



MAKE THE MOST OF YOUR preventive care benefits

Preventive care includes medical tests (sometimes called screenings), checkups and counseling to help prevent illnesses, disease or other health problems. It's important because it can reveal a health problem before you have any signs or symptoms – and when it can be more easily treated.

Your health plan covers the cost

To be covered at 100 percent with no out-of-pocket costs to you,¹ the service must be:

- + Provided by an in-network doctor or facility
- + Billed by your doctor as a preventive care visit
- + Done in a doctor's office, urgent care facility, outpatient clinic or ambulatory surgery center

What's covered?

Here are some services that are usually covered as preventive care (see page 2 for details):

- + Adult screening tests²
- + Well-baby and well-child care³
- + Immunizations (adult and child)⁴
- + Mammograms
- + Colon cancer screenings

What's not covered as preventive?

Here are some services your doctor may do that are not considered preventive care. If your doctor files them as preventive, they will be denied as "not covered." These services should be filed as diagnostic and will be covered under your diagnostic benefit.

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

How to avoid extra costs

When you make your appointment, say that you want preventive care screenings and tests.

- + Ask if any tests or treatments done might not be considered preventive care.
- + Ask if discussing other topics, that are not considered preventive care, will lead to extra out-of-pocket costs.
- + Ask if any lab work can be sent to an in-network lab to lower any out-of-pocket costs.

Know before you go

Your employer may choose to cover more services as preventive. Learn more about your preventive care coverage. Check your benefit booklet, visit BlueCrossNC.com/Preventive or call the Customer Service number on the back of your ID card.

Service	In-Network ⁵		
	In Office	Urgent Care	Outpatient Facility
Mammograms	Covered at 100% if billed as preventive If billed as diagnostic, subject to deductible and coinsurance or covered at 100%		
Women's Health Services + Breastfeeding support and counseling + Contraceptive methods and counseling + Gestational diabetes screening (pregnant women) + Interpersonal and domestic violence screening and counseling + Postpartum depression screening + Sexually transmitted infections counseling + Well-woman visits	Covered at 100% if billed as preventive If billed as diagnostic, subject to deductible and coinsurance or covered at 100%		
Colorectal Screenings (Colonoscopies) – Includes pathology charges associated with polyp removal	Covered at 100% if billed as preventive If billed as diagnostic, subject to deductible and coinsurance or covered at 100% after copay	Covered at 100% if billed as preventive If billed as diagnostic, subject to deductible and coinsurance	
Adult Preventive Care (Routine exams)	Covered at 100% if billed as preventive If billed as diagnostic, subject to deductible and coinsurance or covered at 100% after copay	Covered at 100% if billed as preventive If billed as diagnostic, subject to deductible and coinsurance	
Immunizations + Diphtheria-Tetanus-Acellular Pertussis (DTaP) + Polio (IPV) + Flu (Influenza) + Measles-Mumps-Rubella (MMR) + Pneumonia + Haemophilus Influenzae Type B (Hib) + Hepatitis A and B + Human Papillomavirus (HPV) + Meningococcal vaccine + Chicken Pox + Tetanus-Diphtheria (Td)/ Tetanus-Diphtheria-Acellular Pertussis (Tdap) + Zoster (Shingles) + Rotavirus <i>(Immunizations required for occupational hazard or international travel are not covered)</i>	Covered at 100% if billed as preventive If billed as diagnostic, subject to deductible and coinsurance or covered at 100% after copay	Covered at 100% if billed as preventive If billed as diagnostic, subject to deductible and coinsurance	
Well-Baby/Well-Child Care + Physical exams + Vision and hearing tests + Developmental/behavioral assessments + Newborn bilirubin screening + Oral health	Covered at 100% if billed as preventive If billed as diagnostic, subject to deductible and coinsurance or covered at 100% after copay	Covered at 100% if billed as preventive If billed as diagnostic, subject to deductible and coinsurance	
Adult & Child (Age 6+) Obesity Services + Obesity screening + Behavioral intervention + Nutritional counseling	Covered at 100%		
Adult Tests⁶ + Cervical cancer (Pap test) + Chlamydia + Diabetes + Cholesterol (lipid) screening + Colon cancer + Depression + High blood pressure + HIV screening and counseling + HPV testing + Latent Tuberculosis + Osteoporosis	Covered at 100% if billed as preventive If billed as diagnostic, subject to deductible and coinsurance or covered at 100% after copay		

1 This is a summary of preventive care benefits for non-grandfathered plans that went into effect on or after March 24, 2010. Final interpretation and a complete listing of benefits and what is not covered are in and governed by the group contract and benefit booklet. Your benefit booklet can be accessed on BlueConnectNC.com or by requesting a copy from Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Customer Service.

2 Based on the guidelines published by the United States Preventive Services Task Force.

3 Based on the guidelines published by the Health Resources & Services Administration.

4 Based on the full series of standard immunizations recommended by the Centers for Disease Control and Prevention's Guidelines and Recommendations for Adults and Children.

5 Chart above outlines coverage for in-network services only received through non-grandfathered plans. Federally and state-mandated preventive services are offered both in- and out-of-network (see benefit booklet for details). For a complete list of covered preventive care services, please visit BlueCrossNC.com/Preventive.

6 Screening tests that involve additional services may result in higher out-of-pocket costs. For a complete list of covered preventive care services, please visit BlueCrossNC.com/Preventive.

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Non-Discrimination and Accessibility Notice

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified interpreters and/or written information in other formats (large print, accessible electronic formats, etc.)
- Free language services to people whose primary language is not English, such as: qualified interpreters and/or information written in other languages

If you need these services, call the Customer Service or TTY number on the back of your member ID card.

If you believe that Blue Cross NC 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:

Blue Cross NC, P.O. Box 2291, Durham, NC 27702
Attention: Civil Rights Coordinator-Privacy,
Ethics & Corporate Policy Office
Call: 919-765-1663, 1-888-291-1783 (TTY)
Fax: 919-287-5613
Email: civilrightscoordinator@bcbsnc.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the 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:

Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Mail: U.S. Department of Health & Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C., 20201
Call: 1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available online at:
<http://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

This notice and/or attachments may have important information about your application or coverage through Blue Cross NC. 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. If you need these services, call the Customer Service or TTY number on the back of your member ID card.

Discrimination is Against the Law

Blue Cross NC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Multi-Language Interpreter Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call the Customer Service or TTY number on the back of your member ID card.

ATENCIÓN: Si habla otro idioma, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio de Atención al Cliente al número de teléfono para personas con problemas auditivos (TTY) que figura al dorso de su tarjeta de identificación.

注意：他の言語を話す方は、言語支援サービスを無料でご利用いただけます。

顧客サービスにお電話いただくか、会員IDカードの裏面にあるTTYサービスをご利用ください。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Dịch vụ khách hàng hoặc TTY trên mặt sau thẻ ID thành viên của bạn.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자 ID 카드 뒷면에 있는 고객 서비스 혹은 TTY 번호로 전화해 주십시오.

ATTENTION: si vous parlez une autre langue, des services d'aide linguistique vous sont proposés gratuitement. Contactez le service clients au numéro figurant au dos de votre carte de membre.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم خدمة العملاء أو رقم الهاتف النصي الموضح على ظهر بطاقة هوية العضو.

LUS CEEB TOOM: Yog tias koj hais lus Hmoob, peb muaj kev pab txhais lus pub dawb rau koj. Hu rau Customer Service tus xov tooj los yog tus xov tooj TTY rau cov neeg tsis hnov lus zoo uas nyob sab tom qab koj daim npav ID.

ВНИМАНИЕ: Если вы говорите на другом языке, то вам доступны бесплатные услуги перевода. Позвоните в Отдел обслуживания по номеру, указанному на обратной стороне вашей идентификационной карточки участника.

PAUNAWA: Kung nagsasalita ka ng ibang lengguwahe, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero ng Customer Service o TTY sa likod ng iyong member ID card.

સૂચના: જો તમે ગુજરાતી બોલતા હોવ તો તમારા માટે ભાષા સેવાઓ નિ:શુલ્ક ઉપલબ્ધ છે. તમારા સ ચપદ ઓળખના નંબર (આઈ.ડી) પાછળની બાજુ પર આપેલ ગ્રાહક સેવાઓના નંબર અથવા TTY નંબર પર કોલ કરો.

ចំណាំ: ប្រសិនបើប្រាកដកម្មនិយាយជាភាសាខ្មែរ បសវាកម្មជំនួយម្តងភាសាមានលក្ខណៈសេរីសម្រាប់ប្រាកដកម្មក្រោយមិនគិតថ្លៃ។ សូមប្រើប្រាស់សវាកម្មជំនួយប្របលទូរស័ព្ទចៅខាងក្រោមដើម្បីស្នើសុំប្រាកដកម្ម។

ACHTUNG: Falls Sie eine andere Sprache sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Rufen Sie die Nummer des Kundenservices oder von TTY an, die auf der Rückseite Ihrer Mitgliedskarte angegeben ist.

ध्यान दें: यदि आप दूसरी भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं, मुफ्त में, उपलब्ध हैं। अपने सदस्य आईडी कार्ड के पीछे मौजूद ग्राहक सेवा या TTY नंबर पर कॉल करें।

ឱ្យដឹង: បើប្រាកដកម្មនិយាយភាសាដទៃទៀត, យើងមានសេវាប្រកាសសេរីសម្រាប់ប្រាកដកម្មក្រោយមិនគិតថ្លៃ។ សូមប្រើប្រាស់សវាកម្មជំនួយប្របលទូរស័ព្ទចៅខាងក្រោមដើម្បីស្នើសុំប្រាកដកម្ម។

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。請撥打您會員 ID 卡背面的客服或 TTY 號的電話號碼。

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