Understanding your preventive care benefits

Even if you're healthy and feeling good, it's important to keep up with your preventive care. Periodic health exams, cancer screenings, vaccines and other recommended preventive care services help prevent or detect problems early on when they're easier to treat.

We follow recommendations from three government agencies to determine which services we cover.* When you see an in-network provider, you'll pay nothing for the preventive services listed here. To easily find providers in your network, sign in and find a doctor.

You may be responsible for an out-of-pocket expense if:

- You see an out-of-network provider
- Your doctor provides preventive care outside the guidelines
- Your provider doesn't obtain any required pre-authorization

** These scientifically supported guidelines are created by the United States Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration (HRSA).*

What's covered: Types of preventive care

Check the list below to see which preventive services most of our plans cover. Some plans may have limitations or may not cover all of these services. If you have any questions, check your benefits or call Customer Service at the number on the back of your member ID card.

- Exams & counseling +
- Lab tests +
- Screenings & procedures +
- Vaccinations +
- Prescription drugs +
- Services for pregnant members +
- Services for children +

Oregon reproductive health care services

The reproductive health care services benefit covers the following services at 100%:

- Abortion*
- Breast cancer chemoprevention counseling for all ages at high risk
- Breast cancer screening for ages 40+ or all ages if at high risk
- Contraceptives for a medical diagnosis*
- Osteoporosis screening for ages 65+ or all ages if at risk
- Patient education and counseling on contraception and sterilization
- Screening to determine whether counseling related to the BRCA1 or BRCA2 genetic mutations is indicated, and the counseling related to the BRCA1 or BRCA2 genetic mutations if indicated; risk assessment; also BRCA counseling and testing (requires pre-authorization and must meet guidelines for medical necessity) for all ages with a family risk of breast, ovarian, tubal or peritoneal cancer
- Screening for chlamydia
- Screening for gonorrhea
- Screening for pregnancy*
- Voluntary vasectomy*

Administration of contraceptive coverage is mandated with no pre-authorization, step therapy or other utilization techniques.

*High-deductible health plans (HDHP) and health savings account (HSA) plans: Due to Internal Revenue Service (IRS) guidelines, the deductible must be met prior to the benefit paying at 100%.

Preventive care vs. diagnostic care

Preventive care is precautionary and routine, like an annual physical.

Diagnostic care diagnoses or treats new symptoms or existing problems.

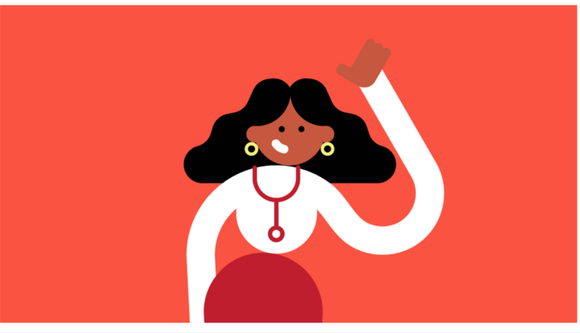
Why does it matter? When you're in network, preventive care is generally covered in full at no cost to you. Diagnostic care may come with costs like copays or deductibles.

Your doctor wants you to get a colonoscopy. Is it preventive or diagnostic care? It depends!

Preventive colonoscopy: A screening as a precaution due to your age.

Diagnostic colonoscopy: A screening because of symptoms you're having.

If your doctor recommends a specific test or procedure, you can ask if it's for preventive or diagnostic purposes—that way you'll know what type of coverage to expect.



More information

For more information on preventive services, please read our FAQs.

You can also download a flyer with this list of covered preventive care services.

Current version:

English Spanish

Previous version:

English | Spanish