



Preventive Care Benefits for PPO Plan Members

Blue Cross of Idaho is committed to helping our members achieve the best health possible and we're proud to provide enhanced preventive care benefits.

Highlights of your preventive care benefits:

- You pay nothing, including no coinsurance or deductible, for covered preventive care services when you visit in-network providers.
- Preventive care benefits for services from out-of-network providers subject to deductible and coinsurance.

PPO Preventive Care Benefit - Quick Reference Guide

Covered Preventive Care Services	In-Network	Out-of-Network
Annual adult physical examinations; routine or scheduled well-baby and well-child examinations; Bone Density; Chemistry Panels; Cholesterol Screening; Colorectal Cancer Screening (Colonoscopy, Sigmoidoscopy, Fecal Occult Blood Test); Complete Blood Count (CBC); Diabetes Screening; Pap Test; PSA Test; Rubella; Screening EKG; Screening Mammogram; Thyroid Stimulating Hormone (TSH); Transmittable Diseases Screening (Chlamydia, Gonorrhea, HIV, Syphilis, Tuberculosis (TB)); Urinalysis (UA); Aortic Aneurysm Ultrasound; Alcohol Misuse Assessment; Genetic Counseling for High Risk Family History of Breast or Ovarian Cancer; Newborn Metabolic Screening (PKU, Thyroxine, Sickle Cell); Health Risk Assessment for Depression; Newborn Hearing Test; Lipid Disorder Screening; Smoking Cessation Counseling Visit; Dietary Counseling (limited to 3 visits per Insured, per Benefit Period); [Variable – use for groups with Maternity Urine Culture for Pregnant Women; Hepatitis B Virus Screening for Pregnant Women; Iron Deficiency Screening for Pregnant Women; Rh (D) Incompatibility Screening for Pregnant Women.]	Members pay nothing of the allowed amount for specifically listed preventive care services per person, per benefit period. No copayment, deductible or coinsurance required.	Members pay coinsurance for specifically listed preventive care services, after meeting deductible.
Blue Cross of Idaho may cover services not specifically listed when medically necessary.	Members pay deductible and coinsurance	Members pay deductible and coinsurance

Immunizations	In-Network	Out-of-Network
Accellular Pertussis, Diphtheria, Hemophilus Influenza B, Hepatitis B, Influenza, Measles, Mumps, Pneumococcal (pneumonia), Poliomyelitis (polio), Rotavirus, Rubella, Tetanus, Varicella (Chicken Pox,), Hepatitis A, Meningococcal, Human papillomavirus (HPV) and Zoster.	Members pay nothing for specifically listed immunizations. No copayment, deductible or coinsurance required.	
Blue Cross of Idaho may cover immunizations not listed when medically necessary.	Members pay deductible and coinsurance.	Members pay deductible and coinsurance.

Tobacco Cessation Drugs	In-Network	Out-of-Network
Covered under prescription drug benefit and as prescribed by health care provider.	The smoking cessation drug Chantix is limited to a 30-day supply at one time and a 90-day supply per person per benefit period.	

Please Note: Your provider must bill these services as preventive/wellness services. The specifically listed preventive care services may be adjusted accordingly to coincide with federal government changes, updates, and revisions.

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