

NON-GRANDFATHERED (NGF) INSURED

# PREVENTIVE CARE SERVICES

Accompanies NGF Health Plans



## What kinds of preventive and wellness services are covered for you and your family at no out-of-pocket cost?

As part of the Patient Protection and Affordable Care Act, health insurers must cover some preventive and wellness care for health plan members with non-grandfathered insurance plans. Non-grandfathered plans are plans that began after the Patient Protection and Affordable Care Act was passed in March 2010.

To help you proactively maintain your health, the preventive services included in this brochure are available to you at no out-of-pocket cost (paid at first dollar) when performed by a network 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.

# 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.

## 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. If you use a provider in your network, you can get the preventive care listed in this guide at no extra cost to you. This means you may not have to pay out of pocket based on your plan, even if you have a deductible or other cost share.

### 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, help for senior care 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**



## Services for Children *(You will pay \$0 for these services when received from a network provider.)*

Your plan includes these services ...		Criteria
Examinations or tests	Routine wellness physical examination — Routine wellness 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
	Well-baby care	As a doctor recommends for developmental milestones
Immunizations	Immunizations that a doctor recommends	All ages
	Seasonal flu and H1N1 immunizations	All ages
Screenings, counseling and supplements	Anxiety/behavioral/social/emotional screening	0-21 years: 1 per benefit period
	Depression and suicide risk screening	0-21 years
	Hepatitis B screening	Adolescents who are at increased risk Pregnant women
	HIV screening and counseling	Adolescents who are at increased risk
	Preexposure prophylaxis (PrEP) for HIV prevention	Persons at high risk of HIV acquisition
	Sexually transmitted infections counseling	Sexually active adolescents 11-21 years
	Skin cancer counseling	6 months-24 years
	Syphilis screening	Adolescents who are at increased risk Pregnant women
Services for females	Cervical dysplasia screening for girls	11-21 years
	Chlamydia infection screening	24 years and younger, including pregnant persons, who are sexually active/older women who are at increased risk for infection
	Contraceptives  All Food and Drug Administration (FDA) approved, granted, or cleared methods, as prescribed by physician	If you have reproductive capacity
	Gonorrhea screening	If you are sexually active
	Intimate partner violence screening and counseling	Ages 14 and older
	Routine gynecological or obstetrical care visits	As age and developmentally appropriate
	Permanent sterilization method	If you have reproductive capacity
	Violence and domestic abuse counseling	As needed

## Services for Children *(You will pay \$0 for these services when received from a network provider.)*

### Your plan includes these services ...

### Criteria

Other screenings, counseling and supplements	Alcohol and drug use assessments	11-21 years
	Autism screening	1-2 years
	Behavioral assessments	0-21 years
	Congenital hypothyroidism screening	Newborns
	Developmental screening	0-3 years: Varied intervals
	Dyslipidemia screening	From 24 months: Varied intervals
	Gonorrhea prophylactic ocular medication	Newborns
	Hearing screening	0-21 years: 1 per benefit period
	Height, weight and body mass index measurements	2-21 years
	Hematocrit or hemoglobin screening	4 months-21 years: Varied intervals
	Lead screening	0-6 years: 1 per benefit period
	Obesity screening and counseling	3 years and older: Limit 52 visits per lifetime
	Generic folic acid supplements — <i>(pharmacy benefit)</i> 0.4mg to 0.8mg/day	Persons planning or capable of pregnancy
	Generic/single source brand prescription and over-the-counter (OTC) smoking cessation products	All ages: Limit 180 days per calendar year
	Oral fluoride supplement	6 months-16 years
	Oral health assessment	6 months-6 years: Varied intervals
	Phenylketonuria (PKU)	Newborns
	Sickle cell screening for newborns	Newborns
	Tobacco use screening and counseling for smoking cessation	School-aged children and adolescents
	Tuberculosis screening	0-21 years: 1 per benefit period
	Vision screening	0-21 years: 1 per benefit period



## Services for Women (You will pay \$0 for these services when received from a network provider.)

Your plan includes these services ...		Criteria
Examinations or tests	Routine wellness physical examination — Routine wellness 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 preventive benefit but may be covered under other policy benefits. Check your benefit plan.	All ages
	Colorectal cancer screenings	
	Fecal immunochemical test (FIT) for blood	45-75 years: 1 per benefit period. For more screenings, you pay deductible amounts and coinsurances shown in the <i>Schedule of Benefits</i> .
	Flexible sigmoidoscopy	45-75 years: 1 every 5 years. For more screenings, you pay deductible amounts and coinsurances shown in the <i>Schedule of Benefits</i> .
	Colonoscopy	45-75 years: 1 every 10 years. For more screenings, you pay deductible amounts and coinsurances shown in the <i>Schedule of Benefits</i> .
	Physician-prescribed colonoscopy preparation medications	45-75 years: Limit 2 prescriptions. Selected generic physician-prescribed colonoscopy preparation medications when prescribed in conjunction with a wellness colonoscopy screening
	Cologuard® DNA testing	45-75 years: 1 per benefit period. For more screenings, you pay deductible amounts and coinsurances shown in the <i>Schedule of Benefits</i> .
	Computed tomographic (CT) colonography	45-75 years: 1 every 5 years. For more screenings, you pay deductible amounts and coinsurances shown in the <i>Schedule of Benefits</i> .  Services deemed Investigational are not covered. Investigational services include, but are not limited to, additional screenings once the specified screening limit is met and screenings outside the specified age range listed above.
	Lung cancer screening	
	Low-dose computed tomography	Adults 50-80 years who have a 20 pack-year smoking history and currently smoke or have quit smoking within the past 15 years
	Routine gynecological or obstetrical care visits	As age and developmentally appropriate
Immunizations	Immunizations that a doctor recommends	All ages
	Seasonal flu and H1N1 immunizations	All ages

## Services for Women (You will pay \$0 for these services when received from a network provider.)

Your plan includes these services ...		Criteria
Sexual health and contraception	Chlamydia infection screening	24 years and younger, including pregnant persons, who are sexually active/older women who are at increased risk for infection
	Contraceptives All Food and Drug Administration (FDA) approved, granted, or cleared methods, as prescribed by physician	If you have reproductive capacity
	Gonorrhea screening	If you are sexually active
	Hepatitis B screening	Adults who are at increased risk/pregnant women
	HIV screening and counseling	Adolescents and adults/pregnant women
	Preexposure prophylaxis (PrEP) for HIV prevention	Persons at high risk of HIV acquisition
	Sexually transmitted infections counseling	Sexually active adolescents and sexually active women Adults who are at increased risk
	Permanent sterilization method	If you have reproductive capacity
	Syphilis screening	Adults who are at increased risk/pregnant women
Services for pregnant women	Anemia screening	During pregnancy
	Anxiety/behavioral/social/emotional screening	During pregnancy or the postpartum period
	Bacteriuria screening	During 12-16 weeks of gestation or at first prenatal visit
	Breastfeeding interventions	During pregnancy and after birth
	Counseling for healthy weight and weight gain in pregnancy	During pregnancy
	Diabetes after pregnancy testing and screening	During the postpartum period for women with a history of gestational diabetes who are not currently pregnant and have not been previously diagnosed with type 2 diabetes. Initial testing should ideally occur within the first year postpartum.
	Electric and manual breast pumps	During the postpartum period
	Generic over-the-counter (OTC) 81mg aspirin ( <i>pharmacy benefit</i> )	54 years and younger (for the prevention of preeclampsia) after 12 weeks of gestation
	Gestational diabetes testing and screening	Asymptomatic pregnant women at or after 24 weeks of gestation
	Lactation counseling	During each pregnancy and after each birth
	Lactation supplies for machine use only	During the postpartum period: Limited to three hundred twenty (320) milk storage bags per benefit period
	Perinatal depression prevention	18 counseling sessions during pregnancy and up to 1 year postpartum for women who do not have a current diagnosis of depression but are at increased risk
	Hypertensive disorders of pregnancy screening	Throughout the pregnancy
	Rh incompatibility screening	The first prenatal visit and during 24-28 weeks if you are at risk
	Tobacco use screening and counseling for smoking cessation	During pregnancy

## Services for Women (You will pay \$0 for these services when received from a network provider.)

Your plan includes these services ...		Criteria
Services for cancer and other diseases	BRCA1 and BRCA2 genetic testing — screening and counseling	If you have a family history of risk (per guidelines)
	Chemoprevention counseling	If you are at high risk for breast cancer
	Mammography examinations, including breast ultrasounds Film mammography examination 3-D mammography (digital breast tomosynthesis) Contrast-enhanced mammography	30 years and older: Annual mammogram for women with hereditary susceptibility or prior chest wall radiation  35-39 years: Baseline mammograms 35 years and older: Annual mammogram and access to supplemental imaging (breast MRI) upon recommendation of physician for women with >20% predicted lifetime risk as defined by validated models  40 years and older: Annual mammogram and supplemental imaging (breast ultrasound, then breast MRI if breast ultrasound is inconclusive) if recommended by physician for women with C and D breast density  The services shall be in accord with applicable recommendations in the National Comprehensive Cancer Network (NCCN) guidelines.  A breast ultrasound may be completed alone or in conjunction with a mammogram.
	Breast MRIs	25 years and older: Annual breast MRI for women with hereditary susceptibility or prior chest wall radiation  35 years and older: Access to supplemental imaging (breast MRI) upon recommendation of physician for women with >20% predicted lifetime risk as defined by validated models  40 years and older: <ul style="list-style-type: none"> <li>• Supplemental imaging (breast MRI if breast ultrasound is inconclusive) if recommended by physician for women with C and D breast density</li> <li>• Annual breast MRI if recommended by physician for women with prior history of breast cancer under 50 years of age</li> <li>• Annual breast MRI if recommended by physician for women with prior history of breast cancer at any age with C and D breast density</li> </ul> The services shall be in accord with applicable recommendations in the National Comprehensive Cancer Network (NCCN) guidelines. Benefits will not be paid at one hundred percent (100%). The deductible amount, if applicable, will be waived. All other MRIs payable same as high-tech imaging services. Prior authorization may be required if shown in the <i>Schedule of Benefits</i> .
	Medications for risk reduction of primary breast cancer	Asymptomatic women 35 years or older without a prior diagnosis of breast cancer, who are at increased risk for breast cancer
	Osteoporosis screening	Ages 65 years or older: 1 every 2 years Younger postmenopausal women (ages 40–64) at risk (per guidelines): 1 every 2 years
	Human papillomavirus (HPV) DNA testing	30–65 years: 1 every 5 years. To be processed as a no-cost preventive benefit, testing may be completed alone or in conjunction with a routine Pap smear. All others will process according to your contract benefits.
	Routine Pap smear	All ages: 1 for each benefit period



## Services for Women (You will pay \$0 for these services when received from a network provider.)

Your plan includes these services ...	Criteria
Other screenings, counseling, supplements and services	Anxiety/behavioral/social/emotional screening
	All ages: 1 per benefit period
	Blood pressure screenings Office blood pressure monitoring Ambulatory blood pressure monitoring (ABPM) Home blood pressure monitoring (HBPM) Annual blood pressure screening
	18 years and older: 1 per benefit period  40 years or older and those at increased risk for high blood pressure
	Cardiovascular disease counseling
	Adults with cardiovascular disease risk factors
	Cholesterol screening
	20-45 years old if at risk or 45 years and older
	Depression and suicide risk screening
	12-18 years and adults
	Diet counseling
	Adults with hyperlipidemia and other risk factors
	Fall prevention intervention
	65 years and older
	Generic folic acid supplements — (pharmacy benefit) 0.4mg to 0.8mg/day
	Persons planning or capable of pregnancy
	Generic low-to-moderate dose statins
	40-75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater
	Generic/single source brand prescription and over-the-counter (OTC) smoking cessation products
	All ages: Limit 180 days per calendar year
	Hepatitis C screening
	All ages: Limit 1 per benefit period
	Intimate partner violence screening and counseling
	Ages 14 and older
	Patient navigation services for breast cancer screenings and cervical cancer screenings and follow-up  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 <a href="mailto:CareManagementTeam@lblue.com">CareManagementTeam@lblue.com</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
	Obesity prevention counseling
	Midlife women ages 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 kg/m2)
	Obesity screening and counseling
	Adults with a body mass index higher than 30 kg/m2: 24 counseling visits per benefit period. Must use network provider to obtain benefit.
	Skin cancer counseling
	6 months-24 years
	Latent tuberculosis infection (LTBI) screening
	Asymptomatic adults 18 years and older at increased risk for infection
	Tobacco use screening and counseling for smoking cessation
	Adults
	Prediabetes and type 2 diabetes screening
	Persons who are overweight or obese
	Unhealthy alcohol use screening and counseling
	Adults
	Unhealthy drug use screening
	Adults
	Urinary incontinence screening
	Impacts activities and quality of life of women: Annually
	Violence and domestic abuse counseling
	Women and adolescent females: Annually

## Services for Men (You will pay \$0 for these services when received from a network provider.)

Your plan includes these services ...	Criteria
Examinations or tests	<p>All ages</p> <p>Routine wellness physical examination — Routine wellness diagnostic tests that a doctor orders (urinalysis, complete blood count (CBC), serum chemistries: calcium, potassium, cholesterol and blood sugar levels)</p> <p>High-tech imaging services such as an MRI, MRA, CT scan, PET scan and nuclear cardiology are not covered under this no-cost preventive benefit but may be covered under other policy benefits.</p>
<p>Colorectal cancer screenings</p> <p>Fecal immunochemical test (FIT) for blood</p> <p>Flexible sigmoidoscopy</p> <p>Colonoscopy</p> <p>Physician-prescribed colonoscopy preparation medications</p> <p>Cologuard® DNA testing</p> <p>Computed tomographic (CT) colonography</p>	<p>45-75 years: 1 per benefit period. For more screenings, you pay deductible amounts and coinsurances shown in the <i>Schedule of Benefits</i>.</p> <p>45-75 years: 1 every 5 years. For more screenings, you pay deductible amounts and coinsurances shown in the <i>Schedule of Benefits</i>.</p> <p>45-75 years: 1 every 10 years. For more screenings, you pay deductible amounts and coinsurances shown in the <i>Schedule of Benefits</i>.</p> <p>45-75 years: Limit 2 prescriptions. Selected generic physician-prescribed colonoscopy preparation medications when prescribed in conjunction with a wellness colonoscopy screening</p> <p>45-75 years: 1 per benefit period. For more screenings, you pay deductible amounts and coinsurances shown in the <i>Schedule of Benefits</i>.</p> <p>45-75 years: 1 every 5 years. For more screenings, you pay deductible amounts and coinsurances shown in the <i>Schedule of Benefits</i>.</p> <p>Services deemed Investigational are not covered. Investigational services include, but are not limited to, additional screenings once the specified screening limit is met and screenings outside the specified age range listed above.</p>
<p>Lung cancer screening</p> <p>Low-dose computed tomography</p>	<p>Adults 50-80 years who have a 20 pack-year smoking history and currently smoke or have quit smoking within the past 15 years</p>
<p>Prostate cancer screenings</p> <p>Routine digital rectal exam</p> <p>Prostate-specific antigen (PSA) test</p> <p>A second visit</p>	<p>50 years and older: 1 per benefit period Older than 40 years: As recommended by a doctor</p> <p>50 years and older: 1 per benefit period Older than 40 years: As recommended by a doctor</p> <p>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</p>
Immunizations	Immunizations that a doctor recommends
	Seasonal flu and H1N1 immunizations
	All ages

## Services for Men *(You will pay \$0 for these services when received from a network provider.)*

Your plan includes these services ...	Criteria
Screenings, counseling and supplements	Abdominal aortic aneurysm screening
	Adults 65-75 years who have ever smoked: 1 time screening
	Anxiety/behavioral/social/emotional screening
	All ages: 1 per benefit period
	Blood pressure screenings
	18 years and older: 1 per benefit period
	Office blood pressure monitoring
	Ambulatory blood pressure monitoring (ABPM)
	Home blood pressure monitoring (HBPM)
	Annual blood pressure screening
	40 years or older and those at increased risk for high blood pressure
	Cardiovascular disease counseling
	Adults with cardiovascular disease risk factors
	Cholesterol screening
	20-35 years old if at risk or 35 years and older
	Depression and suicide risk screening
	12-18 years and adults
	Diet counseling
	Adults with hyperlipidemia and other risk factors
	Fall prevention intervention
	65 years and older
Screenings, counseling and supplements	Generic/single source brand prescription and over-the-counter (OTC) smoking cessation products
	All ages: Limit 180 days per calendar year
	Generic low-to-moderate dose statins
	40-75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater
	Hepatitis B screening
	Adults who are at increased risk
	Hepatitis C screening
	All ages: Limit 1 per benefit period
	HIV screening and counseling
	Adolescents and adults
	Obesity screening and counseling
	Adults with a body mass index higher than 30 kg/m2: 24 counseling visits per benefit period. Must use network provider to obtain benefit.
	Preexposure prophylaxis (PrEP) for HIV prevention
	Persons at high risk of HIV acquisition
	Sexually transmitted infections counseling
	Sexually active adolescents and sexually active men Adults who are at increased risk
	Skin cancer counseling
	6 months-24 years
	Syphilis screening
	Adults who are at increased risk
Screenings, counseling and supplements	Latent tuberculosis infection (LTBI) screening
	Asymptomatic adults 18 years and older at increased risk for infection
	Tobacco use screening and counseling for smoking cessation
	Adults
	Prediabetes and type 2 diabetes screening
	Persons who are overweight or obese
Screenings, counseling and supplements	Unhealthy alcohol use screening and counseling
	Adults
Screenings, counseling and supplements	Unhealthy drug use screening
	Adults

## Preventive or Wellness Care Required by the Patient Protection and Affordable Care Act

We are required to cover services recommended by the U.S. Preventive Services Task Force (receiving grades of A or B), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the Health Resources and Services Administration.

This list of covered services changes from time to time. Check the current list of federally recommended Preventive or Wellness Care services at: <https://www.healthcare.gov/preventive-care-benefits/>

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For more information call 1-800-495-2583

**[www.lablue.com](http://www.lablue.com)**

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