LOUISIANA BLUE

NON-GRANDFATHERED (NGF) INSURED

PREVENTIVE CARE SERVICES

Accompanies NGF Health Plans



2027

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What services help you and your family stay healthy, with no extra cost?

The Affordable Care Act (ACA) requires health insurers to cover some preventive and wellness care for members with non-grandfathered insurance plans. Non-grandfathered plans began after the ACA became law in March 2010.

This brochure lists preventive and wellness services that have no out-of-pocket cost when you get them from a network provider. Some services are only paid with no out-of-pocket cost if you are part of the group recommended for that service. If you are not part of the group recommended, you may have to pay a cost share (copay, deductible and coinsurance) for that service, if the service is covered by your plan.



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 get certain routine preventive services at no extra cost to you. This means they are not subject to your annual deductible, copay or coinsurance.

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

1. **Get Preventive Care.**
   Use this guide to know how often and at what ages you can get these services.
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.

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Quality Blue

Quality Blue partners with primary care providers, including general practice, family medicine, internal medicine, pediatrics, and geriatrics, to help improve health outcomes and support access to high-quality care. If you see a Quality Blue provider, you are already part of the program. Members who choose a Quality Blue primary care physician (PCP) benefit from enhanced support, including:

- Reminders to help close gaps in care
- Referrals to health coaching programs
- Increased access to preventive services
- A more personalized, patient-centered care experience

Quality Blue providers have a special indicator in our Find Care directory at **findcare.lablue.com**. Look for:

QUALITY BLUE PROVIDER

Quality Blue is expanding to select specialists, such as OB-GYNs and gastroenterologists, as well as certain outpatient and inpatient facilities. To learn more about how Quality Blue can support your health, visit **www.lablue.com/QualityBlue**.

Examinations and Testing - All Adults *(You will pay $0 for these services when received from a network provider)*	**Criteria**
Routine Wellness Physical Examination — Routine wellness diagnostic tests ordered by a physician (urinalysis, complete blood count [CBC], serum chemistries: calcium, potassium, cholesterol and blood sugar levels) High-tech Imaging services such as MRI, MRA, CT scan, PET scan and nuclear cardiology are not covered under this preventive or wellness benefit at no cost but may be covered under other policy benefits	All ages
Colorectal Cancer Screenings	
• Fecal immunochemical test (FIT) for blood » Limited to one (1) per benefit period	Ages 45 – 75
• Flexible sigmoidoscopy » Limited to one (1) every five (5) years	Ages 45 – 75
• Colonoscopy » Limited to one (1) every ten (10) years » Includes physician prescribed colonoscopypreparation medications » Limited to two (2) prescriptions for selected generic drugs	Ages 45 – 75
• Cologuard DNA Testing » Limited one (1) every three (3) years	Ages 45 – 75
• Computed Tomographic (CT) Colonography » Limited to one (1) every five (5) years	Ages 45 – 75
Any additional screenings will be subject to deductible amounts and coinsurance. Services deemed Investigational are not covered. Investigational services include, but are not limited to, additional colorectal cancer screenings of average risk individuals once the specified screening limit is met and screenings below age 45 and over age 75.	
Immunizations – All Adults *(You will pay $0 for these services when received from a network provider)*	**Criteria**
Immunizations recommended by a Physician that are recommended Preventive or Wellness Care pursuant to the Patient Protection and Affordable Care Act	All ages
Seasonal Flu and H1N1 Immunizations	All ages
Screenings, Counseling and Supplements – All Adults *(You will pay $0 for these services when received from a network provider)*	**Criteria**
Anxiety/Behavioral/Social/Emotional Screening » Limited to one (1) per benefit period	All ages
Blood Pressure Screenings	
• Office Blood Pressure Monitoring	Ages 18 and older
• Ambulatory Blood Pressure Monitoring (ABPM)	
• Home Blood Pressure Monitoring (HBPM) » Limited to one (1) per benefit period for services listed above	
• 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	Men: Ages 20 – 35 if at risk; or 35 and older Women: Ages 20 – 45 if at risk; or 45 and older
Depression and Suicide Risk Screening	All ages
Diet Counseling	Adults with hyperlipidemia and other risk factors

Fall Prevention Intervention	Ages 65 and older
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	High risk adults
Hepatitis C Screening » Limited to one (1) per benefit period	All ages
HIV Screening and Counseling	Ages 15 – 65; younger or older if at increased risk
Lung Cancer Counseling	All ages
Lung Cancer Screening	Ages 50 – 80 (per guidelines for smoking history)
Obesity Screening and Counseling » Limited to twenty-four (24) per benefit period	Adults with a body mass index higher than 30 kg/m2
Preexposure Prophylaxis (PrEP) for HIV Prevention	Persons at high risk of HIV acquisition
Sexually Transmitted Infections Counseling	Sexually active adults at increased risk
Skin Cancer Screening	Ages 6 months – 24 years
Syphilis Screening	Adults at increased risk
Latent Tuberculosis Infection (LTBI) Screening	Asymptomatic adults 18 years and older at increased risk for infection
Smoking Cessation Treatment Including Generic/Single Source Brand Prescription and Over-the-Counter (OTC) Smoking Cessation Products » Limited to one hundred and eighty (180) days per calendar year	All ages
Tobacco Use Screening and Counseling for Smoking Cessation	All ages
Prediabetes and Type 2 Diabetes Screening	Persons who are overweight or obese
Unhealthy Alcohol Use Screening and Counseling	Ages 18 and older
Unhealthy Drug Use Screening	Ages 18 and older

Services for Females *(You will pay $0 for these services when received from a network provider)*	**Criteria**
Contraceptives – All Food and Drug Administration (FDA) approved, granted, or cleared methods, as prescribed by a physician	Women with reproductive capacity
BRCA1 & BRCA2 Genetic Testing – Screening and Counseling	Women with family history of risk (per guidelines)
Breast Cancer Chemoprevention Counseling	Women at risk for breast cancer
Chlamydia Infection Screening	Women, including pregnant persons, ages 24 and younger who are sexually active; older if at increased risk
Generic Folic Acid Supplements (Prescription Drug Benefit) » 0.4mg to 0.8mg/day	Women who are planning or capable of pregnancy
Gonorrhea Screening	Women, including pregnant persons, ages 24 and younger who are sexually active; older if at increased risk
Human Papillomavirus (HPV) DNA Testing » Limited to one (1) every five (5) years » Testing may be completed alone or in conjunction with a routine pap smear	Ages 30 – 65 years
Intimate Partner Violence Screening and Counseling	Ages 14 and older
Mammography Examination, including Breast Ultrasound	
• Annual mammogram for women with hereditary susceptibility or prior chest wall radiation	Age 30+
• Limited to one (1) baseline mammogram	Ages 35 – 39
• Annual mammogram and access to supplemental imaging (breast MRI) upon recommendation of physician for women with >20% predicted lifetime risk	Age 35+
• 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	Age 40+
• Annual mammogram for women with hereditary susceptibility or prior chest wall radiation	Age 30+
Mammography includes film mammography, 3-D (digital breast tomosynthesis [DBT]), and contrast-enhanced mammography 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	
• Annual breast MRI for women with hereditary susceptibility or prior chest wall radiation	Age 25+
• Access to supplemental imaging (breast MRI) upon recommendation of physician for women with >20% predicted lifetime risk	Age 35+
• Supplemental imaging (breast MRI if breast ultrasound is inconclusive) if recommended by physician for women with C and D breast density • Annual breast MRI if recommended by physician for women with prior history of breast cancer under 50 years of age • Annual breast MRI if recommended by physician for women with prior history of breast cancer at any age with C and D breast density	Age 40+
The services shall be in accord with applicable recommendations in the National Comprehensive Cancer Network (NCCN) guidelines. The Deductible Amount will be waived. Benefits will not be paid at one hundred percent (100%). All other MRIs are payable same as high-tech Imaging Services. Prior authorization may be required.	

Medications for Risk Reduction of Primary Breast Cancer	Asymptomatic women: ages 35 years or older without a prior diagnosis of breast cancer and who are at increased risk for breast cancer
Patient Navigation Services for Breast Cancer Screenings and Cervical Cancer Screenings and Follow-Up Limited to patient navigation services provided by the Blue Cross and Blue Shield of Louisiana or HMO Louisiana, Inc. Care Management department. Contact the Care Management department for these services at **1-800-317-2299** or by emailing **CareManagementTeam@lablue.com**	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)
Osteoporosis Screening	
• Limited to one (1) every two (2) years	Ages 65 or older
• Limited to one (1) every two (2) years	Younger postmenopausal women (Ages 40 – 64) at risk (per guidelines)
Permanent Sterilization Methods	Women with reproductive capacity
Routine Gynecological or Obstetrical Care Visits	As age and developmentally appropriate
Routine Pap Smear » Limited to one (1) per benefit period	All ages
Sexually Transmitted Infections Counseling	Sexually active women
Urinary Incontinence Screening – Annually	Impacts activities and quality of life of women
Violence and Domestic Abuse Counseling – Annually	Women and adolescent females

Services for Pregnant Females *(You will pay $0 for these services when received from a network provider)*	**Criteria**
Aspirin – 81mg for prevention of preeclampsia, generic over-the-counter (Prescription Drug Benefit)	Ages 54 or younger after 12 weeks of gestation
Anemia Screening	During pregnancy
Anxiety / Behavioral / Social / Emotional Screening » Limited to one (1) per benefit period	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 & Weight Gain in Pregnancy	During pregnancy
Diabetes after Pregnancy Testing and Screening » Initial testing should ideally occur within the first year postpartum	During the postpartum period for women with history of gestational diabetes who are not currently pregnant and have not been previously diagnosed with type 2 diabetes
Electric and Manual Breast Pumps	During pregnancy and after birth
Gestational Diabetes Testing and Screening	Asymptomatic pregnant women at or after 24 weeks of gestation
Hepatitis B Screening	During first prenatal visit
Lactation Counseling	During pregnancy and after each birth
Lactation Supplies for Machine Use Only » Limited to three hundred and twenty (320) milk storage bags per benefit period	During pregnancy and after birth
Perinatal Depression Prevention » Limited to eighteen (18) counseling visits per benefit period	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	Pregnant women during 24 – 28 weeks of gestation if at risk or at first prenatal visit
Syphilis Screening	During pregnancy
Tobacco Use Screening and Interventions, with Expanded Counseling	During pregnancy

Services for Males *(You will pay $0 for these services when received from a network provider)*	**Criteria**
Abdominal Aortic Aneurysm Screening » Limited to one-time Screening	Men who have smoked: Ages 65 – 75
Prostate Cancer Screening:	
• Routine digital rectal exam » Limited to one (1) per benefit period • Prostate Specific Antigen (PSA) test » Limited to one (1) per benefit period • Second visit, for follow-up treatment within sixty (60) days after the visit if it is related to a condition that is diagnosed or treated during the visit	Ages 40 – 75 Per applicable guidelines

Services for Children & Adolescents *(You will pay $0 for these services when received from a network provider)*	**Criteria**
Routine wellness physical examination — Routine wellness diagnostic tests ordered by a physician (urinalysis, complete blood count [CBC], serum chemistries: calcium, potassium, cholesterol and blood sugar levels) High-tech imaging services such as MRI, MRA, CT scan, PET scan and nuclear cardiology are not covered under this preventive or wellness benefit at no cost but may be covered under other policy benefits	All ages
Well Baby Care	As recommended by physician for developmental milestones
Immunizations recommended by a Physician that are recommended Preventive or Wellness Care pursuant to the Patient Protection and Affordable Care Act	All ages
Seasonal Flu and H1N1 Immunizations	All ages
Alcohol and Drug Use Assessments	Ages 11 – 21
Anxiety/Behavioral/Social/Emotional Screening » Limited to one (1) per benefit period	Ages 0 – 21
Autism Screening	Ages 1 – 2
Behavioral Assessments	Ages 0 – 21
Blood Pressure Screening	Ages 0 – 17
Congenital Hypothyroidism Screening	Newborns
Depression and Suicide Risk Screening	Ages 12 – 18
Developmental Screening	Varied Intervals: Ages 0 – 3
Dyslipidemia Screening	Varied intervals beginning at 24 months
Fluoride Chemoprevention Supplements	Ages 6 months – 16 years
Gonorrhea Prophylactic Ocular Medication	Newborns
Hearing Screening » Limited to one (1) per benefit period	Ages 0 – 21
Height, Weight and Body Mass Index Measurements	Ages 2 – 21
Hematocrit or Hemoglobin Screening	Varied intervals: Ages 4 months – 21 years
Hepatitis B Screening	High risk adolescents
HIV Screening and Counseling	Adolescents
Lead Screening » Limited to one (1) per benefit period.	Ages 0 – 6
Obesity Screening and Counseling » Limited to fifty-two (52) visits per lifetime	Ages 3 – 18
Oral Health Assessment	Varied intervals between 6 months – 6 years
Phenylketonuria (PKU)	Newborns
Preexposure Prophylaxis (PrEP) for HIV Prevention	Persons at high risk of getting HIV
Sexually Transmitted Infections Counseling	Sexually active adolescents
Sickle Cell Screening	Newborns
Skin Cancer Counseling	Ages 6 months – 24 years

Syphilis Screening	Adolescents at increased risk
Cervical Dysplasia Screening	Adolescent Girls: Ages 11 - 21
Chlamydia Infection Screening	Ages 24 and younger, including pregnant persons, who are sexually active
Gonorrhea Screening	Ages 24 and younger, including pregnant persons, who are sexually active
Intimate Partner Violence Screening and Counseling	Ages 14 and older
Violence and Domestic Abuse Counseling	As needed



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

We are required to cover services graded A or B by the U.S. Preventive Services Task Force, the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices 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: **www.HealthCare.gov/preventive-care-benefits.**



5525 Reitz Ave.
Baton Rouge, LA 70809

For more information call 1-800-495-2583

www.lablue.com

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