

GF
INSURED

LOUISIANA **BLUE** 



2025

Preventive Care Services

Accompanies Fully Insured Grandfathered (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, diet programs, fitness trackers, hotels, help for senior care and more. Learn more at www.blue365deals.com/BCBSLA.
- **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. Take your health assessment at www.lablue.com/wellness.

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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
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				
✓*	Routine gynecological or obstetrical care	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
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: Limit of two (2) prescriptions for selected generic drugs	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: limit 180 days per calendar year	All ages: limit 180 days per calendar year	All ages: limit 180 days per calendar year
✓**	Obesity Screening and Counseling	19 and older with a body mass index higher than 30 kg/m2: 24 per benefit period	19 and older with a body mass index higher than 30 kg/m2: 24 per benefit period	Ages 3-18

*Individual Blue Value Plans - coinsurance applies

**Excludes Individual Blue Value Plans

***Coinsurance applies



Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

Nondiscrimination Notice

Discrimination Is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life, comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Louisiana Blue does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

Louisiana Blue and its subsidiaries:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, you can call the Customer Service number on the back of your ID card or email MeaningfulAccessLanguageTranslation@lablue.com. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Louisiana Blue or one of its subsidiaries failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps:

1. **If you are fully insured through Louisiana Blue or one of its subsidiaries, file a grievance in person or by mail, fax or email.**

Section 1557 Coordinator
In Person: 5525 Reitz Ave. Baton Rouge, LA 70809
Mail: P. O. Box 98012, Baton Rouge, LA 70898-9012
Phone: (225) 298-7238 or 1-800-711-5519 (TTY 711)
Fax: (225) 298-7240
Email: Section1557Coordinator@lablue.com

2. **If your employer sponsors a self-funded health plan and Louisiana Blue only serves as the Claims Administrator, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Louisiana Blue or self-funded and sponsored by your employer, go to www.lablue.com/checkmyplan.**

Whether you are fully insured or covered by a self-funded health plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

Mail: 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201
Phone: 1-800-368-1019, 1-800-537-7697 (TDD)

This notice is available at www.lablue.com.

NOTICE

Free language assistance services and auxiliary aids are available. If needed, please call the Customer Service number at 1-800-495-2583. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios de asistencia lingüística y ayudas auxiliares gratuitas. Si necesita ayuda, llame al Servicio de Atención al Cliente al 1-800-495-2583. Los clientes con discapacidad auditiva pueden llamar al 1-800-711-5519 (TTY 711).

Des services d'assistance linguistique gratuits et des aides auxiliares sont disponibles. Si nécessaire, veuillez appeler le numéro du service client au 1-800-495-2583. Les clients malentendants peuvent appeler le 1-800-711-5519 (ATS 711).

Có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện hỗ trợ. Nếu cần, vui lòng gọi Dịch vụ khách hàng theo số 1-800-495-2583. Khách hàng khiếm thính vui lòng gọi 1-800-711-5519 (TTY 711).

免费提供语言协助服务和辅助工具。如有需要，请拨打客户服务电话 1-800-495-2583。听障客户请拨打 1-800-711-5519 (TTY 711)。

تتوفر خدمات مساعدة لغوية ووسائل مساعدة إضافية مجانية. وفي حال الحاجة إلى هذه الخدمات، يُرجى الاتصال بخدمة العملاء على الرقم 1-800-495-2583. يُرجى من العملاء ذوي الإعاقة السمعية الاتصال على الرقم 1-800-711-5519 (خدمة الهاتف النصي 711).

Mayroong mga libreng serbisyo sa tulong sa wika at karagdagang tulong. Kung kailangan ito, mangyaring tawagan ang numero ng Serbisyo sa Customer sa 1-800-495-2583. Para sa mga customer na may kapansanan sa pandinig, tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 지원 서비스와 보조 도구를 이용하실 수 있습니다. 필요한 경우 고객 서비스 번호 1-800-495-2583으로 전화해 주시기 바랍니다. 청각 장애가 있는 고객은 1-800-711-5519(TTY 711)로 전화하십시오.

Serviços de assistência de idioma e demais auxílios disponíveis gratuitamente. Se necessário, ligue para o Atendimento ao Cliente no telefone 1-800-495-2583. Clientes com deficiência auditiva devem ligar para 1-800-711-5519 (TTY 711).

ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ເຄື່ອງຊ່ວຍເສີມພຣີ. ຖ້າຕ້ອງການ, ກະລຸນາໂທຫາບໍລິການລູກຄ້າ ທີ່ເບີ 1-800-495-2583. ລູກຄ້າທີ່ມີການຫຼຸ ໃຫ້ໂທຫາ 1-800-711-5519 (TTY 711).

無料の言語アシスタンスサービスと介助用補助具をご利用いただけます。必要な場合は、カスタマーサービス番号1-800-495-2583までお電話ください。聴覚に障害のあるお客様は、1-800-711-5519 (TTY 711)までお電話ください。

زبان کے سلسلے میں مفت معاونت کی سہولیات اور اضافی معاونتیں دستیاب ہیں۔ ضرورت پڑنے پر کسٹمر سروس سے ان نمبر پر رابطہ کریں: 1-800-495-2583. سماعت کی کمی کے شکار افراد اس نمبر پر کال کریں: 1-800-711-5519 (TTY 711)

Bei Bedarf stehen Ihnen kostenlose Sprachhilfen und andere unterstützende Dienste zur Verfügung. Bitte wenden Sie sich dazu telefonisch an den Kundenservice unter 1-800-495-2583. Sollten Sie schwerhörig sein, wählen Sie bitte die 1-800-711-5519 (TTY 711).

خدمات کمک زبانی رایگان و ابزارهای کمکی جانبی در دسترس هستند. در صورت نیاز، لطفاً با «خدمات مشتریان» به شماره 1-800-495-2583 تماس بگیرید. مشتریان کمشنوا با 1-800-711-5519 (TTY 711) بگیرند.

Мы предоставляем бесплатные услуги языковой поддержки и вспомогательное оборудование. При необходимости позвоните в службу поддержки клиентов по номеру 1-800-495-2583. Телефон для клиентов с нарушениями слуха — 1-800-711-5519 (TTY 711).

มีบริการช่วยเหลือด้านภาษาและเครื่องสนับสนุนฟรี หากจำเป็น โปรดโทรติดต่อฝ่ายบริการลูกค้าได้ที่หมายเลข 1-800-495-2583 ลูกค้าที่มีความบกพร่องทางการได้ยิน โปรดโทรไปที่หมายเลข 1-800-711-5519 (TTY 711)

5525 Reitz Avenue
Baton Rouge, Louisiana 70809

For more information call 1-800-495-2583

www.lablue.com

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