



Lincoln Parish School Board

Wellness and Preventive Benefits

Effective January 1, 2016

Applies to all Health Plan Members

PREVENTIVE OR WELLNESS CARE - for 2016 there is no Dollar Limit on Preventative Benefits

The following is a brief outline of covered Preventive or Wellness Care services. For more information refer to the 2016 Plan Booklet or referenced websites.

If a Member receives Covered Preventive or Wellness Services from a Network Provider, Benefits will be paid at one hundred percent (100%) of the Allowable Charge.

A. Well Woman Examinations (Benefit Period Deductible does not apply)

1. Two (2) routine annual visits per Benefit Period to an obstetrician/gynecologist.
2. One (1) routine Pap smear per Benefit Period.
3. All mammograms are covered at no cost to you when obtained from a Network Provider.

B. Physical Examinations and Testing

1. Routine Wellness Physical Exam – Certain routine wellness diagnostic tests ordered by Your Physician are covered. Examples of routine wellness diagnostic tests that would pay under this Preventive or Wellness Care Benefit include, but are not limited to tests such as a urinalysis, complete blood count (CBC), serum chemistries, calcium, potassium, cholesterol and blood sugar levels.
2. Well Baby Care – Routine examinations will be covered for infants under the age of 24 months for whom no diagnosis is made. Routine examinations ordered after the infant reaches 24 months will be subject to the Routine Wellness Physical Exam Benefit.
3. Prostate Cancer Screening – One (1) digital rectal exam and prostate-specific antigen (PSA) test per Benefit Period, is covered for Members fifty (50) years of age or older, and as recommended by his Physician.
4. Colorectal Cancer Screening – a fecal occult blood test, flexible sigmoidoscopy, or routine colonoscopy provided in accordance with the most recently published recommendations established by the American College of Gastroenterology, in Consultation with the American Cancer Society, for the ages, family histories and frequencies referenced in such recommendations.

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

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. You may view a copy of Our Preventive Care Services brochure by visiting www.bcbsla.com/preventive.

The list of covered services changes from time to time. To check the current list of recommended Preventive or Wellness Care services required by PPACA, visit the U.S. Department of Health and Human Services' website at: <https://healthcare.gov/preventive-care-benefits/> or contact our Customer Service Department at the telephone number on your ID card.