

HealthReform

From the Blues Office of National Health Reform



The Michigan Blues: Trusted resources

Health care reform under the Patient Protection and Affordable Care Act is changing the way health care is financed, delivered and regulated. Blue Cross Blue Shield of Michigan and Blue Care Network are committed to helping our members understand the law and how it will affect them for years to come. We invite you to visit our Health Reform website at bcbsm.com/healthreform regularly for health care reform news and updates.

Get a better understanding of your coverage

2016 preventive health services guidelines

Blue Cross Blue Shield of Michigan and Blue Care Network's health plans* cover certain evidence-based preventive services and immunizations with no cost sharing when provided by an in-network provider. This means that, under the provisions of the Affordable Care Act, some members do not need to pay a copayment or coinsurance or meet a deductible** first when receiving these services from a provider in our network.

Why is preventive care so important?

Visiting your provider regularly for checkups can help keep you healthy by detecting potential health problems while they still can be prevented — or easily treated. This can prevent serious and costly medical conditions down the road. Providing preventive care with no cost sharing is one more way that the Blues are helping improve the health of Michigan residents while managing health care costs.

What types of services are not considered preventive?

Services are not considered preventive when they are for an existing illness or injury. Tests or services used to monitor or follow up on an existing condition — or services that aren't on any of the lists of required preventive services — will not be considered preventive. If a service is not considered preventive, your share of the costs may still apply (such as the usual deductible, copayment or coinsurance).

What types of services are considered preventive?

Preventive services may include tests or services recommended by your doctor when they're used to first detect or screen for a disease or condition. Examples of preventive services are those included in annual exams, such as health maintenance exams (physicals) or OB-GYN visits.

*non-grandfathered group and individual health plans

**For detailed cost-sharing information, refer to your plan documents.

Some examples of common preventive services are:

- Certain screenings for cancer
- Checks of blood pressure and cholesterol levels
- Routine immunizations
- Regular physical exams, including pediatrician visits
- Counseling for tobacco cessation or to address obesity
- Coverage for certain women’s preventive services

Following are some of the major preventive services that currently must be covered with no cost sharing when you get them from a provider in our network. This is not a comprehensive list of all the services, so please refer to the websites noted at the end of this brochure for further details. Your benefit plan will determine your specific coverage for these benefits. Your coverage may vary from the types of benefits listed below.

Exams	Frequency
Health maintenance examination (physical exam; adults and well baby/children)	Eight visits for first 12 months, 6 visits from 13 months to 23 months, 6 visits from 24 to 35 months, 2 visits per 12 months age 36 to 47 months, 1 visit per 12 months age 48 months to adult
Annual obstetrician-gynecologist exam	Two per calendar year in addition to HME (physical)
Well-woman visits	One HME per calendar year and two OB/GYN per calendar year (not separate from the HME and annual exam described above)

Services included in annual health maintenance exams	Frequency
Consultation for aspirin for the prevention of cardiovascular disease (see “Medications”)	One per calendar year
Consultation for folic acid (see “Medications”)	One per calendar year
Behavior counseling to prevent skin cancer	One per calendar year
Counseling for breast and ovarian cancer susceptibility, genetic risk assessment and BRCA mutation testing (see “BRCA testing”)	One per calendar year
Depression screening	One per calendar year
High blood pressure screening & counseling	One per calendar year
Obesity screening and counseling, adults	One per calendar year (screening) Six per calendar year for nutrition counseling services Up to 26 per calendar year for intensive counseling for persons with BMI of 30 and over Up to 12 per calendar year for face to face group counseling for persons with BMI of 30 and over
Fall-prevention recommendations for older adults, which may include exercise, physical therapy, or Vitamin D supplementation	One per calendar year
Sexually transmitted infection screening and counseling (if sexually active)	Two per calendar year
Discuss chemoprevention when at high risk for breast cancer	One per calendar year
Counseling Adults with High Risk of Cardiovascular Disease under Services	One per year (screening) Six per year for counseling services Up to 26 per calendar year for intensive counseling for persons with BMI of 30 and over; glucose testing twice per year; dyslipidemia testing once per year; tobacco cessation counseling

Services included in well baby/child visits	Frequency
Developmental surveillance	Eight visits for first 12 months, 6 visits from 13 months to 23 months, 6 visits from 24 to 35 months, 2 visits per 12 months age 36 to 47 months, 1 visit per 12 months age 48 months to adult
Discussions of concerns (anticipatory guidance) — Opportunities to discuss issues of concern regarding bicycle safety, weight maintenance, smoking, obesity, and the media's influence on children and adolescents. Refer to the American Academy of Pediatrics/Bright Futures website for more details.	Eight visits for first 12 months, 6 visits from 13 months to 23 months, 6 visits from 24 to 35 months, 2 visits per 12 months age 36 to 47 months, 1 visit per 12 months age 48 months to adult
Psychosocial/behavioral assessment	Eight visits for first 12 months, 6 visits from 13 months to 23 months, 6 visits from 24 to 35 months, 2 visits per 12 months age 36 to 47 months, 1 visit per 12 months age 48 months to adult
Screening for major depressive disorders in adolescents	One per calendar year
Obesity screening and counseling, children	One per calendar year Six per calendar year for nutrition counseling 12 face-to-face counseling visits per year for BMI of 30 or higher
General oral exam	Eight visits for first 12 months, 6 visits from 13 months to 23 months, 6 visits from 24 to 35 months, 2 visits per 12 months age 36 to 47 months, 1 visit per 12 months age 48 months to adult Note: This service is provided by your physician, not your dentist. Your physician may recommend separate follow-up visits with the dentist, if needed.
Consultation for cavity prevention in preschool children	Eight visits for first 12 rolling months, 6 visits from 13 months to 35 months, 2 visits per calendar year for ages 36 to 47 months, one visit per calendar year for age 48 months. Note: This service is provided by your physician, not your dentist. Your physician may recommend separate follow-up visits with the dentist, if needed.
Iron deficiency anemia, prevention (At-risk 6- to 12-month-old babies)	Eight visits per 12 month
Autism screening (18 and 24 months)	Eight visits first 12 months, than 6 visits per calendar year to age 24 months
Alcohol and drug use assessment	One visit per calendar year from age 11 to 21 years
Critical Congenital Heart Disease	1 per calendar year; zero-30 days old
Venipuncture	No limit for routine

Immunizations	Ages 0 – 6 years	Ages 7 – 18 years	Age 19 years and over
Influenza	X	X	X
Influenza virus vaccine, split virus, preservative-free, enhanced immunogenicity via increased antigen content, for intramuscular use			X (age 65 and over)
Pneumococcal	X	X	X (age 65 and up) (19-64 if at risk)
Tetanus, diphtheria, pertussis (IPV, Hib)	X	X	X
Hepatitis A	X	X	X (if at risk)
Hepatitis B	X	X	X (if at risk)
Human papillomavirus (HPV)		X (starting at age 9)	X (through age 26)
Measles, mumps, rubella (varicella)	X	X	X (ages 19-55)
Meningococcal	X	X	X (if at risk)
Japanese Encephalitis	X (2 months-6 years)	X	X
Zoster (shingles)			X (age 60 and over)
Rotavirus	X (ages 2-6 months)		
Inactivated polio	X	X	
Varicella (chicken-pox)	X	X	X (19 to 65 years)
Influenza type b (Hib)	X (ages 2 months to 5 years)	X (if at risk)	X (if at risk)

For details on travel-related vaccines, go to wwwnc.cdc.gov/travel/destinations/list.htm¹.

For details on immunizations for people with immunocompromising conditions, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/immuno-table.pdf¹.

Note: Immunizations include the fees for the administration of the vaccines.

Assessments, screenings and counseling	Frequency	Child and Adolescents	Adults
Abdominal aortic aneurysm, one-time ultrasonography screening for smokers	One per lifetime		X (ages 65 to 75)
Alcohol misuse screenings and behavioral counseling interventions for those at risk to reduce alcohol misuse (for adults age 18 or older)	Frequency aligns with mental health parity regulations	X	X
Asymptomatic bacteriuria in pregnant women, screening	Two per calendar year	X	X
BRCA testing	One per lifetime	X	X
Mammography (once a year) for breast cancer screening	BCBSM: One per calendar year BCN: Once every twelve months		X (ages 50-74)
Interventions during pregnancy and after birth to promote and support breastfeeding.	Six per calendar year	X	X
Cervical cancer screening or cervical dysplasia screening	One per calendar year	X	X
Chlamydial infection screening	One per calendar year	X	X
Colorectal cancer screening (fecal occult, sigmoidoscopy, colonoscopy) Colonoscopy includes one pre-service office visit and surgical pathology	BCBSM: One of each per calendar year BCN: Fecal occult: One per calendar year Sigmoidoscopy: One per 48 months Colonoscopy: One per 24 months		X (ages 50 to 75 or younger if high risk)
Congenital hypothyroidism screening	One per calendar year (newborns only)	X (newborns only)	
Diet behavioral counseling in primary care for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease	Six per calendar year	X	X

Assessments, screenings and counseling	Frequency	Child and Adolescents	Adults
Family training and counseling for child development	One per calendar year	X	X
Genetic counseling	Two per calendar year	X	X
Gonorrhea screening	One per calendar year	X	X
Hearing screening	One per calendar year	X	X (up to age 21)
Hepatitis B screening	One per calendar year	X	X
Hepatitis B virus infection, screening (at first prenatal visit)	Two per calendar year for pregnant females	X	X
Hepatitis C infection screening	One per calendar year	X	X
Herpes screening	One per calendar year	X	X
HIV screening	One per calendar year	X	X
Iron deficiency anemia screening (pregnant women)	Two per calendar year	X	X
Lipid disorders screening or dyslipidemia screening	One per calendar year	X	X
Low dose lung tomography scan for lung cancer	One per calendar year		X (ages 55 to 80)
Osteoporosis screening for postmenopausal women	One per calendar year		X (for females with risk equal to or more than a 65 year old or females 65 years and over)
Phenylketonuria (PKU) screening	One per calendar year (newborns only)	X (newborns)	
Rh(D) incompatibility screening (pregnancy related only)	Two per calendar year	X	X
Sickle cell disease screening	One per calendar year (newborns only)	X (newborns only)	
Syphilis infection screening for persons at increased risk	One per calendar year Obstetric panel payable twice per calendar year	X	X
Tobacco use and tobacco-caused disease counseling, pregnant women	No frequency limits	X	X
Tobacco use and tobacco-caused disease counseling	No frequency limits	X	X
Type 2 diabetes mellitus screening (if BP > 135/80)	Two per calendar year		X
Visual impairment screening to detect amblyopia, strabismus and defects in visual acuity	One per calendar year	X (up to age 5)	
Vision screening	One per calendar year	X	X (up to age 21)
Developmental screening	Two per calendar year	X (9 to 30 months)	
Newborn metabolic/hemoglobin screening	One per calendar year	X (newborns only)	
Hematocrit or hemoglobin	Two per calendar year	X	X (up to age 21)
Lead screening	One per calendar year	X (6 months to 6 years)	
Tuberculin test	One per calendar year	X	X (if at increased risk)
Sexually transmitted infections screening	One per calendar year Obstetric panel payable twice per calendar year	X	X
Newborn screening as recommended by the Advisory Committee on Heritable Disorders in Newborns and Children	One per calendar year (newborns only, birth to 30 days old) Newborn panel lab only — birth to 60 days old	X (newborns)	

Women's Preventive Services	Frequency	Child and Adolescents	Adults
Counseling and screening for sexually transmitted infections	Counseling two per calendar year Screening one per calendar year	X	X (females)
Counseling and screening for human immune-deficiency virus, or HIV	Counseling two per calendar year Screening labs one per calendar year	X	X (females)
Counseling and screening for interpersonal and domestic violence	One per calendar year	X	X (females)
Screening for gestational diabetes for pregnant women	Two screenings per calendar year	X	X (females)
Human papillomavirus, (or HPV) screening	One per calendar year	X	X
Human papillomavirus, (or HPV) screening plus pap smear	One per calendar year		X (females age 30 and up)
Breastfeeding counseling, support and supplies	Counseling is payable six per year for breastfeeding. Supplies-frequency varies depending on the supply. BCBSM: Benefits include purchase or rental of an electric nonhospital grade breast pump from participating BCBSM durable medical equipment providers. Pump may be purchased or rented. Rental is covered for 10 months after which the pump is considered purchased. Pump may be replaced once every 274 days. BCN: Lactation counseling and support already covered. Breastfeeding supplies coverage expanding to include purchase of an electric nonhospital grade breast pump from Northwood, BCN's durable medical equipment provider. Pump may be replaced with each pregnancy.	X	X
Contraceptive methods and counseling	Counseling — payable as part of the health maintenance exam or obstetrician-gynecologist exam. Methods — selected FDA-approved devices and surgeries. Method frequencies vary depending on the service.	X (one per calendar year for HME in addition to two OB/GYN exams)	X (one per calendar year for HME in addition to two OB/GYN exams)
Prenatal visits	As required by provider	X	X

Medications	Frequency
Aspirin	As prescribed. For ages 50-59 to prevent cardiovascular disease. For treatment of Preeclampsia after 12 weeks gestation with low dose aspirin.
Contraceptive medications and counseling	As prescribed. Generic and select brand prescription contraceptive drugs covered without cost sharing. Most brand name drugs subject to applicable cost sharing (adolescents and adult females only) unless waived by BCBSM or BCN. Over the counter generic and select brand contraceptives (female condom, sponge, vaginal film, vaginal foam) covered without cost sharing. NuvaRing must first go through step therapy if obtained at a pharmacy to be covered without cost share.
Folic acid	As prescribed. For females who may become pregnant.
Fluoride	As prescribed. Children age 6 months to 5 years without fluoride in water source.
Gonorrhea prophylactic medication (topical)	One per calendar year (newborns only) when billed as a preventive service
Iron supplements	As prescribed. Children age birth to 12 months at risk for anemia.
Smoking cessation medication	As prescribed. Generic and brand prescription products. Adults age 18 and over. Note: These services may be subject to medical management requiring step therapy from generic up through brand dispensing.
Tamoxifen or Raloxifene	As prescribed, prescription required. Note: In the case of breast cancer 'prevention'. The exception process allows the prescriber to contact our Pharmacy Services Clinical help desk with a copay exception request or the member to call customer service and submit a request to our help desk for consideration in cases where there is use for "prevention of breast cancer".
Vitamin D	As prescribed. Adults age 65 and over at risk for falls.
Routine colonoscopy bowel prep	As prescribed when billed as a preventive service.

For more information

For complete information on all the required preventive services, visit the websites of the following organizations:

- United States Preventive Services Task Force (www.uspreventiveservicestaskforce.org/index.html¹)
- Advisory Committee for Immunization Practices (www.cdc.gov/vaccines/pubs/ACIP-list.htm¹)
- Secretary's Advisory Committee on Heritable Disorders in Newborns and Children at (www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders¹)
- American Academy of Pediatrics/Bright Futures (brightfutures.aap.org/index.html¹)
- Institute of Medicine for Women's Health and Well Being (www.hrsa.gov/heritabledisorderscommittee/SACHDNC.pdf¹)

The information in this document is based on preliminary review of the national health care reform legislation and is not intended to impart legal advice. The federal government continues to issue guidance on how the provisions of national health reform should be interpreted and applied. The impact of these reforms on individual situations may vary. This overview is intended as an educational tool only and does not replace a more rigorous review of the law's applicability to individual circumstances and attendant legal counsel and should not be relied upon as legal or compliance advice. As required by U.S. Treasury Regulations, we also inform you that any tax information contained in this communication is not intended to be used and cannot be used by any taxpayer to avoid penalties under the Internal Revenue Code.

Note: This document will be updated periodically and may not reflect upcoming benefit changes.

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