

Colorectal Cancer Screening

Colorectal Cancer Screenings (iFOBT, Colonoscopy, or Flex Sigmoidoscopy):

Medicare covers 3 colorectal cancer screenings when ordered by a doctor—Colonoscopy, Flexible Sigmoidoscopy, and an iFOBT stool-based test. There is no age requirement for members to receive a colonoscopy, but you must be over the age of 50 to complete a Flexible Sigmoidoscopy or an iFOBT stool-based test. The screening must be completed within the recommended time frame in order for you to receive a healthy reward.

According to the Centers for Disease Control and Prevention, regular screening is key to preventing colorectal cancer. CareFirst BlueCross BlueShield Advantage DualPrime encourages you to talk with your provider about when to begin screening for colorectal cancer, what test to have and how often to have it.

Colorectal cancer screenings can detect problems before any symptoms occur. Your provider will take into account your age, medical history, family history and general health to determine which screening is right for you. It is recommended that individuals get an iFOBT stool-based test every 12 months, a Flexible Sigmoidoscopy every five (5) years, or a Colonoscopy every 10 years.

Note: Members will only earn a healthy reward for completing one (1) of three (3) tests.

Your healthy rewards will be loaded onto the healthcare prepaid benefit type card after we receive the completed form from your doctor and have verified the services. Healthy rewards cannot be used to buy tobacco or alcohol. Healthy rewards cannot be converted to cash. This reward can only be earned once per calendar year.

Y0154_H8854_MA01740_C

2024 Colorectal Cancer Screening

Please complete this form, sign and date and fax to 410-779-3957 or mail to

CareFirst BlueCross BlueShield
 Advantage DualPrime
 Attn: Quality Dept.
 P.O. Box 915
 Owings Mills, MD 21117

iFOBT, COLONOSCOPY, OR FLEXIBLE SIGMOIDOSCOPY
There are three (3) ways to be screened for colorectal cancer: You will only receive one (1) healthy reward per calendar year regardless of how many tests were performed. Once completed, you are not eligible to receive another healthy reward through the Healthy Rewards Program for any additional colorectal cancer screenings during 2024.
Please check off which ONE test you used for screening:
<input type="radio"/> iFOBT kit (test for blood in stool) Date mailed kit to lab: _____
<input type="radio"/> Colonoscopy Date of test: _____
<input type="radio"/> Flexible Sigmoidoscopy Date of test: _____
Member Name:
Member ID:
Member Date of Birth:
Member Signature:
Date of Visit:
Name of Provider:
Provider Phone:
Practice/Group Name:
Provider Address:

Colorectal Cancer Screening (iFOBT)

1. Complete an iFOBT colorectal cancer screening kit before December 31, 2024. Use the kit as instructed.
2. Mail your sample to the lab to be processed. Instructions on how to do this will be included in your kit.
3. Fill out the form in this Healthy Rewards Program booklet.
4. Fax your completed form to CareFirst BlueCross BlueShield Advantage DualPrime at 410-779-3957 after your visit from your provider's office or mail to the address below.

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Colorectal Cancer Screening (Colonoscopy or Flexible Sigmoidoscopy)

1. Talk with your provider to schedule an appointment for your colorectal cancer screening before December 31, 2024.
2. After you've completed your screening, fill out the form in this Healthy Rewards booklet.
3. Fax your completed form to CareFirst BlueCross BlueShield Advantage DualPrime at 410-779-3957 after your visit from your provider's office or mail to the address below.

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