Preventive care services covered with no member cost-share (updated December 2016)

The Affordable Care Act (ACA, or health care reform law) requires Anthem Blue Cross and Blue Shield (Anthem) to cover certain preventive care services with no member cost-sharing (copayments, deductibles, or coinsurance).¹ Cost-sharing requirements may still apply to preventive care services received from out-of-network providers.

The list below shares an overview of services, drugs, and pharmacy items covered by Anthem under preventive care benefits.¹ Services listed may not be appropriate for all members, as some may be covered based on member age and health condition(s). These benefits may not apply to grandfathered health plans. Providers should continue to verify eligibility and benefits for all members prior to providing services or receiving member copayments, deductibles, or coinsurance.

**Adult preventive care**

**Preventive physical exams**

**Screening tests:**

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision²
- Hearing screening
- Height, weight and body mass index (BMI)
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years³
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

**Immunizations:**

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal meningitis
- Pneumococcal (pneumonia)
- Varicella (chicken pox)
- Zoster (shingles) for those 60 years and older
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening⁶
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression⁶

**Women’s preventive care:**

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁴
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling⁵,⁶,⁷
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved

[1] Cost-sharing requirements may still apply to preventive care services received from out-of-network providers.
[2] Eye chart test for vision is covered if vision is an issue that impacts the member's ability to work or perform daily activities.
[3] Lung cancer screening should be conducted only by certified screening providers that follow national guidelines.
[4] Breast cancer genetic testing is covered only for members who meet certain criteria.
[5] Breastfeeding counseling is covered under the Food and Drug Administration (FDA)-approved counseling for maternal and child health.
[6] HIV screening is covered under the Food and Drug Administration (FDA)-approved counseling for maternal and child health.
[7] Pregnancy screenings are covered under the Food and Drug Administration (FDA)-approved counseling for maternal and child health.
contraceptive medical services, including sterilization, provided by a doctor
  o Counseling related to chemoprevention for those with a high risk of breast cancer
  o Pelvic exam and Pap test, including screening for cervical cancer

Child preventive care

Preventive physical exams

Screening tests:
  o Behavioral counseling to promote a healthy diet
  o Blood pressure
  o Cervical dysplasia screening
  o Cholesterol and lipid level
  o Depression screening
  o Development and behavior screening
  o Type 2 diabetes screening
  o Hearing screening
  o Height, weight and body mass index (BMI)
  o Hemoglobin or hematocrit (blood count)
  o HPV screening (female)
  o Lead testing
  o Newborn screening
  o Screening and counseling for obesity
  o Counseling for those ages 10-24 with fair skin, about lowering their risk for skin cancer
  o Oral (dental health) assessment when done as part of a preventive care visit
  o Screening and counseling for sexually transmitted infections
  o Tobacco use: related screening and behavioral counseling
  o Vision screening when done as part of a preventive care visit

Immunizations:
  o Chickenpox
  o Flu
  o Haemophilus influenza type b (Hib)
  o Hepatitis A and hepatitis B
  o Human papillomavirus (HPV)
  o Meningitis
  o Measles, mumps and rubella (MMR)
  o Pneumococcal (pneumonia)
  o Polio
  o Rotavirus
  o Whooping cough

Pharmacy items

Anthem covers certain over the counter (OTC) drugs and other pharmacy items at 100% when the member:
  o Meets certain age and other specified criteria.
  o Obtains prescriptions for OTC and pharmacy items from in-network doctors or other in-network health care providers and fills the prescription at an in-network pharmacy.

Child preventive drugs and other pharmacy items – age appropriate:
  o Dental fluoride varnish to prevent tooth decay of primary teeth for children from birth to 5 years old
  o Fluoride supplements for children from birth through 6 years old

Adult preventive drugs and other pharmacy items – age appropriate:
  o Aspirin use for the prevention of cardiovascular disease by adults ages 50-59
  o Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
  o Tobacco cessation products, including select generic prescription drugs, select brand-name drugs with no generic alternative and FDA-approved OTC products, for those 18 and older
  o Vitamin D for adults over age 65
Women’s preventive drugs and other pharmacy items – age appropriate:

- Contraceptives including generic prescription drugs, brand-name drugs with no generic alternative, and OTC items like female condoms or spermicides\(^6\)\(^,\)\(^8\)\(^,\)\(^9\)
- Folic acid for women ages 55 or younger who are planning and able to get pregnant
- Low dose aspirin (81mg) for pregnant women who are at increased risk of preeclampsia
- Breast cancer risk-reducing medications, such as tamoxifen and raloxifene, that follow the U.S. Preventive Services Task Force criteria\(^3\)

1 The range of preventive care services covered at no cost share when provided in-network are designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) Guidelines. Members may have additional coverage under their health plan. Providers should verify eligibility and benefits for all members.

2 Some plans cover additional vision services. Please verify eligibility and benefits for all members.

3 Preapproval may be required for these services.

4 Review medical policy for details.

5 Breast pumps and supplies must be purchased from in-network medical/DME providers for 100% coverage.

6 This benefit also applies to those younger than age 19.

7 Counseling services for breastfeeding (lactation) can be provided or supported by an in-network doctor or hospital provider, such as a pediatrician, ob-gyn, family medicine doctor, or hospital with no member cost share (deductible, copay, coinsurance).

8 A cost share may apply for other prescription contraceptives, based on member drug benefits.

9 A cost share may be waived if the use of multi-source brand is deemed medically necessary by the member’s doctor.