



CBA Blue

BluePrint® - 2017 Minimum Essential Coverage Plan (MEC Plan)

BENEFIT CATEGORY	BlueCard® ¹	
Coinsurance	Plan Member	100% 0%
PREVENTIVE HEALTH SERVICES ADULTS/CHILDREN ²	BlueCard® (You Pay)	
<ul style="list-style-type: none"> • Routine physical examinations • Alcohol misuse screening and counseling (primary care visits only, beginning at age 11) • Cholesterol screening • Depression screening (adults, children ages 12-18, primary care visits only) • Diet behavioral counseling (included as part of annual visit and intensive counseling by primary care clinicians or by nutritionists and dieticians) • Hemoglobin A1c • Hepatitis B testing • HIV screening and counseling • Immunizations, including flu shots (flu shots at age 19 and above at a doctor's office or pharmacy; under age 19 at a doctor's office)³ • Obesity screening and counseling (adults and children, in primary care settings) • Sexually transmitted diseases (STDs) – screenings and counseling (adolescents, adults and pregnant women) • Skin cancer behavioral counseling • Tobacco use screening and counseling (primary care visits only) • Total cholesterol tests 	\$0	
PREVENTIVE HEALTH SERVICES ADULTS ONLY ²	BlueCard® (You Pay)	
<ul style="list-style-type: none"> • Anemia screening for pregnant women • Aspirin for the prevention of heart disease (no coverage for over-the-counter aspirin)³ • Blood pressure screening (adults without known hypertension) • Colorectal cancer screening, including colonoscopy, sigmoidoscopy and fecal occult blood test • Diabetes screenings • Vitamin D supplement for adults age 65 and older to decrease the risk of falls and fractures • Lung cancer screening • Hepatitis C screening 	\$0	
PREVENTIVE HEALTH SERVICES WOMEN ONLY ²	BlueCard® (You Pay)	
<ul style="list-style-type: none"> • Breast cancer chemoprevention (counseling only for women at high risk for breast cancer and low risk for adverse effects of chemoprevention) • Breast cancer screening, including mammograms and counseling for genetic susceptibility screening • Breastfeeding primary care interventions (applicable to pregnant women and new mothers) includes lactation classes and support at prenatal and post-partum visits, and newborn visits; supplies • Cervical cancer screening, including pap smears • Comprehensive lactation support, counseling, and costs of renting breastfeeding equipment • Contraceptive methods approved by the FDA, sterilization procedures and contraceptive patient education and counseling (contraceptives covered with no member cost sharing include generics and brand name drugs with no generic alternative, including emergency contraceptives)³ 	\$0	

PREVENTIVE HEALTH SERVICES WOMEN ONLY ²	BlueCard® (You Pay)
<ul style="list-style-type: none"> • Folic acid supplements (women planning or capable of pregnancy only)³ • Gestational diabetes screening • HPV (human papillomavirus) testing • Interpersonal and domestic violence counseling and screenings • Iron deficiency anemia (pregnant women at prenatal visits) • Microalbuminuria test (pregnant women) • Osteoporosis screening (screening to begin at age 50 for women at increased risk) • Ovarian cancer susceptibility screening • Rh (D) incompatibility, screening (pregnant women) • Routine OB/GYN examinations • Routine outpatient prenatal and postpartum visits 	\$0
PREVENTIVE HEALTH SERVICES MEN ONLY ²	BlueCard® (You Pay)
<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening (for males 65-75 one time only, if ever smoked) 	\$0
PREVENTIVE HEALTH SERVICES CHILDREN ONLY ²	BlueCard® (You Pay)
<ul style="list-style-type: none"> • Autism screening (for children at 18 and 24 months of age; primary care settings) • Behavioral assessments (children of all ages; developmental surveillance, in primary care settings) • Congenital hypothyroidism (screening for newborns only) • Dental caries prevention – oral fluoride (for children to 6 months to 6 years of age) Note: Coverage for fluoride is only provided if your plan includes outpatient pharmacy coverage³ • Dyslipidemia screening (for children at high risk for higher lipid levels) • Hearing screening (screening for newborn only, primary care settings) • Iron deficiency prevention (primary care counseling for children ages 6 to 12 months only)³ • Lead screening (children at risk) • Phenylketonuria screening (newborns before 7days old) • Sickle cell disease, screening (screening at birth and first newborn visit) • Tuberculosis skin testing • Vision screening (children to age 5 only) • Gonorrhea preventive medication (newborn eye drops) for all newborns between 0-7 days of age for the prevention of gonococcal ophthalmia neonatorum³ 	\$0
<small>* These pages summarize the benefits of your health care plan. Your Summary Plan Description defines the full terms and conditions in greater detail. Should any questions arise concerning benefits, the Summary Plan Description shall govern.</small>	

¹ The CBA Blue Minimum Essential Benefit Plan utilizes the National BlueCard® PPO Network.

² The list of preventive care services covered under this benefit plan may change periodically based upon the recommendation of the United States Preventive Services Task Force, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the Health Resources and Services Administration. Information on the recommendations of these agencies can be found at: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>

³ Certain covered services are made available to you through a Prescription Drug Program which provides you access to a **retail** pharmacy network managed by Benecard. To locate a network pharmacy or access the prescription formulary, go to www.benecardpbf.com.

Questions:

Please Call CBA Blue at 1-888-222-9206. To locate a participating BlueCard® PPO Network provider, or to learn more about CBA Blue, please visit www.cbabluevt.com.