Spotlight on the Health Plans

What Is Considered Preventive Care?

In-Network Preventive Care Covered 100%!

Both the BCBS PPO and the BU Health Savings Plan provide 100% coverage for preventive care for in-network services. Out-of-network preventive care is subject to coinsurance after the annual deductible is met. “Preventive health services” are defined as covered services that are performed to prevent diseases (or injuries) rather than to diagnose or treat a symptom or complaint, or to treat or cure a disease after it is present.

Why Am I Sometimes Charged for Preventive Care?

It depends on how your provider submits the description of your visit to Blue Cross Blue Shield. If you believe the visit meets the definition of preventive care, but your provider submits a diagnostic code other than for preventive care, you may be charged. If you receive a bill for services that you believe to be “preventive care services”, contact your provider’s office for further details about your visit.

Common Preventive Care Services

Pediatric Care

- Routine pediatric care (ten visits first year of life; three visits second year of life; two visits age 2; and one visit per calendar year age 3 through 18)
- Routine medical exams and immunizations
- Routine tests
- Preventive dental care for members under age 18 for treatment of cleft lip/cleft palate
- Newborn hearing screening tests

Routine adult care

- Routine medical exams and immunizations (one exam per member per calendar year)
- Routine tests
  - These covered services include (but are not limited to): routine exams; immunizations; routine lab tests and x-rays; routine mammograms and routine colonoscopies (may be subject to age and frequency requirements); and blood tests to screen for lead poisoning.
- Routine GYN care
  - Routine GYN exams (one exam per member per calendar year)
  - Routine Pap smear tests (one test per member per calendar year)
  - Family planning
- Routine hearing care
  - Routine hearing exams/tests
  - Hearing aids/related services for members age 21 or younger ($2,000 for one hearing aid per hearing-impaired ear every 36 months)
- Routine vision care
- Routine vision exams (one exam per member every 12 months)

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