everything, so make sure you check the full list of services on our website at bcbsnc.com/preventive.

MEN



Screenings:

- Abdominal aortic aneurysm
- Blood pressure
- Cholesterol
- Colon cancer
- Depression
- Diabetes
- Lung cancer

Other services:

- Immunizations, including flu shot
- Obesity screening and counseling
- Quitting tobacco
- Sexually transmitted infection (STI) counseling

WOMEN



Screenings:

- Blood pressure
- Breast cancer counseling for genetic testing
- Cholesterol
- Colon cancer
- Depression
- Diabetes
- Lung cancer
- Mammogram (breast cancer)
- Osteoporosis
- Pap test
- Chlamydia and gonorrhea

Other services:

- Contraception
- Immunizations, including flu shot
- Intimate partner violence
- Obesity screening and counseling
- Quitting tobacco
- Sexually transmitted infection (STI) counseling

PREGNANT WOMEN

Pregnancy-related services:

- Breastfeeding support, supplies and counseling
- Folic acid supplementation

Screenings:

- Bacteria in urine
- Gestational diabetes
- Iron deficiency anemia
- Rh incompatibility
- Hepatitis B

INFANTS, CHILDREN AND TEENS



Services and screenings:

- Developmental and behavioral
- Fluoride dental varnish and oral health check
- Immunizations, including flu shot
- Newborn and infant screenings
- Hearing/vision test
- Well-baby/well-child care

Other services:

- Depression screening
- Lead exposure test
- Obesity counseling
- Sexually transmitted infection (STI) screening and counseling
- Tobacco and alcohol use counseling

AVOID EXTRA COSTS:

When you make your appointment:

Ask: Is my doctor in my plan's network?*

Say: I want preventive care screenings and tests that are 100% covered by my plan.

When you get to the doctor's office:

Ask your doctor:

- + Will any tests or treatments I get today not be covered as preventive care?
- + Will talking about other topics that are not preventive care mean that I will be charged for today's visit?
- + Can any lab work be sent to a Blue Cross NC in-network lab to lower my costs?

These services are not covered as preventive:

Below are some common tests your doctor may do that are not listed as preventive care by the ACA and may cost you money at your doctor's office or lab:

- Urinalysis
- Chest X-rays
- Hormone tests
- Thyroid tests
- Vitamin D tests
- EKGs (electrocardiograms)

The ACA lists certain services as preventive care to be paid at 100%

- These benefits are available for members of transitional, ACA and "non grandfathered" individual health insurance plans that took effect after March 23, 2010.
- If you get your health insurance through work and your Summary of Benefits section of your benefit booklet contains PREVENTIVE CARE covered under federal law, then you have these benefits at no charge IN-NETWORK.
- These benefits are currently in effect unless otherwise noted.
- Check your Benefit Booklet for details on other preventive care benefits.
- This information is for reference only and does not guarantee payment of any claims.

*Find in-network doctors and facilities in the Find a Doctor tool by visiting bcbsnc.com/content/providersearch

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BlueCross BlueShield of North Carolina

Non-Discrimination and Accessibility Notice

Discrimination is Against the Law

- Blue Cross and Blue Shield of North Carolina (“BCBSNC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- BCBSNC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BCBSNC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact Customer Service **1-888-206-4697**, TTY and TDD, call **1-800-442-7028**.
- If you believe that BCBSNC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
 - BCBSNC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator- Privacy, Ethics & Corporate Policy Office, Telephone **919-765-1663**, Fax **919-287-5613**, TTY **1-888-291-1783** civilrightscordinator@bcbsnc.com
- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator - Privacy, Ethics & Corporate Policy Office is available to help you.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 **1-800-368-1019**, **800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- This Notice and/or attachments may have important information about your application or coverage through BCBSNC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service **1-888-206-4697**.



ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-206-4697 (TTY: 1-800-442-7028).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-206-4697 (TTY: 1-800-442-7028).

注意: 如果您講廣東話或普通話, 您可以免費獲得語言援助服務。請致電 1-888-206-4697 (TTY: 1-800-442-7028)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-206-4697 (TTY: 1-800-442-7028).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-206-4697 (TTY: 1-800-442-7028)번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-206-4697 (ATS : 1-800-442-7028).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-206-4697. المبرقة الكاتبة: 1-800-442-7028.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-206-4697 (TTY: 1-800-442-7028).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-206-4697 (телетайп: 1-800-442-7028).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-206-4697 (TTY: 1-800-442-7028).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-206-4697 (TTY: 1-800-442-7028).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ: 1-888-206-4697 (TTY: 1-800-442-7028)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-206-4697 (TTY: 1-800-442-7028).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-206-4697 (TTY: 1-800-442-7028).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-206-4697 (TTY: 1-800-442-7028) まで、お電話にてご連絡ください。