

The Affordable Care Act: Preventive Services at 100%



BlueCross BlueShield
of Illinois

Preventive Care Services Covered Without Cost-sharing — Without Copay, Coinsurance or Deductible

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

Blue Cross and Blue Shield of Illinois (BCBSIL) is committed to implementing coverage changes to meet ACA requirements as well as the needs and expectations of our members.

General Highlights of New Regulations

- Applies to group health plans including insured and self-insured plans, as well as individual and family policies.
- 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.
- New requirements can be issued at any time. 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.²
- 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 (USPSTF).¹ They are listed in this fact sheet and can be found at:
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.

For more information visit this BCBSIL web site:
<http://bcbsil.com>

Preventive Care Services to Be Offered Without Copay, Coinsurance or Deductible

Evidence-based preventive services: The list of ACA required preventive services includes those that are recommended and rated “A” or “B” by the USPSTF.

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 USPSTF or appear in comprehensive guidelines supported by the Health Resources and Services Administration.²



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.

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 Services¹

Depending on the particular health plan, coverage may be provided for the following preventive services without cost-sharing.¹ This list may not include all of a particular plan's covered services. BCBSIL 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.

Children and Adolescents

Well-child exam

Examples of services included as part of a well-child exam include history and physical exam, measurements of height, weight and body mass index (BMI), hearing screening⁴, vision acuity test⁵, developmental and behavioral assessments, prescription of fluoride if water source is deficient in fluoride, evaluation of need for a dentist visit, 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
- 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

Preventive exam

Examples of services included as part of a preventive exam include history and physical exam, measurements of 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

Screening tests

- Blood pressure screening
- Cholesterol screening
- Colorectal cancer screenings using fecal occult blood testing, sigmoidoscopy or colonoscopy³
- Depression screening
- Diabetes screening for adults with high blood pressure
- HIV screening
- Obesity screening
- Sexually transmitted infection (STI) screenings (chlamydia, gonorrhea, syphilis)

Health Counseling

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

Men Only

- Abdominal Aortic Aneurysm screening

Women Only

- Annual well woman visit
- Breast cancer screening/ 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
- Counseling related to chemoprevention of breast cancer
- Breastfeeding⁹
- Domestic violence counseling
- Contraception⁶

Contraception⁶

Depending on your particular health plan, coverage without cost-sharing may expand to include the following contraceptive services when provided by a health care provider in the BCBSIL network.

- Prescription⁷ – One or more products within the categories approved by the FDA for use as a method of contraception
- Over-the-counter – Contraceptives available approved by the FDA for women (foam, sponge, female condoms) when prescribed by a physician
- The morning after pill
- Medical devices such as IUD, diaphragm, cervical cap and contraceptive implants
- Female sterilization⁸ including tubal ligation

Specifically for Pregnant Women

- Alcohol misuse screening and counseling
- Anemia screening
- Bacteriuria screening
- Rh Incompatibility screening
- Gestational diabetes screening
- Hepatitis B screening
- Screenings for Sexually Transmitted Infections (STIs) including chlamydia, gonorrhea, and syphilis
- Tobacco use and cessation counseling



Footnotes

¹ ACA requires non-grandfathered health plans and policies to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. This includes preventive care services with an A or B rating as outlined by the United States Preventive Services Task Force as follows:

- 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

For a listing of these services visit

www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html

² 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.

³ Anesthesia also covered as preventive

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

⁵ 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 are not considered preventive and may not be covered as preventive.

⁶ 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.

⁷ Prescription coverage for contraception may vary according to the terms and conditions of your health plan's pharmacy benefit. Please call the customer service number on the member ID card for coverage details.

⁸ Certain restrictions may apply; there might be copay, coinsurance or deductible in some cases – call the number on your member ID card for more information. Hysterectomies are not considered part of the women's preventive care benefit.

⁹ 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
- Breast pumps (manual, electric and hospital grade)*

*The Blue Cross and Blue Shield (BCBS) implementation of preventive services without cost-sharing under the Affordable Care Act (ACA) previously covered manual breast pumps only. Effective April 15, 2013, BCBS expanded its coverage to include electric and hospital grade breast pumps. This coverage applies to non-grandfathered plans and policies and expands the breastfeeding support options available to members without cost-sharing (some limitations or restrictions may apply). Contact a BCBS representative or call the number located on the back of the member ID card for more information.

Publication Date: 05/29/13

*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.*