

WHAT PREVENTIVE CARE DO I HAVE COVERAGE FOR?

The Highmark Preventive Schedule is a list of general care guidelines. We encourage you to take a copy of the schedule with you when you or a family member visits their medical provider.

The schedule includes tests that are performed for both routine and diagnostic reasons. If you are seeing your doctor and have not been diagnosed with a medical condition, you should expect the services to be performed for routine/preventive care and covered at 100%, not subject to deductible or coinsurance. Only those procedures that are listed on the Preventive Schedule are covered at 100% with no deductible during a preventive exam. If your doctor orders other tests, those tests may be subject to your deductible and/or coinsurance or they may be denied in certain instances. If you have a medical condition and the tests are being done to monitor the condition, then the services would be performed for diagnostic reasons and subject to your program's deductible and coinsurance.

SAMPLE OF PREVENTIVE BENEFITS

Benefits for Adults	When submitted by your doctor as routine	When submitted by your doctor as diagnostic
Routine physical exams	100%	standard plan payment level
Routine gynecological exams, including a PAP Test	100%	standard plan payment level
Mammograms, as required*	100%	standard plan payment level
Colorectal Cancer Screening*	100%	standard plan payment level

Insurance carriers may differ in their preventive care schedules. If you or your doctor has questions about the administration of the care as listed on the schedule, please call Member Service at the number listed on the back of your ID card.

* See the Preventive Schedule for specific procedures and risk factors.

TO ACCESS THE HIGHMARK PREVENTIVE SCHEDULE ON OUR WEBSITE:

Log onto www.highmarkbcbs.com
 (If you do not have a login ID, you'll need to click on the "Register Now" link)
 Click on the "Health & Wellness," "Healthy Living" and "Prevention" links.

If you are a 50-year-old male, you should have the following preventive care:

- Routine physical exam
- Colorectal cancer screening
- Cholesterol screening

If you are a 40-year-old female, you should have the following preventive care:

- Routine physical exam
- Pap test
- Mammogram
- Pelvic exam

If you are a 50 year old female, you should have the following preventive care:

- Routine physical exam
- Colorectal cancer screening
- Pap test
- Mammogram
- Cholesterol screening

You can also call Member Service for a copy of the schedule.

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DIAGNOSTIC VERSUS PREVENTIVE CARE



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HOW CAN I PAY TWO DIFFERENT AMOUNTS FOR THE SAME PROCEDURE?



YOUR BENEFIT PAYMENT DEPENDS ON HOW YOUR DOCTOR CODES YOUR PROCEDURE

Diagnostic tests or screenings performed for treating or diagnosing a medical condition – are typically covered at your plan’s standard benefit level. Preventive care, or routine care, is typically covered at 100%.

WHAT’S THE DIFFERENCE?

In general, the reason for the exam. When you see a doctor for routine care, you would not have symptoms or a previous medical history that would require the doctor to perform the procedure(s). When you receive diagnostic care, the doctor is performing the procedure(s) to find out what is wrong with you or to treat your condition.

If you or your doctor have questions about the administration of the care as listed on the schedule, please call Member Service at the number listed on the back of your ID card.

SEE THE FOLLOWING EXAMPLES:

John, Janice, and Judy have procedures performed from their network physicians. All three have the same PPO plan. However, they pay different amounts for their care because John is receiving preventive care, Janice is receiving diagnostic care, and Judy is receiving both.

JOHN	JANICE	JUDY
<p>REASON FOR EXAM: John turned 40 and figured he should have an annual exam and “once over” to see how his health is.</p>	<p>REASON FOR EXAM: Janice is a diabetic and is recovering from a near heart attack. The doctor put her on a strict diet and exercise regime and wants to perform follow-up tests to measure her improvement.</p>	<p>REASON FOR EXAM: Judy needs to follow up with her doctor to see if the cholesterol-reducing medication is working. While there she figures she should take care of her routine physical and get a flu shot since flu season is coming.</p>
<p>PROCEDURES PERFORMED:</p> <ul style="list-style-type: none"> • Physical Exam • Blood Pressure • Cholesterol Screening • Lipid Panel • Fasting Blood Glucose • Urinalysis 	<p>PROCEDURES PERFORMED:</p> <ul style="list-style-type: none"> • Physical Exam • Blood Pressure • Cholesterol Screening • Lipid Panel • Fasting Blood Glucose • Urinalysis 	<p>PROCEDURES PERFORMED:</p> <ul style="list-style-type: none"> • Lipid Panel • Physical Exam • Flu Shot • Urinalysis
<p>DOCTOR CODES AND SUBMITS AS: Routine</p>	<p>DOCTOR CODES AND SUBMITS AS: Diagnostic</p>	<p>DOCTOR CODES AND SUBMITS AS: Some procedures as diagnostic, some as routine.</p>
<p>BENEFIT PAYMENT: The office visit is covered at 100%. The urinalysis would be denied since routine tests not listed on the Highmark Preventive Schedule are not covered. The remaining procedures are covered at 100%.</p>	<p>BENEFIT PAYMENT: In this scenario the urinalysis would be covered at her standard benefit level because it is performed as diagnostic, not routine. The remaining procedures and office visit are covered at the standard benefit level.</p>	<p>BENEFIT PAYMENT: The routine office visit and flu shot are covered at 100%. The urinalysis would be denied since it is being performed as routine and is not on the Highmark Preventive Schedule. The lipid panel would be covered at her standard plan benefit level because it is performed as diagnostic.</p>