

Preventive Care Rider

Your *Certificate of Coverage* is amended as described in this document. This Rider becomes a part of your Contract and is subject to all its provisions. Please refer to all sections of your Contract, including your Outline of Coverage or Summary of Benefits and Coverage, for guidelines on coverage, including out-of-pocket expenses. Please also note that General Exclusions in your Contract apply to this Benefit.

I. Covered Services

Chapter Two in your Certificate is hereby amended by adding the following sections:

Preventive Services

We provide benefits for Preventive Services. We encourage you to get Preventive Services that are appropriate for you. We pay for some Preventive Services with no cost sharing (like Co-payments, Deductibles and Co-insurance). We provide such Coverage for services rated A or B by the United States Preventive Services Task Force. You can find this list on our website at www.bcbsvt.com/preventive. Or you can call our customer service team at the number on the back of your ID card to get a list.

Note that the list includes many preventive services, but not all. Coverage for other preventive, diagnostic, and treatment services may be subject to cost sharing. The list also includes some services that are appropriate for individuals at increased risk for certain conditions.

Please note that if your Provider finds or treats a condition while performing Preventive Services, cost sharing may apply.

Chapter Two in your Certificate is hereby amended by adding the following section:

Women's Health

We pay benefits for certain services and supplies that support women's health with no cost sharing (like Co-payments, Deductibles and Co-insurance).

This benefit Covers the following Services if they are appropriate for the member (for a detailed list, visit our website at www.bcbsvt.com/preventive or call our customer service team at the number on the back of your ID card):

- well-women visits;
- gestational diabetes screening;

- human papillomavirus testing;
- sexually transmitted infections counseling;
- human immunodeficiency virus counseling and screening;
- generic female contraception methods (or brand name methods if no generic is available) and contraceptive counseling;¹
- breastfeeding support and counseling from Network Providers if you have a Vermont Health Partnership or Accountable Blue Certificate, Preferred Providers if you have a Vermont Freedom Plan Certificate or Participating Providers if you have a Plan J/Comprehensive Certificate;
- breastfeeding supplies (you must get Prior Approval for hospital-grade breast pumps and, if you have a Vermont Health Partnership or Accountable Blue plan, use a Network Provider); and
- domestic violence screening.

II. Definitions

The definition of Screening/Preventive in the Definitions chapter of your Certificate of Coverage is hereby replaced by the following:

Preventive Services: Services used to find or reduce your risks when you do not have symptoms, signs, or specific increased risk for the condition being targeted. They may include immunizations, screening, counseling or medications that can prevent or find a condition. Please note that if you receive a Preventive Service and during its delivery, the Provider suspects, finds or treats a disease condition, the Provider and/or BCBSVT may not consider the service preventive.



Don C. George
President & CEO



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¹ Please note that if you use brand-name contraceptives, we will cover them at the applicable co-payment.