

# **AFFORDABLE CARE ACT**

## **Preventive Care Services**

The Patient Protection and Affordable Care Act requires all health plans, except grandfathered<sup>1</sup> plans, to provide coverage for preventive care services at no additional cost. These are provided to help prevent diseases or injuries, rather than to diagnose or treat a symptom or complaint, or to treat or cure a disease. These services include women's preventive health services. They are based on recommendations from the Advisory Committee on Immunization Practices, the U.S. Preventive Services Task Force, Bright Futures, the American Academy of Pediatrics, and the U.S. Department of Health and Human Services. When services are provided by in-network providers, members don't pay additional costs for these services.<sup>2</sup> However, members with plans that include out-of-network or self-referred level of benefits (for example, PPO and Blue Choice plans) will pay a cost share when these services are obtained from an out-of-network provider.

## SAMPLE SERVICES WITH NO COST-SHARING



Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

## WHAT THIS MEANS FOR MEMBERS AND ACCOUNTS

#### Blue Cross Blue Shield of Massachusetts offers the following services at no additional cost when administered by network providers:<sup>3</sup>

- Routine adult exams<sup>4</sup>
- Routine GYN exams<sup>4</sup>
- Certain family planning services
- Routine hearing exams
- Routine vision exams<sup>4</sup>
- Certain prenatal services
- Routine pediatric exams
- Physical therapy to prevent falls in community-dwelling adults ages 65 and older<sup>4</sup>
- Routine tests, procedures, and screenings
- Certain counseling services
- Immunizations
- Certain pharmacy services

## **PREVENTIVE SERVICES AT NO ADDITIONAL COST**

#### Women's preventive health services recommended by the Department of Health and Human Services include:<sup>3</sup>

- Annual routine health checkups
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV) infections
- Contraceptive methods and counseling

(continued)

- Breastfeeding support, supplies, and counseling
- Domestic violence screening

We cover the preventive services listed in the following charts at no additional cost to our members when the services are obtained from an in-network provider. Some of these services may also be covered as part of routine physical exams, such as checkups, routine gynecological visits, or children's exams.

## For Adults, Including Women's Preventive Health Services (Age 19 and Older)<sup>5</sup>

#### Screenings, Tests, and Procedures Tuberculosis Blood pressure Dyslipidemia screening Cholesterol Gonorrhea Lung cancer screening for adults age 55 to 80 Colorectal cancer Hepatitis B who have a 30-pack-per- Depression Hepatitis C year smoking history and • Diabetes in • HIV currently smoke or have quit asymptomatic adults within the past 15 years Syphilis

### Screenings, Tests, and Procedures (continued)

#### Men:

• Abdominal aortic aneurysm, for men 65–75 (once per lifetime)

#### Women:

- Breast cancer mammography (at least one baseline mammogram for women between ages 35 and 39, and one mammogram per calendar year age 40 or older)
- Breast cancer susceptibility gene (BRCA) testing
- Cervical cancer, including Pap smears (one per calendar year)
- Chlamydial infection
- Domestic violence<sup>8</sup>
- HPV DNA testing
- Osteoporosis, for women age 60 and older, and for women under age 60 who are at increased risk (one per calendar year)
- Voluntary sterilization procedures<sup>8</sup>

#### **Prenatal:**

- Bacteriuria (pregnant women at 12 weeks or first prenatal visit)
- Iron-deficiency anemia screening
- Preeclampsia screening
- Rh incompatibility
- Screening for gestational diabetes<sup>8</sup>

#### **Counseling Services**

- Alcohol misuse (includes screenings)
- Aspirin for the prevention of heart disease
- Breast cancer chemoprevention
- Breast cancer screening
- Breastfeeding
- Contraceptive methods<sup>8</sup>

- Healthy diet for hyperlipidemia and risk for diet-related chronic disease
- HIV<sup>8</sup>
- Intensive behavioral counseling for obese adults with cardiovascular disease (CVD) risk factors
- Obesity (includes screenings)
- Sexually transmitted infections<sup>8</sup>
- Skin cancer
- Tobacco use (includes screenings)

#### Pharmacy Services,<sup>6</sup> Immunizations,<sup>7</sup> Supplies, and Medications

#### **Pharmacy Services:**

- Bowel preparations
- Folic acid supplements through age 50
- Generic birth-control drugs and methods (or for a brand-name drug or method when a generic is not available)
- Generic low- to moderatedose statin medication for adults ages 40–75 years with no history of cardiovascular disease (CVD), one or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater
- Risk-reducing medications for those at increased risk of breast cancer

#### Immunizations:7

- Hepatitis A
- Hepatitis B
- Herpes zoster
- HPV
- Influenza
- Measles, mumps, rubella
- Meningococcal
- Pneumococcal
- Tetanus, diphtheria, pertussis
- Travel immunizations
- Varicella Rabies

#### Supplies:

 Breastfeeding support and breast pumps<sup>8</sup> (Check your benefit materials for more information.)

#### Over-the-Counter Medications:<sup>6</sup>

- Bowel preparations
- Generic aspirin (81mg)
- Generic contraceptives (e.g., female condoms, sponges, emergency contraceptives, and spermicide)
- Generic folic acid up to age 50
- Generic smoking cessation (up to two 90-day supplies per calendar year)
- Generic vitamin D age 65 and older
- 1. Exempt from certain rights and protections provided under the Affordable Care Act.
- 2. In-network (PPO plans) or PCP/plan-approved benefits (Blue Choice plans).
- 3. The list of preventive care services and tests covered with no member cost share is subject to change, upon the issuance of additional guidance from the federal government pursuant to the Patient Protection and Affordable Care Act. Blue Cross Blue Shield of Massachusetts has updated its products, and certain plan designs may have expanded preventive benefits beyond what is required by the Affordable Care Act. Some grandfathered or self-insured plan designs may have a more limited selection.
- 4. Certain limitations may apply. For a complete description of benefits, please refer to your subscriber certificate, account agreement description, or plan materials.
- 5. This list is subject to change at any time.
- 6. A licensed clinician must prescribe these medications.
- 7. Doses, recommended ages, and recommended populations vary.
- 8. These are included among women's preventive health services.

## For Children (Birth Through 18 Years)

#### Screenings, Tests, and Counseling Services

- Alcohol and drug use assessment
- Autism screening
- Cervical dysplasia
- Developmental screening
- Developmental surveillance
- Dyslipidemia
- Hematocrit or hemoglobin
- HIV screening (for adolescents at risk)
- Lead
- Obesity screening, behavioral interventions, and counseling

- Oral-health risk assessment
- Phenylketonuria
- Psychosocial and behavioral assessment
- Sexually transmitted diseases
- Tobacco counseling and cessation interventions
- Tuberculin test
- Vision screening/assessment
- Visual acuity screening

#### Newborns:

- Congenital hypothyroidism
- Hearing loss (up to one year old)
- Metabolic and hemoglobin
- Sickle cell disease

#### **Adolescents:**

• Depression (ages 12–18)

### Pharmacy Services<sup>9</sup>

- Dental cavities chemoprevention, oral fluoride (up to age 16)
- Generic over-the-counter iron supplements for infants (up to 12 months old)
- Iron supplements for infants (up to 12 months old)
- Prophylactic eye medication for gonorrhea for infants (up to 12 months old)

Immunizations<sup>10</sup>

#### Ages O-4:

• Haemophilus influenzae type B

#### Ages 0–18:

- Diphtheria, tetanus, pertussis
- Hepatitis A
- Hepatitis B
- Inactivated poliovirus
- Influenza
- Measles, mumps, rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella (chicken pox)

#### Ages 11 and Older:

• HPV

9. A licensed clinician must prescribe these medications.

10. Doses, recommended ages, and recommended populations vary.

## **Questions?**

If you have questions regarding coverage for preventive care services, please contact your account service representative or call Member Service at the number on the front of your ID card.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

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