

GRANDFATHERED (GF) INSURED

PREVENTIVE CARE SERVICES

Accompanies Fully Insured GF Health Plans



Preventive Benefits

We want to help you protect your health, and that starts with disease prevention and early detection. Preventive screenings are an important way to track your health.

If you use a provider in your network, you can receive certain routine preventive services at no extra cost to you. This means the visit is not subject to your annual deductible, copayment or coinsurance, unless otherwise stated in this brochure.

Here's how to prevent health problems and save money using your plan:

1. Get Preventive Care.

Follow this guide for how often and at what age you can get these types of care.

2. See a Primary Care Provider Regularly.

Seeing a primary care provider regularly to stay ahead of health problems can help you save on health costs. You can get one physical exam per year **at no extra cost** with most plans. Log into your account at **www.lablue.com** to select a primary care provider.

More Tools for Good Health

- **Blue365®**
Get discounts for healthy living like sports clothing and shoes, nutrition, fitness trackers, personal care, travel and more. Learn more at **www.blue365deals.com/lablue**.
- **Fitness Your Way by Tivity Health**
Get discounts on gym memberships and virtual fitness programs through this Blue365 deal.
- **Free Health Assessment**
A free online health survey that shows any risks you may discuss with your doctor. Log into your personal account at **my.lablue.com** to get started.

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Quality Blue

We work with primary care providers around the state to help you get the best care possible through a program called Quality Blue.

If your plan has copayments for primary care office visits, you may be able to pay less when you visit a Quality Blue provider.

Look up your provider's name in our directory at **www.lablue.com/FindCare**. Quality Blue providers have an indicator as shown below:

QUALITY BLUE PROVIDER

DISCLAIMER: The Preventive & Wellness benefits in effect are those required by state or federal law for your policy, at the time the services are rendered. To the extent this Preventive Care Services document conflicts with state or federal requirements, state and federal requirements control.

Grandfathered Preventive and Wellness Benefits

Individual and Group Plans	Benefit	Men	Women	Children
Immunizations				
✓*	Immunizations that a doctor recommends	All ages	All ages	All ages
✓	Seasonal flu and H1N1 immunizations	All ages	All ages	All ages
✓*	State mandated immunizations for school entry	N/A	N/A	Up to age 6
Physical Exams				
✓*	Routine wellness physical examination – Diagnostic tests that a doctor orders (urinalysis, complete blood count (CBC), serum chemistries: calcium, potassium, cholesterol and blood sugar levels) High-tech imaging services such as an MRI, MRA, CT scan, PET scan and nuclear cardiology are not covered under this no-cost benefit but may be covered under other policy benefits.	All ages	All ages	For Blue Value plans: Age 11 and older For all other GF plans: Age 24 months or older: 1 per benefit period
✓***	Well-baby care	N/A	N/A	As a doctor recommends for developmental milestones: up to age 24 months
Well Woman Exams and Counseling				
✓**	Routine gynecological or obstetrical care visits	N/A	As age and developmentally appropriate	As age and developmentally appropriate
✓*	Routine Pap smear	N/A	As age and developmentally appropriate: 1 for each benefit period	N/A
✓	Mammography examinations, including breast ultrasounds Film mammography examination 3-D mammography examination Contrast-enhanced mammography	N/A	As age and developmentally appropriate: 1 for each benefit period. A breast ultrasound may be completed alone or in conjunction with a mammogram.	N/A
✓***	Breast MRIs	N/A	As age and developmentally appropriate: 1 for each benefit period	N/A
✓	Breastfeeding interventions	N/A	As age and developmentally appropriate	N/A
✓	Lactation counseling	N/A	As age and developmentally appropriate	N/A
Prostate Cancer Screenings				
✓*	Routine digital rectal exam	50 years and older: 1 per benefit period Older than 40 years: As recommended by a doctor	N/A	N/A
✓*	Prostate-specific antigen (PSA) test	50 years and older: 1 per benefit period Older than 40 years: As recommended by a doctor	N/A	N/A
✓*	A second visit	Older than 40 years: For follow-up treatment within 60 days after the visit if it is related to a condition that is diagnosed or treated during the visit and recommended by a doctor	N/A	N/A
Colorectal Cancer Screenings				
✓	Fecal immunochemical test (FIT) for blood	45-75 years: 1 per benefit period	45-75 years: 1 per benefit period	N/A
✓	Cologuard® DNA testing	45-75 years: 1 per benefit period	45-75 years: 1 per benefit period	N/A
✓	Computed tomographic (CT) colonography	45-75 years: 1 every 5 years	45-75 years: 1 every 5 years	N/A
✓	Flexible sigmoidoscopy	45-75 years: 1 every 5 years	45-75 years: 1 every 5 years	N/A
✓	Colonoscopy	45-75 years: 1 every 10 years	45-75 years: 1 every 10 years	N/A
✓**	Physician-prescribed colonoscopy preparation medications	Ages 45-75 years	Ages 45-75 years	N/A
Other Wellness Services				
✓	Generic/single source brand prescription and over-the-counter (OTC) smoking cessation products, group and individual counseling. You will pay \$0 for these services when received from a network provider.	All ages: Limited to 180 days per calendar year	All ages: Limited to 180 days per calendar year	All ages: Limited to 180 days per calendar year
✓***	Obesity screening and counseling for children and adolescents	N/A	N/A	Ages 3-18: Limited to 52 visits per lifetime

*Individual Blue Value Plans - coinsurance applies **Excludes Individual Blue Value Plans ***Coinsurance applies *Excludes Individual Blue Select Plans
 *Individual & Group HMO POS, Group HMO HMO, Group Premier Blue Plans - copayment applies

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Grandfathered Preventive and Wellness Benefits

Individual and Group Plans	Benefit	Men	Women	Children
Other Wellness Services (continued)				
✓***	Obesity screening and counseling for adults	19 and older with a body mass index higher than 30 kg/m2: Limited to 24 per benefit period	19 and older with a body mass index higher than 30 kg/m2: Limited to 24 per benefit period	N/A
✓	<p>Patient navigation services for breast cancer screenings and cervical cancer screenings and follow-up</p> <p>Limited to patient navigation services provided by Blue Cross and Blue Shield of Louisiana's or HMO Louisiana, Inc.'s Care Management Department. Contact the Care Management Department for these services at 1-800-317-2299 or by emailing CareManagementTeam@lblue.com.</p>	N/A	Females eligible for routine breast cancer screening or cervical cancer screening and experiencing barriers to breast cancer screening or cervical cancer screening and follow-up	N/A

*Individual Blue Value Plans - coinsurance applies **Excludes Individual Blue Value Plans ***Coinsurance applies *Excludes Individual Blue Select Plans

*Individual & Group HMO POS, Group HMO HMO, Group Premier Blue Plans - copayment applies

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For more information call 1-800-495-2583

www.lblue.com

LOUISIANA **BLUE** 