



2025

Preventive Care Services

Accompanies Non-Grandfathered (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, 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

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	<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 benefit but may be covered under other policy benefits.</p>	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
	<p>Contraceptives</p> <p>All Food and Drug Administration (FDA) approved, granted, or cleared methods, as prescribed by physician</p>	If you have reproductive capacity
	Gonorrhea screening	If you are sexually active
	Intimate partner violence screening and counseling	14-50 years
	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	
Services for pregnant females	Anemia screening	During pregnancy
	Anxiety/behavioral/social/emotional screening	During pregnancy or the postpartum period: 1 per benefit period
	Bacteriuria screening	During 12-16 weeks of gestation or at first prenatal visit
	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
	Generic over-the-counter (OTC) 81mg aspirin—(pharmacy benefit)	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
	Rh incompatibility screening	During 24-28 weeks if you are at risk or at the first prenatal visit
	Breastfeeding intervention	During pregnancy and after birth
	Electric and manual breast pumps	During the postpartum period
	Lactation counseling	During each pregnancy and after each birth
	Lactation supplies for machine use only	During the postpartum period: Limit of 8 boxes of 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
	Tobacco use and screening	During pregnancy
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—(pharmacy benefit) 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

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	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	<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. Check your benefit plan.</p> <hr/> <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> <hr/> <p>Lung cancer screening</p> <p>Low-dose computed tomography:</p> <hr/> <p>Routine gynecological or obstetrical care visits</p>
Immunizations	<p>Immunizations that a doctor recommends</p> <hr/> <p>Seasonal flu and H1N1 immunizations</p>

(continued on next page)

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
Services for pregnant women	Syphilis screening	Adults who are at increased risk/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 intervention	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: Limit of 8 boxes of 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	
Services for cancer and other diseases	Tobacco use screening and counseling for smoking cessation	During pregnancy
	BRCA1 & 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. <i>(See next page for details on coverage of Breast MRIs.)</i>

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 (continued)	<table border="1"> <tr> <td data-bbox="358 184 873 764">Breast MRIs</td> <td data-bbox="883 184 1533 764"> 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: • 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 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 Schedule of Benefits. </td> </tr> <tr> <td data-bbox="358 770 873 821">Medications for risk reduction of primary breast cancer</td> <td data-bbox="883 770 1533 821">Asymptomatic women 35 years or older without a prior diagnosis of breast cancer, who are at increased risk for breast cancer</td> </tr> <tr> <td data-bbox="358 827 873 898">Osteoporosis screening</td> <td data-bbox="883 827 1533 898">65 years or older; 1 per benefit period Younger postmenopausal women with increased fracture risk (per guidelines): 1 every 2 years</td> </tr> <tr> <td data-bbox="358 905 873 997">Human Papillomavirus (HPV) DNA testing</td> <td data-bbox="883 905 1533 997">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.</td> </tr> <tr> <td data-bbox="358 1003 873 1031">Routine pap smear</td> <td data-bbox="883 1003 1533 1031">All ages: 1 for each benefit period</td> </tr> </table>	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: • 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 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 Schedule of Benefits.	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	65 years or older; 1 per benefit period Younger postmenopausal women with increased fracture 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																																		
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Must use network provider to obtain benefit.</td> </tr> <tr> <td data-bbox="358 1736 873 1764">Skin cancer counseling</td> <td data-bbox="883 1736 1533 1764">6 months-24 years</td> </tr> <tr> <td data-bbox="358 1770 873 1797">Latent tuberculosis infection (LTBI) screening</td> <td data-bbox="883 1770 1533 1797">Asymptomatic adults 18 years and older at increased risk for infection</td> </tr> <tr> <td data-bbox="358 1803 873 1852">Tobacco use screening and counseling for smoking cessation</td> <td data-bbox="883 1803 1533 1852">Adults</td> </tr> <tr> <td data-bbox="358 1858 873 1885">Prediabetes and Type 2 diabetes screening</td> <td data-bbox="883 1858 1533 1885">Persons who are overweight or obese</td> </tr> <tr> <td data-bbox="358 1892 873 1919">Unhealthy alcohol use screening and counseling</td> <td data-bbox="883 1892 1533 1919">Adults</td> </tr> <tr> <td data-bbox="358 1925 873 1953">Unhealthy drug use screening</td> <td data-bbox="883 1925 1533 1953">Adults</td> </tr> <tr> <td data-bbox="358 1959 873 1986">Urinary incontinence screening</td> <td data-bbox="883 1959 1533 1986">Impacts activities and quality of life of women: annually</td> </tr> <tr> <td data-bbox="358 1992 873 2007">Violence and domestic abuse counseling</td> <td data-bbox="883 1992 1533 2007">Women and adolescent females: annually</td> </tr> </table>	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	Adults: 18-79 years	Intimate partner violence screening and counseling	14-50 years	Obesity prevention counseling	Midlife women ages 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 kg/m ²)	Obesity screening and counseling	Adults with a body mass index higher than 30 kg/m ² : 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
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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>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: 45-75 years: 1 per benefit period. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p> <p>Flexible sigmoidoscopy: 45-75 years: 1 every 5 years. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p> <p>Colonoscopy: 45-75 years: 1 every 10 years. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p> <p>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</p> <p>Cologuard DNA testing: 45-75 years: 1 per benefit period. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p> <p>Computed tomographic (CT) colonography: 45-75 years: 1 every 5 years. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p>
	<p>Lung cancer screening</p> <p>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</p>
	<p>Prostate cancer screenings</p> <p>Routine digital rectal exam: 50 years and older: 1 per benefit period Older than 40 years: As recommended by a doctor</p> <p>Prostate-specific antigen (PSA) test: 50 years and older: 1 per benefit period Older than 40 years: As recommended by a doctor</p> <p>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</p>
Immunizations	Immunizations that a doctor recommends All ages
	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 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	20-35 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
	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	Adults: 18-79 years
	HIV screening and counseling	Adolescents and adults
	Obesity screening and counseling	Adults with a body mass index higher than 30 kg/m ² : 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
	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	

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/>



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

LOUISIANA **BLUE** 