

Women's Preventive Services

Effective beginning August 1, 2012 and thereafter upon renewal

Well-woman visits	Covers well-woman preventive care visits for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preventive medicine evaluation and management exams, cervical cancer screening, and the initial prenatal care visit
Screening for gestational diabetes	Covers screening for gestational diabetes in pregnant women between 24 and 28 weeks of gestation and at 1 st prenatal visit for women identified as high-risk for diabetes
Human papillomavirus (HPV) testing	Covers high-risk human papillomavirus DNA testing in women, as directed by a doctor
Counseling for sexually transmitted infections	Covers counseling on sexually transmitted infections for all sexually active women, as directed by doctor
Counseling and screening for human immune-deficiency virus	Covers counseling and screening for human immune-deficiency virus infection for all sexually active women, as directed by a doctor
Contraceptive methods and counseling	Covers certain generic FDA-approved prescription oral and emergency contraceptives, and diaphragms, subject to quantity limits; Covers Mirena™ and certain sterilization procedures; Covers patient education and counseling for all women with reproductive capacity, as directed by a doctor
Breastfeeding support, equipment and counseling	Covers comprehensive lactation support and counseling by an eligible participating provider, during pregnancy and/or in the post-partum period, and costs for renting breast pumps from an eligible participating provider
Screening and counseling for interpersonal and domestic violence	Covers screening and counseling for interpersonal and domestic violence

This schedule includes the required Health Resources and Services Administration (HRSA) Supported Women's Preventive Services (www.hrsa.gov/womensguidelines).

Note: If you are prescribed preventive drugs that are included in this schedule, but your employer purchases drug coverage through a source other than Blue Cross of Northeastern Pennsylvania, First Priority Health or First Priority Life Insurance Company, these medications may be covered by your employer's drug plan and not by this schedule. Please check your contract/policy for more information.

If your employer does not provide coverage for contraceptives under your plan, any prescribed medications and devices listed on this schedule will not be covered. Please see your contract/policy for more information.

This schedule highlights the preventive features of the plans¹ offered through Blue Cross of Northeastern Pennsylvania, First Priority Health and First Priority Life Insurance Company. This is not intended to be a substitute for the terms, provisions, limitations and conditions specified by the contract/policy. Please see your contract/policy for specifics about covered services and applicable deductibles, copayments and/or coinsurance.

Self-funded group benefits may be different from the benefits and services described here. Check your Summary Plan Description for complete details of your benefits.

¹This schedule does not apply to the BlueCare Senior or BlueCare Security products.