

## INSURANCE BENEFITS FOR PREVENTIVE CARE

<b>PPO AND EPO ADULT WELLNESS BENEFITS</b>		
<b>Preventive care consisting of routine physical examinations, lab work, and immunizations (including a yearly influenza vaccination) covered as follows:</b>		
Age 16 – 39	\$200 during a 3-year period	100%* (not subject to the annual deductible)
Age 40-49	\$200 during a 2-year period	100%* (not subject to the annual deductible)
Age 50 +	\$200 during a 1-year period	100%* (not subject to the annual deductible)
<b>Specialized age appropriate wellness care not subject to annual deductible, as follows:</b>		
One Pap test for cervical cancer per Plan Year		
Mammographic examinations performed according to the following schedule:		
1) One mammogram during the five-year period a person is 35-39 years of age		
2) One mammogram every two Plan Years for any person who is 40-49 years of age		
3) One mammogram every 12 months for any person who is 50 years of age or older		
Testing for detection of prostate cancer, including digital rectal examination and prostate-specific antigen testing, once every 12 months for men over the age of 50 years.		

<b>HUMANA ADULT WELLNESS BENEFITS</b>	
No age or dollar limitations on preventive services except as noted below. Preventive services covered only when using in-network providers except for flu/pneumonia immunization as shown below. Preventive care consisting of routine physical examinations and lab work covered as follows:	
1) Routine examinations to include routine x-rays and laboratory tests** 2) Well woman exams (includes mammograms and pap smears)	100% after \$15 copayment per visit to primary care physician or \$25 copayment per visit to specialist.
Prostate antigen testing	100%
1) Immunizations 2) Gardasil/Human Papillomavirus Vaccine/HPV (any covered female ages 9 to 26)	100%
2) Flu/pneumonia immunizations *	100% in-network 100% out of network not to exceed the maximum allowable fee/reasonable and customary fee
Routine hearing exams and testing	100% after \$15 copayment per visit to primary care physician or \$25 copayment per visit to specialist.
Routine Vision screening and eye refraction limited to one per plan year	100% after \$15 copayment.
Routine Endoscopic Services and Routine Cancer Screenings	100% after \$15 copayment per visit to primary care physician or \$25 copayment per visit to specialist.
** Note: Professional fees associated with computer automated pathology services are normally processed under the primary lab fee. This service is automated with no manual intervention necessary. If a physician interprets the lab work or x-rays, the member is responsible for this charge.	

## LSU SYSTEM HEALTH PLAN (FORMERLY DEFINITY) ADULT WELLNESS BENEFITS

**Well-adult care includes a routine office visit, immunizations and screenings as follows:**

Age 16 – 39	One visit every 3 years
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Age 40-49	One visit every 2 years
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Age 50 +	Annual visit
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Annual eye exam

### **Immunizations:**

- Tetanus/Diphtheria (Td) Booster once every 10 years
- Influenza Vaccination (flu shot) annually
- Pneumococcal Vaccination (Pneumovaz) - one dose for persons 65 and over
- Human Papillomavirus Vaccine (HPV) from age 17 through 26

### **Screenings:**

- Bone density scanning annually for females age 50 and over
- Cholesterol and HDL levels annually for males age 35 and older and females age 45 and older
- Mammogram annually starting at age 40
- Pap Smear and Routine Pelvic Exam annually
- Colorectal Cancer Screenings (choose from the following:)
  1. Fecal occult blood test (FOBT) annually and flexible sigmoidoscopy once every 5 years both beginning at age 50; or
  2. Colonoscopy once every 10 years beginning at age 50; or
  3. Double contrast barium enema once every five years starting at age 50
- Digital rectal examination (DRE) and prostate specific antigen (PSA) test annually starting at age 45

***The above is summary information only and does not replace official plan literature.  
Refer to appropriate plan documents and/or web sites for details.***