How often and what kind of preventive care services you need depends upon your age, gender, health and family history. Not all items on this list are covered benefits for all products or groups with Blue Cross or Blue Plus. Coverage for certain items and services may only be provided for plan and policy years after a certain date. Pharmacy coverage may differ for members with pharmacy benefit managers other than Prime Therapeutics. This list may not represent all possible tests or benefits, and inclusion of a service or item on this list does not guarantee coverage. Check your health plan benefits, or call the number on the back of your member ID card for details on coverage. Additional requirements may apply. Tests ordered during a preventive visit that are not considered preventive care may be subject to deductibles, copays and/or coinsurance. Additionally, treatment or tests for an existing condition or illness are not preventive care and are subject to deductibles, copays and/or coinsurance.

CATEGORY	DESCRIPTION
GENERAL PREVENTIVE CARE	
Preventive medical exams and counseling	Preventive physical/medical exam – age and gender appropriate medical history and physical exam, counseling or anticipatory guidance and risk-factor interventions.
	 May include (not an all-inclusive, or restrictive, list, and additional requirements may apply): Blood pressure screening
	Skin cancer counseling to reduce ultraviolet (UV) ray exposure
	 Skin exam – for melanomas, sores, lesions
	 Aspirin use and counseling for certain people with elevated cardiovascular disease risk Aspirin for men (45 – 79) and women (55-79) with a prescription in-network
	Prostate cancer digital rectal exam
	Domestic violence screening and counseling
	Height, weight, body mass index (BMI)
CARDIOVASCULAR AND METABOLIC SCRE	ENING TESTS (CERTAIN MEN AND WOMEN)
Abdominal aortic aneurysm (AAA) ultrasound	Ultrasound screening
Cholesterol (lipid) profile	Cholesterol, HDL and LDL tests
Diabetes screening test	Blood glucose and A1C tests

PLEASE NOTE: This document was last updated on February 15, 2016 and therefore may not reflect the most up to date information. For the most up to date information about benefits that may be available to you, please contact Blue Cross Customer Service at the number located on the back of your ID card.

Blue Cross[®] and Blue Shield[®] of Minnesota and Blue Plus[®] are nonprofit independent licensees of the Blue Cross and Blue Shield Association. *Prime Therapeutics LLC is an independent company providing pharmacy benefit management services

CATEGORY	DESCRIPTION
COUNSELING AND CLINICAL ASSESSMENT	OR SCREENING
Alcohol, drug and tobacco misuse	 May include: Screening and counseling to reduce alcohol misuse Drug use assessment Screening and counseling to prevent tobacco use and tobacco-caused disease Tobacco cessation counseling sessions FDA-approved tobacco cessation medications, when prescribed and provided innetwork
Blood infection	Hepatitis B & C virus (HCB and HCV) screening
Depression	Screening for depression
Domestic violence	 May include: Counseling and screening for interpersonal and domestic violence
Nutrition, healthy weight, and physical activity	 May include: Behavioral counseling in primary care to promote a healthy diet for adults with hyperlipidemia and other risk factors Falls prevention counseling for older adults at increased risk Vitamin D supplements for men and women 65 and older with a prescription Nutrition counseling Screening and counseling for obesity (specifically, screening for and management of obesity)
Sexually transmitted infections (STI), risk reduction counseling and screening	May include: • HIV (human immunodeficiency virus) • Chlamydia • Gonorrhea • Syphilis
Vision and hearing	Vision screening – glaucoma, acuity, refraction Hearing screening – screening test, audiometry and pure tone

CATEGORY	DESCRIPTION	
IMMUNIZATIONS		
For details on doses, recommended ages, and recor	nmended populations, see prevention guidelines at healthandwellness.bluecrossmn.com. Listed	
below are most commonly utilized immunizations – list may not be all inclusive		
Tetanus, diphtheria, pertussis, poliovirus vaccines		
Influenza vaccines		
Varicella (chickenpox) vaccines		
Hepatitis A vaccines		
Hepatitis B vaccines		
Human papillomavirus (HPV) vaccines	May be offered singly or grouped	
Measles, mumps, rubella (MMR) vaccines		
Pneumonia vaccines		
Meningitis vaccines		
Zoster (herpes shingles) vaccines		
Rotavirus vaccines		
CANCER SCREENING TESTS		
Colorectal cancer screening	 May include one or more of the following: Stool occult blood (once/year) Air contrast barium enema Sigmoidoscopy/Flexible – sigmoidoscopy Proctosigmoidoscopy Colonoscopy Cancer screening exam, including medically necessary sedation (see Blue Cross medical policy "Anesthesia Services for Routine Upper and/or Lower Gastrointestinal Endoscopic Procedures" (II-93)) 	
Lung cancer screening	Ages 55 to 80 using low – dose computed tomography (LDCT). Subject to medical necessity requirements of Blue Cross medical policy "Lung Cancer Screening Using Low – Dose Computed Tomography (LDCT) (V-08)	
Prostate cancer screening	 May include: Prostate specific antigen (PSA) test (once/year) Digital rectal exam (DRE) usually performed as part of preventive medical exam 	

CATEGORY	DESCRIPTION
WOMEN'S HEALTH (ALSO SEE PREGNANCY-R	
Preventive gynecological exam	Preventive physical/medical exam – age appropriate medical history and physical exam, counseling or anticipatory guidance and risk-factor interventions. May include evaluation of: thyroid, breasts and abdomen as well as pelvic exam.
	Ages 12 to 64. May include services such as:
Well-woman visit	Hepatitis B screening
	 Osteoporosis screening Sexually transmitted infection (STI) screening
Contraceptive methods and counseling	Ages 12 to 64. Counseling for contraception and specific FDA-approved contraceptives, including over-the-counter, when prescribed and provided in-network. Religiously exempt groups and certain plans may exclude this benefit.
Counseling for BRCA and BRCA testing	For women at elevated risk for breast and ovarian cancer, based on medical necessity; may be part of "well-woman visit." BRCA lab tests for women at elevated risk. Eligibility as a preventive benefit subject to medical necessity criteria in Blue Cross medical policy "Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (BRCA1 and BRCA2 Genes) (VI-16)"
Counseling regarding and use of medication to reduce risk of breast cancer	For women at elevated risk; may be part of "well-woman visit" Generic Tamoxifen and raloxifene ages 35 and older with a prescription when provided in-network.
Osteoporosis screening	Bone density measurement (once/year)
Cervical cancer screening	May include: Pap test HPV (human papillomavirus) test (women 30 and older)
Breast cancer screening	Conventional mammogram, two dimensional (2D), unilateral or bilateral (once/year)
Ovarian cancer screening	May include: • CA-125 (once/year) • Transvaginal ultrasound (once/year)

CATEGORY	DESCRIPTION
PREGNANCY-RELATED	
Breastfeeding support, supplies and counseling	 May include: Primary care interventions to promote breastfeeding Breastfeeding support supplies and counseling, including coverage of purchase of a manual breast pump
Routine prenatal tests	 May include: Gestational diabetes mellitus screening Presence of bacteria in the urine Hepatitis B Iron-deficiency anemia Iron supplements for women with a prescription when provided in-network Screening for RH incompatibility
Alcohol, drug and tobacco misuse assessment and counseling, preventive medicine counseling and/or risk factor reduction interventions	 May include: Screening and counseling to reduce alcohol misuse Drug use assessment Screening and counseling to prevent tobacco use and tobacco-caused disease Tobacco counseling during pregnancy FDA-approved tobacco cessation medications, when prescribed and provided innetwork Preventive medicine counseling and/or risk factor reduction interventions
Sexually transmitted infections (STI), risk reduction and screening	May include: • HIV (human immunodeficiency virus) • Chlamydia • Gonorrhea • Syphilis
Counseling for folic acid supplementation	For women planning pregnancy; may be part of "well-woman visit" Folic acid supplements for women ages 12 – 64 with a prescription when provided in-network
	Eebruary 15, 2016 and therefore may not reflect the most up to date information. For

CATEGORY	DESCRIPTION
CHILDREN AND ADOLESCENTS	
	Preventive physical/medical exam – age and gender appropriate medical history and physical exam, counseling or anticipatory guidance and risk-factor interventions.
	May include the following benefits (not an all-inclusive, or restrictive, list): Blood pressure screening
	 Skin cancer counseling to reduce ultraviolet (UV) ray exposure
Preventive medical exam for children and	 Skin exam – for melanomas, sores, lesions
adolescents`(Bright Futures)	 Iron supplementation recommendation for children at increased risk for iron-deficiency anemia Iron supplements for children ages 6 – 12 months and women 12 – 17 with a prescription;
	Domestic violence screening and counseling
	Height, weight, body mass index (BMI)
	Safety and injury prevention
	Assessment of risk for lead exposure
Depression screening	Screening for depression
Nutrition, healthy weight and physical activity	 May include: Behavioral counseling in primary care to promote a healthy diet for people with hyperlipidemia and other risk factors Nutrition counseling
	Screening and counseling for obesity (specifically, screening for and management of obesity)
Vision and bearing	Vision screening – glaucoma, acuity, refraction
Vision and hearing	 Hearing screening – screening test, audiometry and pure tone
	Includes:
	Alcoholism/substance abuse
Behavioral health assessment	Intellectual and mental disorders
	Depression
	Behavioral Health Assessment
Tooth decay and cavity prevention	Fluoride supplements for children whose water supply lacks fluoride, ages 6 months to 6 years
	old with a prescription.
	Topical application of fluoride varnish birth through 6 years old
Tuberculosis testing	Testing for tuberculosis (TB) for children