

# 2018 80/20 PREVENTIVE SERVICES SUMMARY

Service	In-Network <sup>1</sup>		
	In Office	Urgent Care	Outpatient Facility
<b>Mammograms</b>	Covered at 100%		
<b>Women's Health Services</b> + 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%		
<b>Colorectal Screens (Colonoscopies) – Includes pathology charges associated with polyp removal</b>	<b>Covered at 100% if filed as preventive</b> Covered at 100% after copay if filed as diagnostic	<b>Covered at 100% if filed as preventive</b> Covered at 100% after copay if filed as diagnostic	<b>Covered at 100% if filed as preventive</b> Subject to deductible and coinsurance if filed as diagnostic
<b>Adult Preventive Care (Routine exams)</b>	<b>Covered at 100% if filed as preventive</b> Covered at 100% after copay if filed as diagnostic	<b>Covered at 100% if filed as preventive</b> Covered at 100% after copay if filed as diagnostic	<b>Covered at 100% if filed as preventive</b> Subject to deductible and coinsurance if filed as diagnostic
<b>Immunizations – Includes the following:</b> + 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>	<b>Covered at 100% if filed as preventive</b> Covered at 100% after copay if filed as diagnostic	<b>Covered at 100% if filed as preventive</b> Covered at 100% after copay if filed as diagnostic	<b>Covered at 100% if filed as preventive</b> Subject to deductible and coinsurance if filed as diagnostic
<b>Well-Baby/Well-Child Care</b> + Physical examinations + Sensory screening (vision and hearing) + Developmental/behavioral assessments + Oral health	<b>Covered at 100% if filed as preventive</b> Covered at 100% after copay if filed as diagnostic	<b>Covered at 100% if filed as preventive</b> Covered at 100% after copay if filed as diagnostic	<b>Covered at 100% if filed as preventive</b> Subject to deductible and coinsurance if filed as diagnostic
<b>Adult &amp; Child (age 6+) Obesity Services</b> + Obesity screening + Behavioral intervention + Nutritional counseling	Covered at 100%		
<b>Adult Screening Tests<sup>2</sup></b> + 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 <a href="http://shpnc.org">shpnc.org</a> .	<b>Covered at 100% if filed as preventive</b> Covered at 100% after copay if filed as diagnostic	<b>Covered at 100% if filed as preventive</b> 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

<sup>1</sup> 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 preventive care services, please visit [www.bcbsnc.com/preventive](http://www.bcbsnc.com/preventive).

<sup>2</sup> For a complete list of covered federally mandated preventive care services, please visit [www.bcbsnc.com/preventive](http://www.bcbsnc.com/preventive).

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