

GF
INSURED



Louisiana



Preventive Care Services

Accompanies Fully Insured Grandfathered (GF) Health Plans

2024



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.bcbsla.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.bcbsla.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.bcbsla.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: 1 per benefit period	All ages: 1 per benefit period	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 gynecologist or obstetrician 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	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 Insurance Company, Inc., does not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

Blue Cross and Blue Shield of Louisiana and its subsidiaries:

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

If you need these services, you can call the Customer Service number on the back of your ID card or email **MeaningfulAccessLanguageTranslation@bcbsla.com**. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Blue Cross, one of its subsidiaries or your employer-insured health plan has 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 Blue Cross, file a grievance with Blue Cross by mail, fax, or email.

Section 1557 Coordinator
P. O. Box 98012
Baton Rouge, LA 70898-9012
225-298-7238 or 1-800-711-5519 (TTY 711)
Fax: 225-298-7240
Email: Section1557Coordinator@bcbsla.com

2. If your employer owns your health plan and Blue Cross administers the plan, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Blue Cross or owned by your employer, go to www.bcbsla.com/checkmyplan.

Whether Blue Cross or your employer owns your plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Or

Electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

NOTICE

Free language services are available. If needed, please call the Customer Service number on the back of your ID card. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios lingüísticos gratuitos. De necesitarlos, por favor, llame al número del Servicio de Atención al Cliente que aparece en el reverso de su tarjeta de identificación. Clientes con dificultades auditivas, llamen al 1-800-711-5519 (TTY 711).

Des services linguistiques gratuits sont disponibles. Si nécessaire, veuillez appeler le numéro du Service clientèle figurant au verso de votre carte d'identification. Si vous souffrez d'une déficience auditive, veuillez appeler le 1-800-711-5519 (TTY 711).

Có dịch vụ thông dịch miễn phí. Nếu cần, xin vui lòng gọi cho Phục Vụ Khách Hàng theo số ở mặt sau thẻ ID của quý vị. Khách hàng nào bị suy giảm thính lực hãy gọi số 1-800-711-5519 (TTY 711).

我们为您提供免费的语言服务。如有需要，请致电您 ID 卡背面的客户服务号码。听障客户请拨打 1-800-711-5519 (TTY 711)。

الخدمات اللغوية متاحة مجاناً. يرجى، إذا اقتضى الأمر، الاتصال برقم خدمة العملاء المدون على ظهر بطاقة التعريف الخاصة بك. إذا كنت تعاني من إعاقة في السمع، فيرجى الاتصال بالرقم 1-800-711-5519 (TTY 711).

Magagamit ang mga libreng serbisyo sa wika. Kung kinakailangan, pakitawagan ang numero ng Customer Service sa likod ng iyong ID kard. Para sa mga may kapansanan sa pandinig tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 서비스를 이용하실 수 있습니다. 필요한 경우 귀하의 ID 카드 뒤에 기재되어 있는 고객 서비스 번호로 연락하시기 바랍니다. 청각 장애가 있는 분은 1-800-711-5519 (TTY 711)로 연락하십시오.

Oferecemos serviços linguísticos grátis. Caso necessário, ligue para o número de Atendimento ao Cliente indicado no verso de seu cartão de identificação. Caso tenha uma deficiência auditiva, ligue para 1-800-711-5519 (TTY 711).

ພວກເຮົາມີບໍລິການແປພາສາໃຫ້ທ່ານຟຣີ. ຖ້າທ່ານຕ້ອງການບໍລິການນັ້ນ, ກະລຸນາໂທຫາພະແນກບໍລິການລູກຄ້າຕາມເບີໂທທີ່ຢູ່ທາງຫຼັງຂອງບັດປະຈຳຕົວຂອງທ່ານ. ຖ້າທ່ານຫຼຸບໍ່ດີ, ຂໍໃຫ້ໂທເບີ 1-800-711-5519 (TTY 711).

無料の言語サービスをご利用頂けます。あなたのIDカードの裏面に記載されているサポートセンターの電話番号までご連絡ください。聴覚障害がある場合は、1-800-711-5519 (TTY 711)までご連絡ください。

زبان سے متعلق مفت خدمات دستیاب ہیں۔ اگر ضرورت ہو تو، براہ کرم اپنے آئی ڈی کارڈ کی پشت پر موجود کسٹمر سروس نمبر پر کال کریں۔ سمعی نقص والے کسٹمرز 1-800-711-5519 (TTY 711) پر کال کریں۔

Kostenlose Sprachdienste stehen zur Verfügung. Falls Sie diese benötigen, rufen Sie bitte die Kundendienstnummer auf der Rückseite Ihrer ID-Karte an. Hörbehinderte Kunden rufen bitte unter der Nummer 1-800-711-5519 (TTY 711) an.

خدمات رایگان زبان در دسترس است. در صورت نیاز، لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی تان درج شده است تماس بگیرید. مشتریانی که مشکل شنوایی دارند با شماره 1-800-711-5519 (TTY 711) تماس بگیرید.

Предлагаются бесплатные переводческие услуги. При необходимости, пожалуйста, позвоните по номеру Отдела обслуживания клиентов, указанному на обратной стороне Вашей идентификационной карты. Клиенты с нарушениями слуха могут позвонить по номеру 1-800-711-5519 (Телефон с текстовым выходом: 711).

มีบริการด้านภาษาให้ใช้ได้ฟรี หากต้องการ โปรดโทรศัพท์ติดต่อฝ่ายการบริการลูกค้าตามหมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของท่าน สำหรับลูกค้าที่มีปัญหาทางการได้ยิน โปรดโทรศัพท์ไปที่หมายเลข 1-800-711-5519 (TTY 711)

5525 Reitz Avenue
Baton Rouge, Louisiana 70809

For more information call 1-800-495-2583

www.bcbsla.com



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The Right **Card**. The Right **Care**.