

Tobacco Cessation as a Preventive Service

The Affordable Care (ACA) requires non-grandfathered health insurance plans to cover preventive services that have received an “A” or “B” grade recommendation¹ from the U.S. Preventive Services Task Force (USPSTF). ACA also requires these services be provided with no cost-sharing for the member, which means no copays, coinsurance or deductibles when using an in-network provider.

The USPSTF, an independent, volunteer panel of experts in prevention and evidence-based medicine, has given tobacco cessation interventions for adults an “A” grade.

BCBSIL tobacco cessation interventions now include cessation medications

As of Sept. 1, 2014, in addition to the currently covered tobacco cessation counseling and screening for members who use tobacco products, BCBSIL covers two 90-day treatments for tobacco cessation medications per benefit period with no cost-share. This coverage includes a variety of FDA–approved tobacco cessation drugs (including both prescription and over-the-counter) when prescribed by a health care provider.

Tobacco cessation medications covered

BCBSIL coverage without cost-sharing for non-grandfathered plans includes:

PRESCRIPTION	OVER-THE-COUNTER
BUPROBAN (BUPROPION SR 150 MG TABLETS)	NICOTINE TRANSDERMAL KITS
CHANTIX	NICODERM CQ AND GENERICS
NICOTROL INHALER	NICORETTE GUM AND GENERICS
NICOTROL NS	NICORETTE LOZENGES AND GENERICS
ZYBAN (BUPROPION SR 150 MG TABLETS)	

Tobacco cessation counseling

Tobacco cessation counseling sessions (including telephone, group, and individual counseling) led by qualified providers are available at no cost-share for members of non-grandfathered plans who use tobacco products. Please refer to your specific plan for information on your level of coverage.

For more information

Members who wish to learn more about tobacco cessation coverage under their BCBSIL plan should call the number located on the back of their BCBSIL member ID card or log in to Blue Access for MembersSM

New recommendations can be issued at any time. A new recommendation must be covered beginning on the first plan or policy year that is one year after the recommendation is issued.

This communication is intended for informational purposes only. It is not intended to provide, does not constitute, and cannot be relied upon as legal, tax or compliance advice. The information contained in this communication is subject to change based on future regulation and guidance.

This material is provided for informational purposes only and is not intended to be a substitute for the sound independent medical judgment of health care practitioners. Health care providers are instructed to exercise their independent medical judgment based on the patient’s individual medical circumstances including, but not limited to symptoms, history, family history and other factors. The final decision about whether a particular service or treatment should be rendered is between the health care provider and the member.

¹ Information on “A” and “B” USPSTF recommendations can be found at: <http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>