

# The Affordable Care Act: Preventive Services at 100%



BlueCross BlueShield  
of Illinois

## Preventive Care Services Covered Without Cost Sharing

The Affordable Care Act requires non-grandfathered health plans and policies to provide coverage for “preventive care services”<sup>1</sup> without cost sharing (such as coinsurance, deductible or copayment), when using a network provider. Services may include screenings, immunizations, and other types of care, as recommended by the federal government.

This provision is effective for plan/policy years beginning on or after September 23, 2010.

We’re committed to implementing coverage changes to best suit the needs and expectations of our members.

This list may not include all a plan’s covered services. Members can call Customer Service at the number on their member ID card for details on how these benefits apply to their coverage and the most up-to-date list of covered preventive services, including those paid without any cost-sharing.

## General Highlights of New Regulations

- Applies to group health plans including insured and self-insured plans, as well as individual and family policies.
- Plans that are “grandfathered,” meaning the plan had at least one individual enrolled on March 23, 2010 and has not made certain changes since that date to cause a loss of grandfathered status, are not required to cover preventive services with no cost-sharing.
- Preventive services are to be covered without any cost-sharing when using a network provider. Cost sharing can still be required when using a provider that is not in the BCBSIL provider network.
- As new or updated preventive care recommendations or guidelines are issued, employers and insurers have one year to implement the new guidelines unless otherwise specified by the government.<sup>2</sup>
- Plans that cover preventive services in addition to those required may apply cost-sharing requirements for the additional services.

- The regulation references preventive care services with an A or B rating as outlined by the United States Preventive Services Task Force.<sup>1</sup> They are listed in this fact sheet and can be found at:

[www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html](http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html)

- BCBSIL will use reasonable medical management techniques to determine any coverage limitations on the service, including the frequency, method, treatment or setting for the service, and the use of an out-of-network provider.

Plans that are **“grandfathered,”** meaning plans that had at least one individual enrolled on March 23, 2010 and have not made certain changes since that date to cause a loss of grandfathered status, are not required to implement some of the new requirements of the Affordable Care Act, including the requirement to cover preventive services with no cost-sharing.

## General List of Services to Be Offered Without Copay, Coinsurance or Deductible

### Evidence-based preventive services

**Routine vaccinations:** A list of immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention are included in the rule. They are considered routine for use with children, adolescents and adults, and range from childhood immunizations to periodic tetanus shots for adults.

**Prevention for children:** The rule includes preventive care guidelines for children from birth to age 21 developed by the Health Resources and Services Administration with the American Academy of Pediatrics. Services include regular pediatrician visits, developmental assessments, immunizations, and screening and counseling to address obesity.



**Prevention for women:** The regulation mandates certain preventive care measures for women. These recommendations will be in place until new requirements for prevention for women are issued by the United States Preventive Services Task Force or appear in comprehensive guidelines supported by the Health Resources and Services Administration.<sup>2</sup>

### BCBSIL's Focus on Prevention

Laying the groundwork for a healthy tomorrow means disease prevention and early detection.

Many chronic diseases and conditions can be prevented and/or managed through early detection. Preventive screenings are an important way to track your health and avoid chronic conditions before they become more serious. If you use a provider in the BCBSIL network, the preventive screening services listed below are not subject to your annual deductible or the usual office visit copayment. You can obtain these valuable services at no out-of-pocket cost to you.

BCBSIL encourages you to take full advantage of your preventive care benefits and other available wellness resources. After completing a health screening, take appropriate steps to improve your health. Talk with your physician about ways to improve your health. There is no better time than now to get started – and head off potential health problems before they begin.

### Billing and Office Visits

- If a recommended preventive service or item is billed separately from an office visit, then cost-sharing may be applied to the office visit.
- If a recommended preventive item or service is not billed separately from an office visit and the primary purpose is preventive care, then cost-sharing requirements may not be imposed with respect to the office visit.
- If a recommended preventive item or service is not billed separately from an office visit and the primary purpose of the office visit is not preventive care, then cost-sharing may be applied to the office visit.

### Covered Preventive Care Items/Services

BCBSIL has compiled a detailed list of procedures and codes that we have determined should be included in these categories. This list will be used by BCBSIL for claims administration.

### Children and Adolescents

#### Well-child exams

Examples of services included as part of well-child exams include history and physical exam, measurements of height, weight and body mass index (BMI), hearing screening<sup>4</sup>, vision acuity test<sup>5</sup>, developmental and behavioral assessments, oral health risk assessment, anticipatory guidance, counseling about health risks such as sexually transmitted infections, and obesity counseling.

#### Immunizations

- Diphtheria, Tetanus, Pertussis
- Haemophilus influenzae type B
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Influenza (Flu)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal (Pneumonia)
- Inactivated Poliovirus
- Rotavirus
- Varicella (Chickenpox)

#### Screening tests

- Screening for hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Hematocrit or hemoglobin screening
- Obesity screening
- Lead screening
- Dyslipidemia screening for children at higher risk of lipid disorder
- Tuberculin testing
- Depression screening
- Screening for sexually transmitted infections (STIs)
- HIV screening
- Cervical dysplasia screening

#### Preventive treatments

- Gonorrhea preventive medication for eyes of all newborns



## Adults

**Yearly preventive care visit** (wellness visits) including height, weight and body mass index (BMI).

## Immunizations

- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Influenza (Flu)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella (chickenpox)
- Zoster

## General health screening tests

- Blood pressure screening
- Cholesterol screening based on age and individual risk factors
- Depression screening
- Diabetes screening for adults with high blood pressure
- HIV screening
- Obesity screening
- Sexually transmitted infection (STI) screenings (Chlamydia, Gonorrhea, Syphilis)

## Cancer Screening

- Colorectal cancer screenings using fecal occult blood testing, sigmoidoscopy<sup>3</sup> or colonoscopy<sup>3</sup>

## Health Counseling

- Alcohol misuse
- Healthy diet
- Obesity
- Prevention of sexually transmitted infections (STIs)
- Tobacco use
- Use of aspirin to prevent cardiovascular disease
- Use of folic acid

## Men Only

- Abdominal Aortic Aneurysm screening

## Women Only

- Annual well woman visit
- Screening mammography
- Cervical cancer screening including pap smear
- Osteoporosis screening
- Genetic counseling and evaluation for BRCA testing where family history is associated with an increased risk
- Human Papillomavirus (HPV) DNA test

- Chemoprevention of Breast Cancer
- Domestic violence counseling
- Contraception
- Female sterilization: Tubal ligation\*\*

## Contraceptive:

New coverage as of August 1, 2012 expands the types of contraceptive medicines, devices, and procedures that are now covered at no cost to you\* when provided by a doctor in the BCBSIL network:

- Prescription – One or more products within the categories approved by the FDA for use as a method of contraception as noted in your Summary Plan Description (SPD). Ask your doctor or call the number on the back of you BCBSIL member card for details.
- Over-the-counter contraceptive for women (available over-the-counter) approved by the FDA for women (i.e. foam, sponge, female condoms) when prescribed by a physician. **Not covered:** Over-the-counter contraceptive for male use (condoms).
- The morning after pill (Plan B)
- Medical devices such as IUD, diaphragm, cervical cap and contraceptive implants

## Specifically for Pregnant Women

- Alcohol misuse screening and counseling
- Anemia screening
- Bacteriuria screening
- Blood test screening for Rh Incompatibility
- Gestational Diabetes screening
- Hepatitis B screening
- Screenings for Sexually Transmitted Infections (STIs) including Chlamydia, Gonorrhea, and Syphilis
- Tobacco cessation counseling

## Breastfeeding:

- Breastfeeding specialist/nurse practitioner with state-recognized certification who is in your provider network
- Breastfeeding support and counseling by a trained in-network provider while you are pregnant and/or after you've given birth
- Manual breast pump\*\*\*



\* Under federal guidelines, certain religious employers may not be required to cover contraceptive services. Also, religious-affiliated employers meeting certain criteria may qualify for a temporary enforcement safe harbor period which doesn't require them to cover the recommended contraceptive services for one year.

\*\*Certain restrictions may apply; you might have to pay a copay, coinsurance or deductible in some cases – refer to your plan materials or contact us for more information.

\*\*Hysterectomies and Vasectomies are not considered part of the women's preventive care benefit covered at 100%.

\*\*\*Electronic and hospital-grade pumps **will not be covered** with no cost-sharing.

<sup>1</sup> Preventive care services with an A or B rating as outlined by the United States Preventive Services Task Force include the following. For a listing of these services visit [www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html](http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html)

- Evidence-based items/services rated A or B in the current recommendations of the U.S. Preventive Services Task Force
- Routine immunizations for children, adolescents and adults recommended by the Advisory Committee on Immunization Practices of the Centers for Disease control and prevention
- Evidence-informed preventive care and screenings for infants, children, and adolescents in the comprehensive guidelines of the Health Resources and Services Administrations
- Evidence-based preventive care and screenings for women described in the comprehensive guidelines of the Health Resources and Services Administration

<sup>2</sup> New requirements can be issued at any time. Plans/policies have one year from issuance to add the new benefit. New requirements on women's preventive services were released by the U.S. Department of Health and Human Services on Aug. 1, 2011. Non-grandfathered plans/policies are required to cover these services beginning with plan/policy years starting on or after Aug. 1, 2012.

<sup>3</sup> Anesthesia also covered at 100%

<sup>4</sup> Further evaluation recommended as a result of a hearing screening test is not considered preventive and may not be covered at 100%.

<sup>5</sup> Vision acuity test to detect amblyopia (lazy eye), strabismus (cross eye), and defects in visual acuity in children younger than age 5 years. Normal vision screening and further evaluation recommended as a result of an acuity test is not considered preventive and may not be covered at 100%.

*This information is a high-level summary and for general informational purposes only.  
The information is not comprehensive and does not constitute legal, tax, compliance or other advice or guidance.*