NEW Preventive Care Benefits for 2008!

Because Blue Cross of Idaho is committed to helping our members achieve the best health possible, we are proud to provide new, improved preventive care benefits for 2008. ***New preventive care benefits will be effective upon renewal of group and individual plans.***

Preventive Care Benefit Highlights:

- First-dollar coverage for listed services.
- $500 annual maximum allowance for specifically listed services (see list of Covered Preventive Care Services below.)
- Coinsurance and deductible are waived up to the $500 allowance.
- Copayment is no longer required for screening mammograms.
- For PPO plans, coverage is now included for out-of-network services, and subject to deductible and coinsurance.
- For PPO plans, screening mammograms no longer require a copayment. Coverage is included under the preventive care benefit.
- Preventive care benefits are included with most individual and group plans. Managed Care, Essential Blue Basic, Short Term Blue and Medicare Advantage plans are not eligible.
- ASC groups have the option to keep their existing benefits or choose the standard preventive care coverage.
- The covered list of preventive care services are standard and cannot be modified or changed.
- Services must to be billed with a preventive/wellness diagnosis code in order to receive proper credit under $500 maximum allowance.
- After the annual $500 maximum allowance is met for any of the specifically listed services, all other preventive care services received in the same year are subject to deductible and coinsurance.

  Example: If a member uses their $500 allowance for a colonoscopy, the remaining charges after the $500 allowance is exhausted will apply to deductible and coinsurance. They will be required to meet their deductible and coinsurance requirements for any subsequent preventive care services received in the same year.

Covered Preventive Care Services

- *Adult Annual Physical Examinations*
- *Routine or Scheduled Well-Baby/Well-Child Examinations*
- *Bone Density Screening*
- *Chemistry Panels*
- *Cholesterol Screening*
- *Colorectal Cancer Screening, including Colonoscopy, Sigmoidoscopy, Fecal Occult Blood Test*
- *Complete Blood Count(CBC)Test*
- *Diabetes Screening*
- *EKG Screening*
- *Pap Tests*
- *PKU Tests*
- *PSA Tests*
- *Rubella Tests*
- *Screening Mammogram*
- *Thyroid Stimulating Hormone (TSH)*
- *Transmittable Diseases Screening, including Chlamydia, Gonorrhea, HIV, Syphilis, Tuberculosis (TB)*
- *Urinalysis (UA)*

Covered Preventive Care Benefits, not applicable to the $500 annual maximum

- Immunizations now covered at 100% both in and out-of network, no deductible or coinsurance required. Coverage for Rotavirus immunizations now included.
- Tobacco cessation drugs, Chantix and Bupropion, covered under prescription drug benefit.

See reverse side for quick reference guide on how these new preventive care benefits apply to Traditional, PPO and Managed Care coverage.

Preventive Care Benefit - Quick Reference Guide

Traditional

Preventive Care Services*	From Contracting and Non-Contracting Providers
Including but not limited to: Annual Physical Exams Screening Mammograms Pap Tests PSA Tests Cholesterol Screening Diabetes Screening Screening Colonoscopies	**Members pay nothing** of the allowed amount, for the first $500** of specifically listed preventive care services per person, per benefit period. No copayment, deductible or coinsurance required.

Immunizations	From Contracting and Non-Contracting Providers
See policy for a specific list of covered immunizations.	**Members pay nothing** for specifically listed immunizations. No copayment, deductible or coinsurance required.
Other immunizations not listed may be covered if medically necessary.	Members pay deductible and coinsurance.

Tobacco Cessation Drugs	From Contracting and Non-Contracting Providers
Covered under prescription drug benefit and as prescribed by health care provider.	30-day supply at one time for specifically listed prescription drugs. Limited to a maximum allowance of $600 per person, per benefit period.

PPO

Preventive Care Services*	In-Network	Out-of-Network
Including but not limited to: Annual Physical Exams Screening Mammograms Pap Tests PSA Tests Cholesterol Screening Diabetes Screening Screening Colonoscopies	**Members pay nothing** of the allowed amount, for the first $500** of 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.

Immunizations	In-Network	Out-of-Network
See policy for a specific list of covered immunizations.	**Members pay nothing** for specifically listed immunizations. No copayment, deductible or coinsurance required.	
Other immunizations not listed may be covered if 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.	30-day supply at one time for specifically listed prescription drugs. Limited to a maximum allowance of $600 per person, per benefit period.	

Managed Care

Immunizations	In-Network	Out-of-Network
See contract for a specific list of covered immunizations.	**Members pay nothing** for specifically listed immunizations. No copayment, deductible or coinsurance required.	
Other immunizations not listed may be covered if medically necessary.	Members pay copayment and/or deductible and coinsurance.	Members pay copayment and/or deductible and coinsurance.

Tobacco Cessation Drugs	In-Network	Out-of-Network
Covered under prescription drug benefit and as prescribed by health care provider.	30-day supply at one time for specifically listed prescription drugs. Limited to a maximum allowance of $600 per person, per benefit period.	

**See policy (or reverse side of this page) for complete list of covered preventive care services.*
***For services in excess of $500, deductible and coinsurance apply.*