



BlueCross BlueShield of Nebraska

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Questions?

Call the Blue Cross and Blue Shield of Nebraska Member Services Department at the telephone number shown on the back of your I.D. card.

nebraskablue.com/health-care-reform

HEALTH CARE REFORM BENEFITS FOR PREVENTIVE SERVICES

This chart shows the preventive services covered under your health plan as part of the Patient Protection and Affordable Care Act (PPACA), the health care reform legislation that went into effect for plan/policy years on and after September 23, 2010. Benefits for the services listed here are covered at 100% when they are obtained from a Blue Cross and Blue Shield of Nebraska network provider, subject to the gender, age and frequency guidelines indicated.

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 bill. 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.

Preventive Service Recommended US Preventive Services Task Force	Gender				Age	Frequency
	Men	Women	Pregnant Women	Children		
Abdominal Aortic Aneurysm, Screening	•				65 and older	One per lifetime
Alcohol Misuse Screening and Behavioral Counseling Intervention	•	•	•	•		One per calendar year
Aspirin for the Prevention of Cardiovascular Disease	•	•			Men: 45 to 79 Women: 55 to 79	Subject to plan's retail day supply limit
Asymptomatic Bacteriuria in Adults, Screening			•			
Breast Cancer, Screening (mammogram)		•	•		40 and older	One per calendar year
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and discussion of BRCA Mutation Testing (based on family risk factors)		•	•			
Breastfeeding, Primary Care Interventions to Promote Breastfeeding		•	•			
Cervical Cancer, Screening (Pap smear)		•	•	•		One per calendar year
Chlamydial Infection, Screening		•	•			
Colorectal Cancer, Screening (Screenings include: colonoscopy, sigmoidoscopy, proctosigmoidoscopy, barium enema, fecal occult blood testing, laboratory tests, and related services)	•	•			50 and older	One every 5 calendar years One per calendar year for fecal occult blood test
Congenital Hypothyroidism Screening (newborn)				•	Up to age 1	
Dental Caries in Preschool Children, Prevention (prescribe oral fluoride if deficient in water)				•	6 months up to age 6	Subject to plan's retail day supply limit
Depression (Adults) Screening	•	•	•			

Preventive Service Recommended US Preventive Services Task Force	Gender				Age	Frequency
	Men	Women	Pregnant Women	Children		
Diet, Behavioral Counseling in Primary Care to Promote Healthy Diet (<i>adults with hyperlipidemia and other risk factors</i>)	•	•				Up to 9 visits per calendar year
Evaluation and Management Services (E/M) (periodic preventive examination/ office visits)	•	•	•	•		Newborn up to age 6 unlimited; annually thereafter
Gonorrhea, Screening		•	•			
Gonorrhea, Prophylactic Eye Medication (<i>newborns</i>)				•		
Hearing Loss in Newborns, Screening				•	Up to age 1 month	
Hepatitis B Virus Infection, Screening			•			
High Blood Pressure, Screening	•	•	•	•		
HIV Screening (<i>at risk and all pregnant women</i>)	•	•	•	•		
Iron Deficiency Anemia, Prevention (<i>at risk 6 to 12 month old babies</i>)				•	Up to age 1	Lab tests are not limited. Drugs are subject to plan's retail day supply limit
Iron Deficiency Anemia, Screening			•			
Lipid Disorders in Adults, Screening (cholesterol)	•	•	•	•		One every 5 calendar years
Major Depressive Disorders in Children and Adolescents, Screening				•		
Obesity in Adults, Screening	•	•				
Obesity in Children, Screening				•		
Osteoporosis in Women, Screening (bone density testing)		•			60 and older	One every 2 calendar years
Phenylketonuria (PKU), Screening (<i>newborn</i>)				•	Up to age 1	One per lifetime
Rh (D) Incompatibility, Screening			•			
Sexually Transmitted Infections, Counseling	•	•	•	•		
Sickle Cell Disease, Screening (<i>newborns</i>)				•	Up to age 1	
Syphilis Infection, Screening	•	•	•	•		
Tobacco Use and Tobacco-Caused Disease, Counseling (<i>including tobacco/ nicotine cessation drugs and deterrents</i>)	•	•	•	•		Medical: Up to 8 counseling sessions per calendar year. Drugs and deterrents are subject to plan's retail day supply limit
Type 2 Diabetes Mellitus in Adults, Screening	•	•	•	•		
Visual Impairment in Children Younger than 5 Years, Screening				•	Up to age 5	One per calendar year
Daily Supplement of Folic Acid		•	•			Subject to plan's retail day supply limit
Discuss Chemoprevention when at High Risk for Breast Cancer		•	•			
Immunizations	•	•	•	•		