

Questions or concerns?
Please contact:

Blue Cross and Blue Shield of Vermont
P.O. Box 186
Montpelier, VT 05601-0186
(800) 344-6690
www.bcbsvt.com
click [here](#) for email contact

Other topics of interest:

- Understanding Your Maternity Coverage
- Creating Care Connections (integrated health)
- Better Beginnings® [website](#)

Blue Cross and Blue Shield of Vermont provides administrative services and does not assume any financial risk for claims.

Blue indicates that every woman should have this screening, exam or medicine. Your plan covers it without cost-sharing.

Green indicates that there are unique circumstances that may be covered by your plan with no cost-sharing if you qualify. Consult your doctor to see if this screening, exam or medicine is right for you.



Preventive care during pregnancy

Blue Cross and Blue Shield of Vermont's customer service team can help you plan for the arrival of your new baby and understand your cost-sharing responsibilities. Please call the number listed on the back of your ID card for more details.

Federal and state regulators recommend certain preventive screenings, at no cost, for pregnant women. Your plan provides this benefit for:

- Services rated A or B by the United States Preventive Services Task Force (USPSTF)
- Immunizations recommended by the Centers for Disease Control's Advisory Committee on Immunization Practices
- Guidelines supported by the Health Resources and Services Administration

- The American Academy of Pediatrics' Bright Futures program recommendations
- Other applicable state and federal mandates

All of the committees and Administrations listed, provide required guidelines about, and research on, preventive services to determine which are the most effective for population health.

**The chart shows you which services your plan considers preventive based on recommendations made by the committees and Administrations listed in this document. You generally do not have to pay cost-sharing for these services. You do have to pay cost-sharing for maternity services not on this list or as otherwise specified by your plan.

Preventive care guidelines			
Infectious disease	Asymptomatic Bacteriuria	Screening recommended at 12-16 weeks gestation or at first prenatal visit, if later.	No cost to you
	Chlamydia infection	Screening recommended at first prenatal visit for all pregnant women aged 24 or younger and for older pregnant women who are at increased risk.	
	Gonorrhea	Screening recommended at first prenatal visit for all sexually active, pregnant women.	
	Hepatitis B Virus	Screening strongly recommended at first prenatal visit.	
	Syphilis infection	Screening recommended at first prenatal visit.	
Obstetric conditions	Rh (D) incompatibility	Blood typing and antibody testing strongly recommended at first prenatal visit.	
	Support and counseling		
	Supplies	You must get Prior Approval for hospital-grade breast pumps	
Other screenings	Alcohol and drug misuse		
	Depression		
	Smoking cessation		
	Gestational diabetes		