



KEEPING MEMBERS WELL WITH OUR ZERO-COST PREVENTIVE BENEFITS

Blue Cross[®] and Blue Shield[®] of Vermont health care plans offer our members a range of benefits that focus on their health and well-being, including preventive care. Check out our zero-cost preventive care services available for our members to maintain healthy living.



@bluecrossvt



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WHAT IS PREVENTIVE CARE?

- Preventive care refers to health care services meant to help you avoid serious medical problems through routine care and screening. Some preventive care services help **identify** a health issue before it becomes very serious—like your cholesterol test, while other preventive care services help **prevent** a health issue before it happens—like your annual flu shot.

Each of our plans covers preventive health services*, received in-network, at no cost to members.

Examples of preventive services include:

- **Check-ups** – annual wellness visits for members
- **Screenings** – blood pressure, cholesterol, diabetes, mammograms, colonoscopies and more
- **Standard immunizations** – flu, tetanus, MMR, etc.

**As defined by state and federal law*

For a complete listing of available zero-cost preventive benefits for your plan, visit bluecrossvt.org/preventive

Generally speaking, a service usually does not qualify as zero-cost preventive care if a medical problem is known, suspected, or found during the course of care. This means that you may have to pay some of the cost of an otherwise qualified service (such as a copay, coinsurance, or deductible) based on your personal medical situation.

Here are some quick tips to help you and your provider determine when services may not be part of the preventive benefit:

- Medical office visits or physical exams to establish a member with a new provider or to diagnose, treat, or monitor a condition or risk factor.
- Laboratory services that are not specifically defined as preventive care within the federal recommendations for your age.
- Services that are diagnostic or therapeutic in nature.
- Services intended to monitor existing conditions for ongoing maintenance or surveillance of potential complications.

Have questions? Call our customer service team at the number on the back of your ID card or (800) 247-2583. We are here to help!

FAQ'S

What is the difference between preventive and diagnostic medicine?

- A preventive procedure starts with the intent of confirming your good health when you are apparently free of symptoms or disease. Diagnostic medicine happens when you go to your doctor or other health care provider with symptoms and your provider recommends screenings and tests to diagnose their cause. While we cover these services, you may have to pay deductibles, copayments, and/or coinsurance.

Can preventive care turn into diagnostic medicine?

- Yes. Sometimes a provider begins a preventive screening or test and, during its course, finds or suspects disease. The provider then bills for a diagnostic procedure. You may have to share in the cost. Also, if you have a history of a particular illness, a screening related to that illness might be considered diagnostic for you, while it may be preventive for other patients.

What if I still don't understand if a service should be covered under my zero-cost preventive benefits?

- If you have any questions about your plan coverage, benefits limitations, or the specific preventive care and screening services that are available to you or your family members, contact customer service before your scheduled care appointment. We're here to help you!