

2019 80/20 PLAN PREVENTIVE SERVICES SUMMARY

Service ²	In-Network ¹		
	In Office	Urgent Care	Outpatient Facility
Mammograms	Covered at 100%		
Women's Health Services + Breastfeeding support and counseling + Contraceptive methods and counseling + Gestational diabetes screening (pregnant women) + HIV screening and counseling + HPV testing + Interpersonal and domestic violence screening and counseling + Sexually transmitted infections counseling + Well-woman visits	Covered at 100%		
Colorectal Screens (Colonoscopies) – Includes pathology charges associated with polyp removal	Covered at 100% if filed as preventive Covered at 100% after copay if filed as diagnostic	Covered at 100% if filed as preventive Covered at 100% after copay if filed as diagnostic	Covered at 100% if filed as preventive Subject to deductible and coinsurance if filed as diagnostic
Adult Preventive Care (Routine exams)	Covered at 100% if filed as preventive Covered at 100% after copay if filed as diagnostic	Covered at 100% if filed as preventive Covered at 100% after copay if filed as diagnostic	Covered at 100% if filed as preventive Subject to deductible and coinsurance if filed as diagnostic
Immunizations – Includes the following: + Diphtheria-Tetanus-Acellular Pertussis (DTaP) + Polio (IPV) + Influenza + Measles-Mumps-Rubella (MMR) + Pneumococcal vaccine + Haemophilus Influenzae Type B (Hib) + Hepatitis A and B + Human Papillomavirus (HPV) + Meningococcal vaccine + Chicken Pox + Tetanus-Diphtheria (Td)/Tetanus-Diphtheria Acellular Pertussis (Tdap) + Zoster (shingles) + Rotavirus <i>(Immunizations required for occupational hazard or international travel are not covered)</i>	Covered at 100% if filed as preventive Covered at 100% after copay if filed as diagnostic	Covered at 100% if filed as preventive Covered at 100% after copay if filed as diagnostic	Covered at 100% if filed as preventive Subject to deductible and coinsurance if filed as diagnostic
Well-Baby/Well-Child Care + Physical examinations + Sensory screening (vision and hearing) + Developmental/behavioral assessments + Oral health	Covered at 100% if filed as preventive Covered at 100% after copay if filed as diagnostic	Covered at 100% if filed as preventive Covered at 100% after copay if filed as diagnostic	Covered at 100% if filed as preventive Subject to deductible and coinsurance if filed as diagnostic
Adult & Child (age 6+) Obesity Services + Obesity screening + Behavioral intervention + Nutritional counseling	Covered at 100%		
Adult Screening Test + Pap test + Chlamydia screening + Diabetes screening + Cholesterol (lipid) screening + Colon cancer screening + Depression screening + High blood pressure screening + Osteoporosis screening + For a complete list, please visit BlueCrossNC.com/Preventive .	Covered at 100% if filed as preventive Covered at 100% after copay if filed as diagnostic	Covered at 100% if filed as preventive Covered at 100% after copay if filed as diagnostic	Labs are covered at 100% without other services/ surgeries All other screening tests are subject to deductible and coinsurance with or without services/ surgeries

1 Chart outlines coverage for in-network services only. Out-of-network benefits are not provided for most federally-mandated preventive care benefits. State-mandated preventive services are offered both in- and out-of-network (see benefit booklet for details). For a complete list of covered federally mandated preventive services, please visit www.BlueCrossNC.com/preventive.

2 For a complete list of covered federally mandated preventive care services, please visit www.BlueCrossNC.com/preventive.

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