



PREVENTIVE HEALTH GUIDE

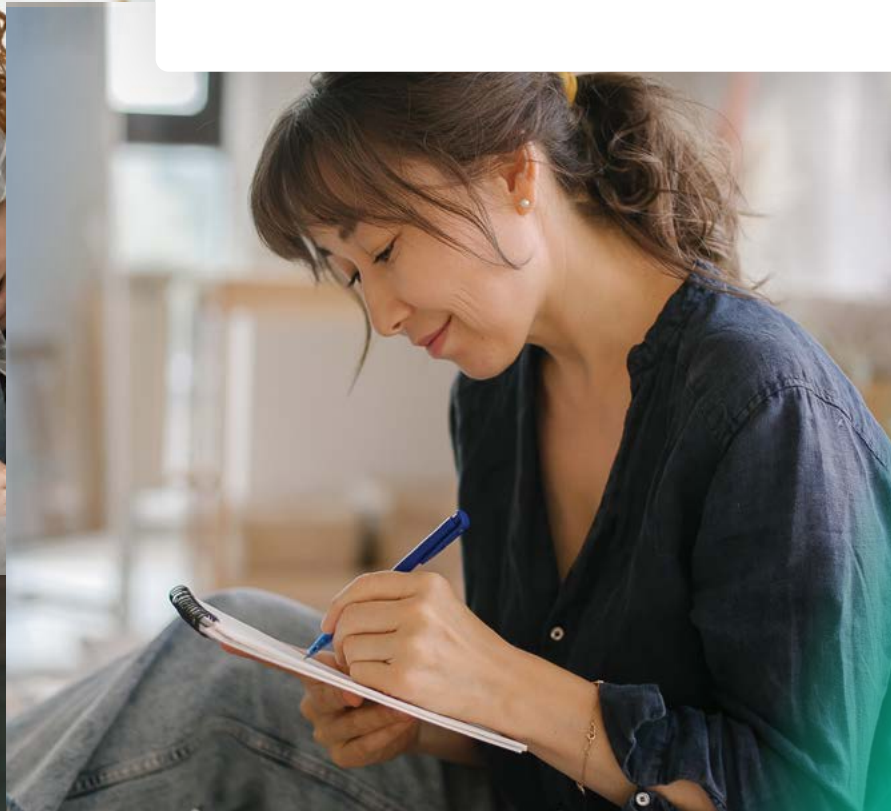
Plan Now For Better Health





Want to help lower
your risk for future
health problems?

Get the preventive screenings,
tests and vaccines you need now,
to help you be healthier later.



Everyday Digital Tools

Helping You Stay Healthy

Log in at bcbst.com, click **Managing Your Health** and then choose the **Member Wellness Center**.

There you'll find health trackers and a device dashboard that works with popular fitness apps and wearable devices so you can keep track of:

- › Stress
- › Blood Pressure
- › Nutrition
- › Tobacco
- › Cholesterol
- › Physical Activity
- › Weight

You can also access these features through your AlwaysOn® mobile app.





Be Proactive

Follow these steps to help protect your health:

1

Stay connected to your doctor – Develop a good relationship with a doctor who knows you and your medical history, and let them know about any other care you're getting.

2

Take a Personal Health Assessment (PHA) – Take a PHA in the Member Wellness Center to see how healthy you are now, and how you can do even better. You can also take the PHA through the AlwaysOn mobile app.

3

Make time to exercise – Physical activity can help prevent illnesses including heart disease, high blood pressure, diabetes, osteoporosis, depression and stroke. Get the most out of your activity by keeping track of your exercise.

4

Eat more fruits and vegetables – Aim for a well-balanced diet that includes vegetables, fruits, low-fat dairy products and whole grains.

5

Avoid tobacco and second-hand smoke – Quitting tobacco is one of the best things you can do for your health. Take the self-guided tobacco cessation course in the Member Wellness Center.

6

Get regular preventive health exams, screenings and vaccinations – They may not cost you anything if you go to a provider in your network. Check your Evidence of Coverage for more information.

Recommended Preventive Care

Regular checkups help find problems early before they become serious.

On the following pages, we've put together a list of recommended preventive services available for you and your family.

Check to see which care might be right for you to get soon.

Coverage in grandfathered plans may differ. Check your Evidence of Coverage for more information.



Recommended Preventive Care – CHILDREN*

Preventive Services	Age	Frequency
Alcohol Misuse Screening and Behavioral Counseling Interventions	18 and older	Covered when provided by a primary care practitioner; up to eight counseling sessions per year
Autism Spectrum Disorder Screening	18-24 months	Along with annual preventive exam
Chlamydia Screening (for sexually active female adolescents)	16 and older	Annually
Depression Screening	12 - 18	Along with annual preventive exam
Fluoride Varnish	At appearance of primary teeth up to age 5	Covered when provided by primary care practitioner
Gonorrhea Prophylactic Eye Medication**	Newborn	—
Hearing Screening	Newborn	—
Hemoglobinopathies (sickle cell screening)	—	—
Hepatitis B Screening	Adolescents at high risk	—
HIV pre-exposure prophylaxis (PrEP)** and support services	Adolescents at high risk	Visit bcbst.com/pharmacy to find out what's covered
HIV Screening	15 and older (younger if high risk)	Annually
Iron Deficiency Anemia, Prevention (at risk 6 to 12 month old babies)**	Up to age 1	—
Latent Tuberculosis Infection Screening	—	—
Obesity Screening	6 - 18	Along with annual preventive exam
Phenylketonuria (PKU) Screening	Newborn	—
Routine Vaccinations	0 - 18	As recommended by the Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices
Sexually Transmitted Infections Counseling	Sexually active adolescents	Annually
Skin Cancer Counseling	Six months - 18 years	Along with annual preventive exam
Syphilis Screening	Adolescents with increased risk	—
Tobacco Use Counseling (to prevent initiation of tobacco use)	—	Along with annual preventive exam
Tooth Decay Prevention (prescribe oral fluoride if deficient in water) **	Up to age 16	—
Visual Acuity Screening	3 - 15 years (older based on risk assessment)	Along with well child exam
Well Child Exams ***	0 - 30 months	Follow the American Pediatrics/CDC/Bright Futures recommendations for newborn and early age well-baby child checkups.
	3 - 18	Annual visits or one per year

* This is not a complete list. Please speak to your doctor for more information.

** Preventive drugs covered at 100% when you have a written prescription.

*** Includes Bright Futures Recommendations and Heritable Disorders Screenings. (services include but not limited to: Physical exams, developmental and autism screenings, newborn metabolic screening, hematocrit or hemoglobin, lead screening, tuberculin test)

Recommended Preventive Care – MATERNITY CARE*

Preventive Services	Frequency
Pregnancy-Related Screenings	<div><div>› Asymptomatic bacteriuria (12-16 weeks)</div><div>› Chlamydia</div><div>› Depression</div><div>› Gestational diabetes (after 24 weeks)</div><div>› Gonorrhea screening</div><div>› Hepatitis B</div><div>› HIV</div><div>› Postpartum Depression Screening (1–12 weeks after birth)</div><div>› Rh (D) incompatibility</div><div>› Supplementation</div><div>› Syphilis</div></div>
Breastfeeding Support, Supplies and Counseling	—
Folic Acid**	—
Healthy Weight and Weight Gain In Pregnancy	Behavioral counseling aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy
Low-Dose Aspirin for the Prevention of Morbidity and Mortality From Preeclampsia**	After 12 weeks of gestation in women who are at high risk for preeclampsia
Routine Immunizations (Tdap and flu)	As recommended by the Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices and your doctor



In addition to screenings and other preventive services, remember it’s also very important to keep all your doctor appointments and follow your doctor’s advice including **prenatal** visits (starting in 1st trimester) and at least one **postpartum** visit (between 1 to 12 weeks after delivery). Receiving all care during and after pregnancy provides the best health for you and your baby.

* This is not a complete list. Please speak to your doctor for more information.

** Preventive drugs covered at 100% when you have a written prescription.

Recommended Preventive Care – WOMEN*

Preventive Services	Age	Frequency
Alcohol Misuse Screening and Behavioral Counseling Interventions	18 and older	Covered when provided by a primary care practitioner; up to eight counseling sessions per year
Blood Pressure Screening	18 and older	Along with an annual preventive exam, check your blood pressure regularly with a digital device and share it with your doctor.
Breast Cancer Counseling and Preventive Medication (based on personal and family risk factors)**	Women at high risk	Preventive medication and BRCA testing if appropriate as determined by attending physician.
Breast Cancer Screening (mammogram)	40 and older	One per year
Cervical Cancer Screening	21 - 65	Every three years
Chlamydia and Gonorrhea Screening	16 - 24 (older for high risk)	Annually
Cholesterol/Lipid Disorders Screening	45 and older (younger for high risk)	Along with annual preventive exam
Colorectal Cancer Screening	45 - 75 (younger for high risk)	One per year for fecal occult blood testing – one every three years for FIT-DNA – one every five years for screening sigmoidoscopy or CT colonography – one every 10 years for screening colonoscopy
Depression Screening	18 and older	Along with annual preventive exam
Diabetes Screening for Overweight or Obese Adults	35 - 70	—
Diabetic Hemoglobin A1c checks†	Adults with a diabetes diagnosis	—
Diabetic Retinopathy Screening	—	Covered annually for those with a diagnosis of diabetes when provided by an in-network optometrist or ophthalmologist (including provider specialty of therapeutic optometry).
Domestic Violence Screening & Counseling	—	Annually
Falls Prevention in Community-Dwelling Older Adults (at increased risk for falls)	65 and older	—
FDA-Approved, Granted, or Cleared Prescription Contraceptive Methods, Sterilization and Counseling**†	Women and adolescent girls	Visit bcbst.com/pharmacy for a list of covered contraceptives
Healthful Diet and Physical Activity Counseling	Adults with hyperlipidemia and other risk factors	Covered when provided by a primary care practitioner; limited to 12 visits per year
Hepatitis B Screening	Adults at high risk	—
Hepatitis C Screening	18 - 79	—

* This is not a complete list. Please speak to your doctor for more information.

** Preventive drugs covered at 100% when you have a written prescription.

† Coverage may vary by plan.

Recommended Preventive Care – WOMEN* (cont.)

Preventive Services	Age	Frequency
HIV Pre-Exposure Prophylaxis (PrEP)** and Support Services	Adults at high risk	Visit bcbst.com/pharmacy to find out what's covered
HIV Screening (at risk)	18 - 65	Annually
HPV Testing	30 and older	Once every three years
Latent Tuberculosis Infection Screening	—	—
Lung Cancer Screening	50 - 80	Annually for adults who have a 20 pack-year smoking history and either currently smoke or have quit within the past 15 years
Obesity Screening and Counseling	18 and older	Along with annual preventive exam. Counseling based on BMI is covered when received from a primary care provider.
Osteoporosis Screenings	Women 65 and older (younger for high risk)	—
Preventive Health Exam	—	One per year
Routine Vaccinations (e.g. flu, Td/Tdap, zoster, and pneumococcal)	18 and older	As recommended by the Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices
Sexually Transmitted Infections Counseling	—	Annually
Skin Cancer Counseling	18 - 24	Along with annual preventive exam
Statin use for Primary Prevention of Cardiovascular Disease**	40-75 with increased risk	—
Syphilis Screening	Adults with increased risk	—
Tobacco Cessation Counseling and Interventions**	18 and older	Visit bcbst.com/pharmacy to find out what's covered
Unsafe Drug and Alcohol Screening	18 and older	—
Well Woman Exam	18 and older	One per year

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† Coverage may vary by plan.



Recommended Preventive Care – MEN*

Preventive Services	Age	Frequency
Abdominal Aortic Aneurysm Screening	65-75	One per lifetime for men who have ever smoked
Alcohol Misuse Screening and Behavioral Counseling Interventions	18 and older	Covered when provided by a primary care practitioner; up to eight counseling sessions per year
Blood Pressure Screening	18 and older	Along with an annual preventive exam, check your blood pressure regularly with a digital device and share it with your doctor.
Cholesterol/Lipid Disorders Screening	35 and older (younger for high risk)	Along with annual preventive exam
Colorectal Cancer Screening	45 - 75 (younger for high risk)	One per year for fecal occult blood testing – one every three years for FIT-DNA – one every five years for screening sigmoidoscopy or CT colonography – one every 10 years for screening colonoscopy
Depression Screening	18 and older	Along with annual preventive exam
Diabetes Screening for Overweight or Obese Adults	35 - 70	—
Diabetic Hemoglobin A1c checks†	Adults with a diabetes diagnosis	—
Diabetic Retinopathy Screening	—	Covered annually for those with a diagnosis of diabetes when provided by an in-network optometrist or ophthalmologist (including provider specialty of therapeutic optometry).
Domestic Violence Screening & Counseling	—	Annually
Falls Prevention in Community-Dwelling Older Adults (at increased risk for falls)	65 and older	—
Healthful Diet and Physical Activity Counseling	Adults with hyperlipidemia and other risk factors	Covered when provided by a primary care practitioner; limited to 12 visits per year
Hepatitis B Screening	Adults at high risk	—
Hepatitis C Screening	18 - 79	—
HIV Pre-Exposure Prophylaxis (PrEP)** and Support Services	Adults at high risk	Visit bcbst.com/pharmacy to find out what's covered
HIV Screening (at risk)	18 - 65	Annually
Latent Tuberculosis Infection Screening	—	—
Lung Cancer Screening	50 - 80	Annually for adults who have a 20 pack-year smoking history and either currently smoke or have quit within the past 15 years
Obesity Screening	18 and older	Along with annual preventive exam.

* This is not a complete list. Please speak to your doctor for more information.

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† Coverage may vary by plan.



Recommended Preventive Care – MEN* (cont.)

Preventive Services	Age	Frequency
Preventive Health Exam	—	One per year
Prostate Cancer Screening	Men 50 and older	—
Routine Vaccinations (e.g. flu, Td/Tdap, zoster, and pneumococcal)	18 and older	As recommended by the Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices
Sexually Transmitted Infections Counseling	—	Annually
Skin Cancer Counseling	18 - 24	Along with annual preventive exam
Statin use for Primary Prevention of Cardiovascular Disease**	40-75 with increased risk	—
Syphilis Screening	Adults with increased risk	—
Tobacco Cessation Counseling and Interventions	18 and older	Visit bcbst.com/pharmacy to find out what's covered
Unsafe Drug and Alcohol Screening	18 and older	—

* This is not a complete list. Please speak to your doctor for more information.

Make a commitment
today to start living a
healthy lifestyle.





Visit bcbst.com today

Our site gives you resources to help you understand your health plan coverage and make informed decisions about your health care.

Log in to your account to:

- › Find an in-network doctor.
- › Check your health plan to find out who's covered and what's covered.
- › Look up your claim status or see if you've met your deductible.
- › Check physician quality ratings.
- › Set up and maintain your personal health record.
- › Learn about our member discount program that lets you save on health-related products and services.
- › Get unlimited, low-cost access to more than 10,000 participating fitness locations including national and local chains, and community and women-only facilities.
- › Visit the Health Library for a collection of useful tools and resources to help you manage your health.
- › Access self-guided health and wellness programs, trackers and other resources in the Member Wellness Center.

You can also use many of these features through our free app, BCBSTNSM.

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Si usted es miembro, llame al número de Servicio de atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بلامجان. إذا كنت عضواً، فاتصل برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو أو بالرقم 1-800-565-9140 (الهاتف النصي: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。若您是會員，請撥打會員 ID 卡背面的會員服務部號碼或 1-800-565-9140（聽障專線 (TTY)：1-800-848-0298）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Nếu quý vị là hội viên, hãy gọi đến số Dịch vụ Hội viên ở mặt sau thẻ ID Hội viên của quý vị hoặc 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자의 경우, 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298) 번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes adhérent, appelez le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou appelez le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ໂປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ຖ້າທ່ານເປັນສະມາຊິກ, ໃຫ້ໂທຫາເບີຂອງຝ່າຍບໍລິການສະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማሳሰቢያ: የጥናት ቋንቋ አገልግሎት ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል፡፡ አካል ከሆኑ፣ በአካልነት መታወቂያ ጀርባ ላይ በግንኙነት የአካል አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (መስማት ለተሳናቸው፣ TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. જો તમે સભ્ય છો, તો તમારા સભ્ય આઈડી કાર્ડની પાછળના સભ્ય સર્વિસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર કોલ કરો.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。会員のお客様は、会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng iyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएँ उपलब्ध हैं। अगर आप सदस्य हैं तो अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर सदस्य सेवा नंबर पर फोन करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Если Вы являетесь участником, позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. در صورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت شناسایی عضو خود یا 1-800-565-9140 (TTY: 1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Si ou se yon manm, rele mwenwo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Członkowie mogą dzwonić pod numer działu Member Service podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Caso seja membro, ligue para o telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Se è un membro, chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłt'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq. Naaltsoos bee ná ha'dít'éego, Naaltsoos Bá Hada'dít'éhígíí ninaaltsoos nitł'íí bee nééhozinígíí bine'déé' Naaltsoos Bá Hada'dít'éhígíí Bee Áka'anída'awo'í bibéésh bee hane'í biká'ígíí bee hodílnih doodago 1-800-565-9140 (Doo Adinits'agóogo q TTY: 1-800-848-0298) bee hodílnih.