



Office of Group Benefits

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Wellness & Preventive Care Benefits July 1, 2010 to June 30, 2011

Verification of eligibility and/or benefits is not a guarantee of coverage

WELL ADULT CARE							
OGB allows up to a \$500 maximum benefit with no plan year deductible for a routine physical examination and related pathology and radiology services. Each examination must be performed by a physician and billed by that physician.							
<b>\$500 Eligible Expenses Payable, Not to Exceed the OGB Fee Schedule</b>							
PPO Provider or Medicare/COB primary				100% of allowable			
Non-PPO Provider (OGB primary)				70% of allowable			
Non-Louisiana residents				100% of allowable			
<i>Age</i>		<i>Time Frame</i>					
Age 16 - 39		1 during a 3-year period					
Age 40 - 49		1 during a 2-year period					
Age 50 & over		1 during a 1-year period					
Pathology Tests / Evaluation & Management							
<i>Eligible Services (CPT &amp; HCPCS)</i>							
80050	80053	80061	81000	81001	81002	81003	82270
82272	82465	82747	82947	82948	82951	82952	83718
84443	84478	85007	85014	85018	85025	85027	85032
85610	85651	99384	99385	99386	99387	99394	99395
99396	99397	G0101	G0402	G0403			
Radiology Tests							
<i>Eligible Services (CPT)</i>							
71010		71015		71020			71030
PREVENTIVE ADULT CARE							
Preventive adult care benefits are separate from and in addition to well adult care benefits. For routine mammogram, pap smear or PSA testing, plan year deductible is waived, subject to co-insurance. Benefits are payable as follows:							
• PPO Providers:				90%			
• Non-Contracted Providers (Member resides in LA):				70%			
• Non-Contracted Providers (Member resides outside LA):				90%			
Routine Mammograms							
<i>Age</i>		<i>Time Frame</i>					
Age 35 - 39		1 every 5-year period					
Age 40 - 49		1 every 24-month period					
Age 50 and over		1 every 12-month period					
<i>Eligible Services (CPT &amp; HCPCS)</i>							
77051	77052	77055	77056	77057	G0202	G0204	G0206
Routine Pap Smears							
<i>Age</i>		<i>Time Frame</i>					
Age 16 and over		1 every 12-month period					
<i>Eligible Services (CPT &amp; HCPCS)</i>							
88142	88143	88147	88148	88150	88152	88153	88154
88164	88165	88166	88167	88174	88175	Q0091	G0123
G0124	G0143	G0144	G0145	G0147	G0148	P3000	P3001
Routine Prostate-Specific Antigen (PSA) Tests							
<i>Age</i>		<i>Time Frame</i>					
Age 50 and over		1 every 12-month period					
<i>Eligible Services (CPT)</i>							
84152		84153		84154		G0102	G0103
Routine Colorectal Cancer Screenings							
Routine colorectal cancer screenings; subject to plan year deductible and co-insurance, 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, including the following:							
Fecal occult blood test		Colonoscopy			Flexible sigmoidoscopy		
Benefits are limited to SCREENINGS only. Office visits, interpretations, etc. are NOT included. Benefits are payable as follows:							
• PPO Providers:				90%			
• Non-Contracted Providers (Member resides in LA):				70%			
• Non-Contracted Providers (Member resides outside LA):				90%			
<i>Age</i>		<i>Eligible Services (CPT/HCPCS)</i>			<i>Time Frame</i>		
Age 50 & over		G0104			G0106		
Age 50 & over		82270			1 every 12 months		
Any age		G0105			G0120		
Any age		G0121			1 every 10 years		

WELL BABY CARE & WELL CHILD CARE							
OGB allows routine physical examinations, checkups and office visits to a physician; subject to plan year deductible and co-insurance. Each examination must be performed by a physician and billed by that physician.							
<i>Eligible Expenses Payable Not To Exceed The OGB Fee Schedule</i>							
• PPO Providers:				90%			
• Non-Contracted Providers (Member resides in LA):				70%			
• Non-Contracted Providers (Members resides outside LA):				90%			
<i>Age</i>		<i>Time Frame</i>					
Birth until age 1		All office visits for scheduled immunizations & screenings.					
Age 1 until age 3		3 office visits, including scheduled immunizations & screenings, per plan year.					
Age 3 until age 16		1 office visit, including scheduled immunizations & screenings, per plan year.					
<i>Eligible Services (CPT)</i>							
86580	99381	99382	99383	99384	99391	99392	99393
99394							

IMMUNIZATIONS							
Immunizations are no longer part of Well Adult, Well Baby and Well Child Care. This means immunizations are subject to the plan year deductible and applicable payment percentages. Benefits are payable as follows:							
• PPO Providers:				90%			
• Non-Contracted Providers (Member resides in LA):				70%			
• Non-Contracted Providers (Member resides outside LA):				90%			
Herpes Zoster Vaccine							
<i>Age</i>		<i>Eligible Service (CPT)</i>					
Age 60 and over		90736					
Human Papillomavirus (HPV) Vaccine							
<i>Age</i>		<i>Eligible Service (CPT)</i>					
Age 9 through age 26		90649					
Other Eligible Immunization Services (CPT)							
90470	90476	90477	90585	90632	90633	90634	
90636	90645	90646	90647	90648	90650	90655	
90656	90657	90658	90660	90669	90680	90681	
90696	90698	90700	90701	90702	90703	90704	
90705	90706	90707	90708	90710	90712	90713	
90714	90715	90716	90718	90719	90720	90721	
90723	90732	90733	90734	90740	90743	90744	
90746	90747	90748	G9141				

Key Points to Remember

- Well adult benefit covers up to \$500 in eligible expenses. Patient is responsible for wellness costs that exceed allowable benefit.
- If the patient has used \$500 wellness benefit for time period in which he or she is eligible to receive benefits, OGB will deny payment of additional wellness claims.
- Adult wellness examinations are eligible for coverage only when performed no more often than listed frequency plus one day.
- Appropriate codes for wellness diagnoses and eligible services must be used in billing.
- Plan participants receive maximum value for wellness benefits when utilizing network providers.
- Immunizations are now covered as a regular benefit.

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