



Solutions for Individuals | 2024
Qualified Health Plans





For nearly 90 years, Louisianians have trusted their health insurance needs to Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. As the leading health insurer in the state, we take our mission of improving the health and lives of Louisianians to heart.

We are here to help you protect your health and that of your loved ones — and your peace of mind. With multiple offices located around the state, we're always ready to serve you. We know many people have never had to shop for health insurance, so we are here — along with our agents — to answer questions and to support you.

Table of Contents

Healthcare Reform: What Does It Mean to You?	1
What All Individual Qualified Health Plans Cover	2
Why Choose Blue?	3
How Your Plan Works	10
Choose the Plan That’s Right for You.....	12
Your Choice of Products	14
2024 Products by Area	15
We’re Here to Help	22
Online Convenience	23
Mobile Is the Way to Go	23

Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc., are Qualified Health Plan Issuers on the Health Insurance Marketplace.

If there is any discrepancy between the information in this brochure and the policy, the policy prevails. Premium will vary with the level of benefits chosen. For complete information, please refer to the policy.

Benefits are based on allowable charges. Allowable charge is defined as the lesser of the billed charge or the amount established or negotiated by Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc., as the maximum amount allowed for all provider services covered under the terms of the policy.

NOTICE: HEALTHCARE SERVICES MAY BE PROVIDED TO YOU AT A NETWORK HEALTHCARE FACILITY BY FACILITY-BASED PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF ANY FEES FOR THOSE OUT-OF-NETWORK SERVICES, IN ADDITION TO APPLICABLE AMOUNTS DUE FOR COPAYMENTS, COINSURANCE, DEDUCTIBLES AND NON-COVERED SERVICES.

SPECIFIC INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK FACILITY-BASED PHYSICIANS CAN BE FOUND AT **WWW.BCBSLA.COM/HBP** OR BY CALLING THE CUSTOMER SERVICE PHONE NUMBER ON YOUR ID CARD.

Utilization Management decision-making is based only on appropriateness of care and service and existence of coverage. Practitioners or other individuals are not specifically rewarded for issuing denials of coverage. Financial incentives for Utilization Management decision makers do not encourage decisions that result in underutilization.

Healthcare Reform: What Does It Mean to You?

Healthcare changed when the Affordable Care Act (ACA) – also known as healthcare reform – went into effect in 2010. Here’s what you need to know:

1. The ACA recommends all individuals have health coverage.

Blue Cross and Blue Shield of Louisiana currently serves 1.9 million members. We offer plans for every budget so you can get coverage and peace of mind.

2. You might qualify for help from the government.

If you qualify based on your income, you can get subsidies – also known as advanced premium tax credits – from the federal government to help you pay for your health insurance. If you qualify, these subsidies are available when you buy a plan through **HealthCare.gov** and may help lower your health insurance costs significantly. To find out if you qualify for help paying your premiums, visit www.bcbsla.com/whatyoupay.

3. You can’t be denied coverage.

Even if you’re sick or have a pre-existing condition, you can’t be charged more or denied coverage.



What All Individual Qualified Health Plans Cover

All individual Blue Cross qualified health insurance plans meet the rules set by the healthcare reform laws. Any plan you buy will offer these key benefits:

Essential Health Benefits

- **Office visits**
A visit to your doctor's office.
- **Prescription drugs**
Drugs prescribed by a doctor to treat an acute illness, like an infection, or an ongoing condition, like high blood pressure.
- **Preventive and wellness services and chronic disease management**
These services include routine physicals, screenings and immunizations. Chronic disease management is an integrated approach to manage an ongoing condition, like asthma or diabetes.
- **Hospitalization**
Care you receive as a patient in a hospital.
- **Emergency services**
Care for conditions which, if not immediately treated, could lead to serious disability or death.
- **Lab tests, blood work, X-rays**
Testing blood, tissues, etc. from a patient to help a doctor diagnose a medical condition and monitor the effectiveness of treatment.
- **Maternity and newborn care**
Care provided to women during pregnancy and during and after labor; care for newly born children.
- **Mental healthcare and substance use disorder services, including behavioral health treatment**
Care to evaluate, diagnose and treat mental health and substance use disorder issues.
- **Pediatric dental and vision services**
All plans include benefits for annual pediatric eye exams, glasses, dental exams, cleanings, fluoride treatment, fillings and oral surgery.
- **Rehabilitation services and devices**
Services and devices to help people with injuries, disabilities or chronic conditions gain or recover mental and physical skills.
- **Contraceptive coverage**
Contraceptive methods and counseling for all women, as prescribed by a healthcare provider.

Certain limitations and exclusions apply to Essential Health Benefits.



Preventive and Wellness Benefits

Many preventive and wellness services are covered at 100% when you go to a provider in your network. These covered services include annual exams, colonoscopies, mammograms and more. See www.bcbsla.com/preventive for a full list of services that are covered.

No Lifetime Maximums

There are no lifetime maximums on Essential Health Benefits covered on any Blue Cross individual medical plans.

Why Choose Blue?

We are committed to offering value with our health insurance plans. As a customer, you can take advantage of innovative health programs focused on keeping you well. Plus, you get value-added wellness programs and exclusive discounts on wellness services such as fitness memberships, spas and more.

Quality Blue Program

As a Blue Cross and Blue Shield of Louisiana customer, your health is important to us. That's why we are working with healthcare providers around the state through our Quality Blue (QB) program – together, we can help you have a better, easier healthcare experience. Our Quality Blue program is part of your health benefits. If you are seeing a Quality Blue provider, you are already included in the program.

How does the Quality Blue program work?

Through our Quality Blue program, Blue Cross makes your health claims information available in a secure manner to your Quality Blue provider. This helps them learn more about your health history and anything that's happened since your last visit. This is to make sure you get what you need to stay on top of your health.

What do I get out of seeing a Quality Blue provider?

- **Keeping Up with Care**

Seeing your Quality Blue provider can help you stay healthy and catch any problems early, when they are easier to treat. Everyone should have at least one checkup a year. If you have a long-term health condition, your provider may recommend you have visits more often.

- **Reminders**

Since Quality Blue providers have more information about your health history, they can send notices about important screenings, tests, or shots you might need.

- **Lower Copays**

If you are on a Blue Cross health plan that has copayments for primary care office visits, you may get lower copayments for office visits with a Quality Blue provider.

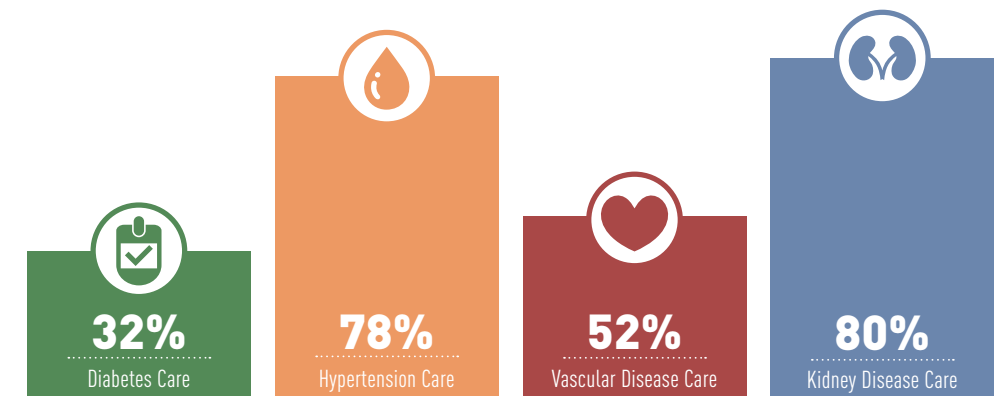
Is my doctor in the Quality Blue program?

Our Quality Blue program currently includes General Practice, Family Practice, Internal Medicine, Pediatrics, and Geriatrics providers. You can ask your provider if they are in the Quality Blue program or look them up in our directory at www.bcbsla.com/findcare. Quality Blue providers have an indicator as shown below:

QUALITY BLUE PROVIDER

Check out www.bcbsla.com/QualityBlue to learn more about how this program helps you. If you have questions about how Blue Cross may share your claims information with your provider's office, please call the Blue Cross Information Governance Office at (225) 298-1751.

Quality Blue Helps Improve Health Results



SOURCE: Quality Blue program data through October 2021. Percentages reflect members meeting optimal care goals.

Affinity Health Group

In search for new ways for members to get the most out of their healthcare coverage, Blue Cross and Blue Shield of Louisiana has partnered with Affinity Health Group, L.L.C., a wholly-owned subsidiary of Vantage Health Plan, Inc. The physicians, nurse practitioners and physician assistants of Affinity Health Group (AHG) have combined their resources to provide patients enhanced access to quality healthcare at a lower cost.

With AHG, cost share for primary care physician (PCP) and specialist office visits, including pregnancy office visits, may be reduced for eligible members. Affinity has several clinics staffed with professional and certified medical personnel who provide care from a pediatric level to primary care, and many specialties in between. Members can obtain a greater value for their care by taking advantage of this cost-effective benefit.

Contact your agent to learn more about AHG and eligible plans. To search for AHG providers, go to www.bcbsla.com/findcare and choose your plan's network directory. Affinity Health Group physicians have an indicator as shown below:

AFFINITY HEALTH PROVIDER

Care Management

Members become STRONGER THAN EVER with our Care Management programs working for them. We offer care management programs with health coaching, education and hands-on support to help members with chronic conditions or serious illnesses. With a team of clinical professionals, including doctors, nurses, dietitians, pharmacists and social health coaches, we share personalized information to encourage members on their journey to optimal health. If you have diabetes, heart disease, other chronic conditions, traumatic injuries or serious illnesses, these programs help guide you through the healthcare system and get the services you need in a timely manner. Members do not pay anything to work with a health coach. Visit www.bcbsla.com/stronger to learn more.

Telehealth for Convenient, Affordable Care

What is telehealth?

Telehealth, also called virtual care, is an easy and convenient way to be treated for minor illnesses or to access behavioral health services and other forms of care through an online connection. For those with telehealth benefits, virtual care is a great way to access and stay connected with a network provider. Some providers volunteer to be recognized and searchable in the online Blue Cross and Blue Shield of Louisiana provider directory as providers of telehealth services. We recommend members reach out directly to their network provider for details on how to connect using telehealth. Blue Cross members can call the Customer Service number on their ID card to learn about their telehealth benefits.

If your regular provider does not offer telehealth options or is not available, Blue Cross and Blue Shield of Louisiana offers members access to BlueCare, our online virtual care platform with virtual medical care 24/7 and scheduled behavioral health appointments.

BlueCare: Get Care from Anywhere!

Blue Cross members and any dependents who are covered on their plans can access online medical and behavioral health visits. All BlueCare providers are U.S.-trained and board-certified.

Medical Visits

- BlueCare costs less than the ER and urgent care centers.
- BlueCare lets you see a doctor online, 24/7, to treat non-emergency, common conditions like fever, colds and cough, stomach bugs or pink eye.

Behavioral Health Visits

- Online appointments for behavioral health needs are available with BlueCare. Simply log in and schedule a visit with a psychology or psychiatry provider.
- BlueCare behavioral health appointments can be a good service for members who may be feeling depression, grief, stress, or anxiety, who are dealing with life transitions ... and more.

Drugs may be prescribed if needed. Prescription availability is defined by physician judgment; certain types of medication may not be prescribed. Before your BlueCare visit, you'll see what it will cost. This depends on your plan type and benefits. You can use any major credit card and even HSA or FSA cards to pay for BlueCare. Your card will not be charged until your visit is over.

To sign up, download the free BlueCare app or visit www.BlueCareLA.com. Have your Blue Cross ID card number handy.



BlueCare is powered by Amwell, a vendor that provides the BlueCare telehealth platform for Blue Cross and Blue Shield of Louisiana and its subsidiaries.

Blue365®: Healthy Discounts and Deals

Blue365® offers you discounts on health and wellness resources, 365 days a year. Blue Cross and HMO members enjoy special discounts on many services, such as:

- Fitness memberships (in-person and virtual) and workout gear
- Wearable devices
- Meal delivery and nutrition deals
- Eye care
- Athletic footwear
- Hearing aids

Register for your free online account at www.blue365deals.com/BCBSLA to access these exclusive discounts!

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FREE Identity Protection Services

The Cross and Shield is here to protect you in good times and in challenging times. That's why we offer free identity protection services, in partnership with Experian, to all of our eligible customers. And the identity protection applies to all parts of life, not just healthcare.

- **Complete Identity Repair and Restoration**

If you are a victim of identity theft, an investigator will act as your guide and advocate until the issue is resolved and your identity is restored. This includes contacting creditors and other institutions involved.

- **Fraud Alerts with Credit Monitoring - Enrollment Required**

This service offers additional layers of protection, including credit monitoring, \$1 million identity theft insurance, an annual credit score and credit report, and ChildScan services for minors. You can also renew and remove fraud alerts on your credit file to help protect you from credit fraud.

Learn more at www.bcbsla.com/idprotection.



The BlueCard® Program

Your healthcare benefits travel with you wherever you go – across the country and around the world. BlueCard® is a national program that allows you to receive healthcare services while traveling or living in another Blue Plan's service area. The program links participating healthcare providers with the independent Blue Plans across the country and in nearly 200 countries and territories worldwide through a single electronic network.

- With Blue *Max* and Blue*Saver* plans, if you go to a PPO provider in another state or country, your plan will pay in-network as if you were at home.
- With Blue Point of Service and Select Network plans, unless it is emergency care, care obtained outside your Louisiana HMO network will be paid at the out-of-network benefit level.

Blue Dental for Individuals and Families

Oral health is about more than a good smile. Having regular dental exams can help find dental problems and other health conditions in the body like diabetes, heart disease, osteoporosis and cancer. Dental providers in the Advantage Plus Network* provide covered services at significant savings to you. Contact your agent or visit www.bcbsla.com/shop-plans/dental for more information.

**Advantage Plus Network is administered by United Concordia Companies, Inc. United Concordia is an independent company that administers dental benefits on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*



GeoBlue®: Products for the Unique Needs of International Travelers

Do you plan to travel, live or work outside the U.S.? Make sure you are protected with an international health plan that's backed by Blue Cross Blue Shield, a name you know and trust to provide access to quality care. GeoBlue provides the comprehensive coverage you need if you get sick or injured outside the U.S., with plans for short-term international vacation travel and living and working abroad.

GeoBlue plans offer:

- 24/7/365 support from an experienced team of global health and safety experts
- Worldwide community of English-speaking providers trained in western-style medicine
- Global TeleMD™ telemedicine services to connect with a doctor by video or phone anywhere in the world
- Mobile tools that help you stay connected, informed, and navigate unfamiliar health systems around the world

To view all of the GeoBlue plans, visit www.bcbsla.com/geoblue.

Telemedicine services are provided by Teladoc Health, directly to members. GeoBlue assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of the services by Teladoc Health. Support and information provided through this service does not confirm that any related treatment or additional support is covered under a member's health plan. This service is not intended to be used for emergency or urgent treatment medical questions.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.

How Your Plan Works

Your Cost Share

These are the terms you need to know to help you understand the benefit charts in this brochure.

- **Premium**

A premium is the monthly payment you have to pay for your plan.

- **Copayments**

If your plan has a copayment, or copay, this means that you pay a set dollar amount, or flat fee, for some kinds of care, such as at your doctor's office or pharmacy. Your copayment will be a lower amount for a primary care doctor and higher for specialists.

- **Deductibles**

If you choose a plan with a deductible, this is the amount you must pay up front before your insurance pays for your care. If your plan also has copayments, these copays will not count toward your deductible. Your plan will also have a separate out-of-network deductible.

- **Coinsurance**

Once you've paid your deductible, you'll pay a set percentage, or coinsurance, for your care. You will pay the lowest coinsurance amount when you stay in-network for care.

- **Maximum Out-of-Pocket**

What you pay toward your medical and pharmacy deductibles, copayments and coinsurance applies to your maximum out-of-pocket. Once you've paid your maximum out-of-pocket, your insurance will pay 100% of the cost of covered care for the remainder of the calendar year. A separate out-of-pocket-maximum will apply for services you receive out of your network.

- **Coordination of Benefits**

Dual health coverage is becoming more common because of working couples with dual incomes, working Medicare beneficiaries and the extension of dependent coverage to children up to 26. Blue Cross and Blue Shield of Louisiana has guidelines to determine which plan will pay primary and which plan will pay secondary. These rules are outlined in the "coordination of benefits" provisions in your contract, the document that explains your benefits and how they are determined.

Your Plan's Network Coverage

Blue Cross and Blue Shield of Louisiana has one of the largest doctor and hospital networks in the region. This means you have access to the care you need at a lower price. In order to get the most out of your health plan and keep your costs as low as possible, it's important that you get care from a provider in your network.

It's easy to look up doctors and hospitals in your network. Just go to www.bcbsla.com/findcare or use the BCBSLA mobile app and choose your plan's network directory.

Selecting a Primary Care Physician

With Blue POS or a Select Network, you must pick a primary care physician (PCP) in your network to handle most of your medical needs when sick or injured. This is a doctor practicing in General Practice, Family Practice, Internal Medicine or Geriatrics for adults, or Pediatrics for children. You may also select a Nurse Practitioner (NP) or Physician Assistant

(PA) as your PCP if he or she is set up in our system as a network primary care physician. You must choose a PCP. If you do not choose a PCP, one will be chosen for you. You can change your PCP at any time by logging onto your account at www.bcbsla.com/login or by calling the Customer Service number on the back of your ID card.

Your Prescription Drug Coverage

Prescription drug benefits are included in all plans. Your plan may have a separate drug deductible. Drug benefits are managed by Express Scripts* and include a specialty pharmacy network and a mail order program. To get the most value out of your drug benefits, you should take a drug that is covered under your plan.

**Express Scripts is an independent company that provides pharmacy benefit management services to Blue Cross and Blue Shield of Louisiana.*

Covered Drug List

Your plan has a covered drug list, or formulary, that includes thousands of generic and brand drugs, but not every drug is covered. How much you pay for the drugs on the list depends on the plan you choose and the drug you buy. If you fill a drug that is not on the covered drug list, you could have to pay the full cost of the drug.

Two things a covered drug list can tell you:

1. If there are other drugs you can take for your health problem that will cost you less.
2. About any rules that you must follow before a drug may be covered.

Pay close attention to what your plan has. Is it a 2-tier pharmacy plan, a 3-tier pharmacy plan or a 4-tier pharmacy plan?

This means your plan has either two cost tiers, three cost tiers or four cost tiers for drugs. Drugs in the lower tiers cost less than drugs in the higher tiers. To save money, start with a drug in Tier 1. If that one doesn't work, you can move up to a higher cost drug in a higher tier, and so on.

2-Tier Plans Coinsurance will apply once your deductible is met.			3-Tier Plans A separate drug deductible may apply, then copayments or coinsurance.			4-Tier Plans A separate drug deductible may apply, then copayments or coinsurance.		
Tier 1	\$	Generic drugs	Tier 1	\$	Primarily generic drugs, although some brand-name drugs may fall into this category	Tier 1	\$	Primarily generic drugs, although some brand-name drugs may fall into this category
Tier 2	\$ \$	Brand drugs	Tier 2	\$ \$	Includes traditional and specialty brands and generics and biosimilars	Tier 2	\$ \$	Brand drugs
			Tier 3	\$ \$ \$	Includes traditional and specialty brands and generics and biosimilars and covered compound drugs	Tier 3	\$ \$ \$	Primarily brand drugs that may have a therapeutic alternative that is in Tier 1 or Tier 2, although some generic drugs may fall into this category. Covered compounded drugs are included in this tier.
						Tier 4	\$ \$ \$ \$	High-cost brand or generic drugs that are identified as specialty drugs

Zero Dollar Drug Copay Program

Our \$0 Drug Copay Program offers \$0 copay for certain drugs used to treat certain chronic conditions. Members do not have to meet a deductible before getting program drugs for \$0. Drugs in this program are regularly recommended to treat asthma, chronic obstructive pulmonary disease (COPD), coronary heart disease, diabetes, heart failure and other common chronic conditions. The \$0 Drug Copay Program is available for copay-based pharmacy benefits. The program is not available for coinsurance-only pharmacy benefits. Go to www.bcbsla.com/covereddrugs for a list of drugs in the program.

Find out if your drugs are covered before you fill

You and your doctor can check to see if drugs you take are covered at www.bcbsla.com/pharmacy. If your doctor orders a new drug for you, ask if the drug is on your covered drug list before you go to the pharmacy.

Choose the Plan That's Right for You

Your Plan's Metal Level

Blue Cross offers healthcare plans in three metal levels – bronze, silver and gold. Plans in each metal level have similar benefits, but differ on how the costs of the benefits are applied.

Bronze \$	This level has the lowest monthly premium, but also has the highest deductibles. This means you'll pay the highest amount of up-front costs for your healthcare with a bronze level plan.
Silver \$\$	This level has slightly higher monthly premiums than bronze, but also richer benefits. If you qualify for extra savings, called cost-share reductions, you must choose a silver-level Marketplace plan.
Gold \$\$\$	This level has even richer benefits than silver, but also a higher monthly premium.

Blue Cross and HMO Plans by Metal Level

We're proud to offer a range of plans to suit your needs and your budget. You may enroll in any of our plans starting Nov. 1, 2023. You can receive coverage as early as Jan. 1, 2024.

Bronze \$	Silver \$\$	Gold \$\$\$
Blue Connect (Lafayette; Shreveport; New Orleans service areas) 70/50 \$4,550	Blue Connect (Lafayette; Shreveport; New Orleans service areas) 80/60 \$3,400	Community Blue (Baton Rouge service area) 80/60 \$3,400
Blue Max 70/50 \$6,700	Blue Connect (Lafayette; Shreveport service areas) copay 70/50 \$2,900	Community Blue* (Baton Rouge service area) copay 70/50 \$3,100
Blue Max 100/100 \$9,450	Blue Connect* (Lafayette; Shreveport; New Orleans service areas) copay 70/50 \$3,100	Precision Blue (Baton Rouge; Monroe service areas) 80/60 \$3,400
Blue Max Standardized Plan copay 50/50 \$7,500	Blue Max copay 50/50 \$3,300	Precision Blue (Monroe service areas) copay 70/50 \$2,900
Blue POS 70/50 \$4,550	Blue Max* copay 50/50 \$3,400	Precision Blue* (Baton Rouge; Monroe service areas) copay 70/50 \$3,200
Blue POS 60/40 \$6,500	Blue Max Standardized Plan copay 60/40 \$5,900	Signature Blue (New Orleans service area) 80/60 \$3,400
Blue POS Standardized Plan copay 50/50 \$7,500	Blue POS* copay 70/50 \$2,700	Signature Blue* (New Orleans service area) copay 70/50 \$3,100
BlueSaver 60/40 \$6,100	Blue POS 80/60 \$3,400	<i>*Plans sold off exchange only.</i>
Community Blue (Baton Rouge service area) 70/50 \$4,550	Blue POS copay 60/40 \$4,300	Community Blue (Baton Rouge service area) copay 80/60 \$1,000
Precision Blue (Baton Rouge; Monroe service areas) 70/50 \$4,550	Blue POS Standardized Plan copay 60/40 \$5,900	Precision Blue (Baton Rouge; Monroe service areas) copay 80/60 \$1,000
	BlueSaver 90/70 \$3,400	Signature Blue (New Orleans service area) copay 80/60 \$1,000
	BlueSaver* 90/70 \$3,500	

Your Choice of Products

Our networks include a wide variety of primary care physicians and specialists, including behavioral health providers. To search for the most up-to-date providers in each network listed below, visit www.bcbsla.com/findcare.

Blue Max

- A comprehensive health plan offered statewide, with extensive coverage for your peace of mind.
- **Several copayment, coinsurance and deductible plan options to meet your needs.**
- A four-tier copayment or coinsurance structure, three-tier copayment and coinsurance structure or a two-tier coinsurance structure will apply for prescription drugs, depending on the plan you buy. Some plans may also have a separate drug deductible.
- Accesses the statewide **Preferred Care PPO network**.

BlueSaver

- **Several deductible and coinsurance options are available to meet your needs; no copayments apply.**
- A two-tier coinsurance structure applies for prescription drugs. Once your medical deductible is met, the amount of your pharmacy coinsurance depends on the plan you buy.
- Accesses the statewide **Preferred Care PPO network**.
- When you choose an eligible BlueSaver high-deductible health plan, you can put money in a Health Savings Account (HSA) that will help you pay your deductible and your share of covered medical expenses. An HSA may have tax benefits for you.
- We recommend a *MySmartSaver* HSA with this plan. *MySmartSaver* is provided by HealthEquity* to help you successfully save for qualified medical expenses now and into retirement. Visit <https://learn.healthequity.com/mysmartsaver/hsa> or call Customer Service at 1-866-346-5800 to learn more.

Blue Point of Service

- Offered through our subsidiary, HMO Louisiana, Inc. These plans are available statewide.
- Several copayment, coinsurance and deductible plan options to meet your needs.
- A four-tier copayment or coinsurance structure, three-tier copayment and coinsurance structure or a two-tier coinsurance structure will apply for prescription drugs, depending on the plan you buy. Some plans may also have a separate drug deductible.
- Accesses the statewide **HMO Louisiana HMO/POS network**.
- Members must choose a primary care physician (PCP) to handle most of their medical needs when sick or injured.

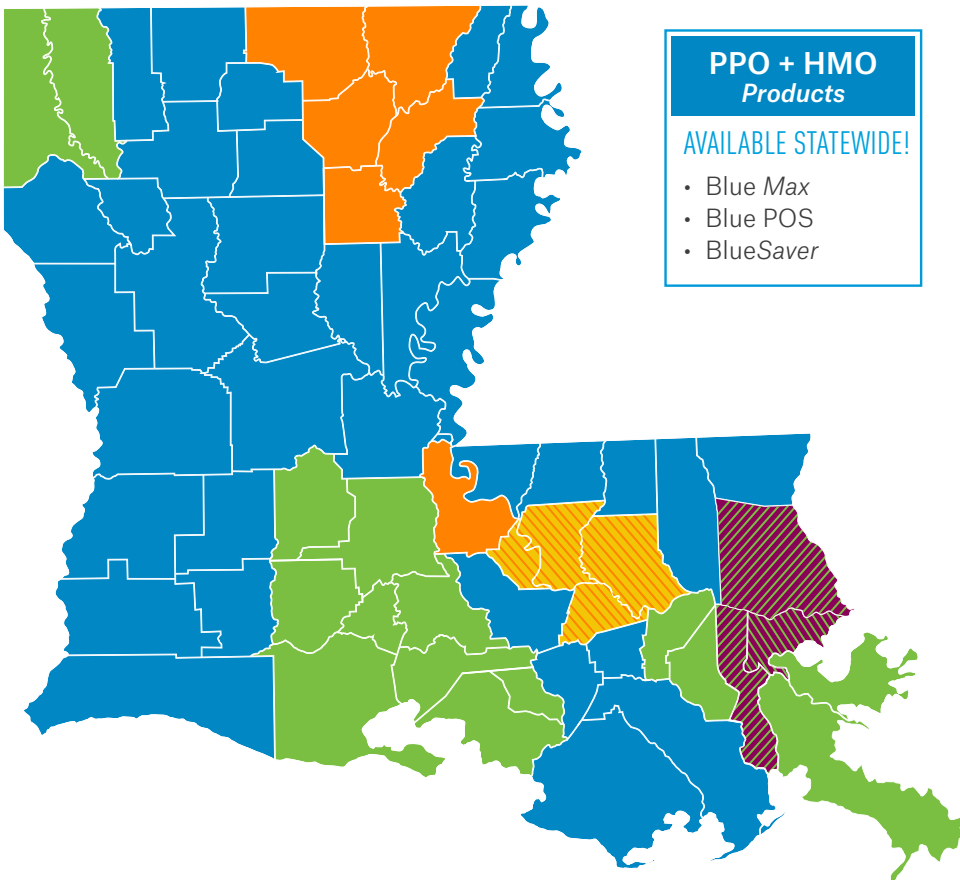
**HealthEquity, Inc., is an IRS authorized non-bank custodian of HSAs, and the preferred HSA custodian for eligible Blue Cross members enrolled in our high-deductible health plans. Members who qualify may open an HSA with any HSA trustee or custodian and should seek guidance from a tax professional or financial advisor. See IRS Publication 969 for more about HSAs. Blue Cross and Blue Shield of Louisiana and HealthEquity are not engaged in rendering tax, legal or investment advice.*

Select Network Plans (Blue Connect, Community Blue, Precision Blue and Signature Blue)*

- Our Select Network plans may be a good fit for you if you want to pay less each month for your premium, have reviewed the provider directory and are willing to see doctors, clinics and hospitals in the defined network.
- Several copayment, coinsurance and deductible plan options to meet your needs.
- A three-tier copayment and coinsurance structure or a two-tier coinsurance structure will apply for prescription drugs, depending on the plan you buy. Some plans may also have a separate drug deductible.
- Accesses the following HMO/POS networks: **Blue Connect** (Greater New Orleans, Lafayette and Shreveport service areas), **Community Blue** (Baton Rouge service area), **Precision Blue** (Greater Baton Rouge and Greater Monroe/West Monroe service areas) and **Signature Blue** (New Orleans service area).
- Members must choose a primary care physician (PCP) to handle most of their medical needs when sick or injured.

*Please refer to our separate Individual Blue Connect, Community Blue, Precision Blue and Signature Blue brochures for more information.

2024 Products by Area Find the Products Available to You



BLUE CONNECT + PPO and HMO Products

Parishes:

Greater New Orleans/Northshore
Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany

Lafayette/Acadiana
Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion

Shreveport/Bossier
Bossier and Caddo

COMMUNITY BLUE + PPO and HMO Products

Parishes: Ascension, East Baton Rouge, Livingston, West Baton Rouge

PRECISION BLUE + PPO and HMO Products

Parishes:

Greater Baton Rouge
Ascension, East Baton Rouge, Livingston, Pointe Coupee, West Baton Rouge

Greater Monroe/West Monroe
Caldwell, Morehouse, Ouachita, Richland, Union

SIGNATURE BLUE + PPO and HMO Products

Parishes: Jefferson, Orleans, St. Tammany

Blue Max Plan Comparisons

Your covered benefits are:*		Plans with deductibles:		
METAL LEVEL		GOLD		SILVER
		Deductible: \$1,500	Deductible: \$1,500	Deductible: \$3,300
Plan name		90/70 \$1,500	Copay 75/55 \$1,500 (Standardized Plan)	Copay 50/50 \$3,300
Deductible options for benefit period in-network	Single	\$1,500	\$1,500	\$3,300
	Family	\$4,500	\$3,000	\$9,900
Max out-of-pocket including deductible, copayments & coinsurance	Single	\$9,450	\$8,700	\$9,450
	Family	\$18,900	\$17,400	\$18,900
Coinsurance in-network	We pay	90%	75%	50%
	You pay	10%	25%	50%
Coinsurance out-of-network	We pay	70%	55%	50%
	You pay	30%	45%	50%
If you go to a doctor's office	Primary	Deductible then 10% coinsurance	\$30 per visit	\$40 per visit
	QB	Deductible then 10% coinsurance	\$30 per visit	\$25 per visit
	Specialist	Deductible then 10% coinsurance	\$60 per visit	\$65 per visit
Urgent care	You pay	Deductible then 10% coinsurance	\$45 per visit	\$65 per visit
If you go to an outpatient ambulatory surgical center		Deductible then 10% coinsurance	Deductible then 25% coinsurance	Deductible then 50% coinsurance
If you go to an emergency room		Deductible then 10% coinsurance	Deductible then 25% coinsurance	Deductible then 50% coinsurance
If you are admitted as an inpatient to a hospital		Deductible then 10% coinsurance	Deductible then 25% coinsurance	Deductible then 50% coinsurance
Drug deductible per member		No separate drug deductible; medical deductible applies	No separate drug deductible. Pharmacy Tier 1 through 4 waive deductible.	\$500 separate drug deductible
Prescription drugs per fill	You pay	Drug deductible then: Tier 1: 10% Generic coinsurance Tier 2: 10% Brand coinsurance	Tier 1: \$15 copay Tier 2: \$30 copay Tier 3: \$60 copay Tier 4: \$100 copay	Tier 1: Generic Drug deductible then \$15 copay Tier 2: Preferred Brand Drug deductible then 20% coinsurance (\$250 max) Tier 3: Non-Preferred Brand Drug deductible then 30% coinsurance (\$250 max)
Preventive care services		Plan pays 100% in-network		
Pregnancy care office visit		Deductible then 10% coinsurance	\$60 per visit	\$65 per visit
Physical, occupational, speech therapy rehabilitation services		Deductible then 10% coinsurance	\$30 per visit	Deductible then 50% coinsurance
Mental health & substance use disorder	Office	Deductible then 10% coinsurance	\$30 per visit	\$40 per visit
	Inpatient	Deductible then 10% coinsurance	Deductible then 25% coinsurance	Deductible then 50% coinsurance
	Outpatient	Deductible then 10% coinsurance	Deductible then 25% coinsurance	Deductible then 50% coinsurance
Pediatric dental & vision		You will pay \$0 for diagnostic & preventive dental and routine eye exams & hardware when received from a network provider		

*This is only a partial list of benefits and services covered. Separate in- and out-of-network deductibles and maximum out-of-pocket will apply. Please see your contract for a complete list of covered services, benefits, limitations and exclusions, as well as how a member or ordering practitioner on behalf of a member may request a review for an override of coverage exclusions.

SILVER		BRONZE		
Deductible: \$3,400 <small>(Sold off exchange only)</small>	Deductible: \$5,900	Deductible: \$6,700	Deductible: \$7,500	Deductible: \$9,450
Copay 50/50 \$3,400	Copay 60/40 \$5,900 <small>(Standardized Plan)</small>	70/50 \$6,700	50/50 \$7,500 <small>(Standardized Plan)</small>	100/100 \$9,450 <small>(Standardized Plan)</small>
\$3,400	\$5,900	\$6,700	\$7,500	\$9,450
\$10,200	\$11,800	\$18,900	\$15,000	\$18,900
\$9,450	\$9,100	\$9,450	\$9,400	\$9,450
\$18,900	\$18,200	\$18,900	\$18,800	\$18,900
50%	60%	70%	50%	100%
50%	40%	30%	50%	0%
50%	40%	50%	50%	100%
50%	60%	50%	50%	0%
\$40 per visit	\$40 per visit	Deductible then 30% coinsurance	\$50 per visit	Deductible
\$25 per visit	\$40 per visit	Deductible then 30% coinsurance	\$50 per visit	Deductible
\$65 per visit	\$80 per visit	Deductible then 30% coinsurance	\$100 per visit	Deductible
\$65 per visit	\$60 per visit	Deductible then 30% coinsurance	\$75 per visit	Deductible
Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible
Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible
Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible
\$500 separate drug deductible	No separate drug deductible; medical deductible applies. Pharmacy Tier 1 through 2 waive deductible.	No separate drug deductible; medical deductible applies	No separate drug deductible; medical deductible applies. Pharmacy Tier 1 waive deductible.	No separate drug deductible; medical deductible applies
Tier 1: Generic Drug deductible then \$15 copay Tier 2: Preferred Brand Drug deductible then 20% coinsurance (\$250 max) Tier 3: Non-Preferred Brand Drug deductible then 30% coinsurance (\$250 max)	Tier 1: \$20 copay Tier 2: \$40 copay Tier 3: Non-Preferred Brand Drug deductible then \$80 copay Tier 4: Specialty Drug deductible then \$125 copay	Tier 1: Medical deductible then 30% Generic coinsurance Tier 2: Medical deductible then 50% Brand coinsurance	Tier 1: \$25 copay Tier 2: Medical deductible then \$50 copay Tier 3: Medical deductible then \$100 copay Tier 4: Medical deductible then \$150 copay	Tier 1: Generic Drug deductible Tier 2: Preferred Brand Drug deductible Tier 3: Non-Preferred Brand Drug deductible Tier 4: Specialty Drug deductible
Plan pays 100% in-network				
\$65 per visit	\$80 per visit	Deductible then 30% coinsurance	\$100 per visit	Deductible
Deductible then 50% coinsurance	\$40 per visit	Deductible then 30% coinsurance	\$50 per visit	Deductible
\$40 per visit	\$40 per visit	Deductible then 30% coinsurance	\$50 per visit	Deductible
Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible
Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible

You will pay \$0 for diagnostic & preventive dental and routine eye exams & hardware when received from a network provider

NOTE: If you have an eligible Blue Max or Blue POS copayment plan, the PCP and Specialist copayment may be reduced or waived when services are rendered by an Affinity Health Group Provider. If there is any discrepancy between the information in this brochure and the contract, the contract prevails.

BlueSaver Plan Comparisons

Your covered benefits are:*		Plans with deductibles:		
METAL LEVEL		SILVER		BRONZE
		Deductible: \$3,400	Deductible: \$3,500 <small>(Sold off exchange only)</small>	Deductible: \$6,100
Plan name		90/70 \$3,400	90/70 \$3,500	60/40 \$6,100
Deductible options for benefit period in-network	Single	\$3,400	\$3,500	\$6,100
	Family	\$6,800	\$7,000	\$12,200
Max out-of-pocket including deductible, copayments & coinsurance	Single	\$8,000	\$8,000	\$8,000
	Family	\$16,000	\$16,000	\$16,000
Coinsurance in-network	We pay	90%	90%	60%
	You pay	10%	10%	40%
Coinsurance out-of-network	We pay	70%	70%	40%
	You pay	30%	30%	60%
If you go to a doctor's office	Primary	Deductible then 10% coinsurance	Deductible then 10% coinsurance	Deductible then 40% coinsurance
	QB	Deductible then 10% coinsurance	Deductible then 10% coinsurance	Deductible then 40% coinsurance
	Specialist	Deductible then 10% coinsurance	Deductible then 10% coinsurance	Deductible then 40% coinsurance
Urgent care	You pay	Deductible then 10% coinsurance	Deductible then 10% coinsurance	Deductible then 40% coinsurance
If you go to an outpatient ambulatory surgical center		Deductible then 10% coinsurance	Deductible then 10% coinsurance	Deductible then 40% coinsurance
If you go to an emergency room		Deductible then 10% coinsurance	Deductible then 10% coinsurance	Deductible then 40% coinsurance
If you are admitted as an inpatient to a hospital		Deductible then 10% coinsurance	Deductible then 10% coinsurance	Deductible then 40% coinsurance
Drug deductible per member		No separate drug deductible; medical deductible applies		
Prescription drugs per fill	You pay	Tier 1: Medical deductible then 10% Generic coinsurance	Tier 1: Medical deductible then 10% Generic coinsurance	Tier 1: Medical deductible then 40% Generic coinsurance
		Tier 2: Medical deductible then 40% Brand coinsurance	Tier 2: Medical deductible then 40% Brand coinsurance	Tier 2: Medical deductible then 60% Brand coinsurance
Preventive care services		Plan pays 100% in-network		
Pregnancy care office visit		Deductible then 10% coinsurance	Deductible then 10% coinsurance	Deductible then 40% coinsurance
Physical, occupational, speech therapy rehabilitation services		Deductible then 10% coinsurance	Deductible then 10% coinsurance	Deductible then 40% coinsurance
Mental health & substance use disorder	Office	Deductible then 10% coinsurance	Deductible then 10% coinsurance	Deductible then 40% coinsurance
	Inpatient	Deductible then 10% coinsurance	Deductible then 10% coinsurance	Deductible then 40% coinsurance
	Outpatient	Deductible then 10% coinsurance	Deductible then 10% coinsurance	Deductible then 40% coinsurance
Pediatric dental & vision		You will pay \$0 for diagnostic & preventive dental and routine eye exams & hardware when received from a network provider		

*This is only a partial list of benefits and services covered. Separate in- and out-of-network deductibles and maximum out-of-pocket will apply. Please see your contract for a complete list of covered services, benefits, limitations and exclusions, as well as how a member or ordering practitioner on behalf of a member may request a review for an override of coverage exclusions.

Blue Point of Service Plan Comparisons

GOLD		SILVER	
Deductible: \$1,000	Deductible: \$1,500	Deductible: \$2,700 <small>(Sold off exchange only)</small>	Deductible: \$3,400
Copay 80/60 \$1,000	Copay 75/55 \$1,500 <small>(Standardized Plan)</small>	Copay 70/50 \$2,700	80/60 \$3,400
\$1,000	\$1,500	\$2,700	\$3,400
\$3,000	\$3,000	\$8,100	\$10,200
\$9,450	\$8,700	\$9,450	\$7,900
\$18,900	\$17,400	\$18,900	\$15,800
80%	75%	70%	80%
20%	25%	30%	20%
60%	55%	50%	60%
40%	45%	50%	40%
\$40 per visit	\$30 per visit	\$45 per visit	Deductible then 20% coinsurance
\$25 per visit	\$30 per visit	\$30 per visit	Deductible then 20% coinsurance
\$60 per visit	\$60 per visit	\$65 per visit	Deductible then 20% coinsurance
\$60 per visit	\$45 per visit	\$65 per visit	Deductible then 20% coinsurance
Deductible then 20% coinsurance	Deductible then 25% coinsurance	Deductible then 30% coinsurance	Deductible then 20% coinsurance
Deductible then 20% coinsurance	Deductible then 25% coinsurance	Deductible then 30% coinsurance	Deductible then 20% coinsurance
Deductible then 20% coinsurance	Deductible then 25% coinsurance	Deductible then 30% coinsurance	Deductible then 20% coinsurance
\$500 separate drug deductible	No separate drug deductible; pharmacy Tier 1 through 4 waive deductible	No separate drug deductible; medical deductible applies	No separate drug deductible; medical deductible applies
Drug deductible then: Tier 1 Generic drug: \$7 copay Tier 2 Preferred Brand drug: 20% coinsurance (\$250 max) Tier 3 Non-Preferred Brand drug: 30% coinsurance (\$250 max)	Tier 1: \$15 copay Tier 2: \$30 copay Tier 3: \$60 copay Tier 4: \$100 copay	Tier 1: Medical deductible then 30% Generic coinsurance Tier 2: Medical deductible then 50% Brand coinsurance	Tier 1: Medical deductible then 20% Generic coinsurance Tier 2: Medical deductible then 40% Brand coinsurance
Plan pays 100% in-network			
\$60 per visit	\$60 per visit	\$65 per visit	Deductible then 20% coinsurance
\$40 per visit	\$30 per visit	\$45 per visit	Deductible then 20% coinsurance
\$40 per visit Deductible then 20% coinsurance Deductible then 20% coinsurance	\$30 per visit Deductible then 25% coinsurance Deductible then 25% coinsurance	\$45 per visit Deductible then 30% coinsurance Deductible then 30% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
You will pay \$0 for diagnostic & preventive dental and routine eye exams & hardware when received from a network provider			

NOTE: If you have an eligible Blue Max or Blue POS copayment plan, the PCP and Specialist copayment may be reduced or waived when services are rendered by an Affinity Health Group Provider. If there is any discrepancy between the information in this brochure and the contract, the contract prevails.

Blue Point of Service Plan Comparisons

Your covered benefits are:*		Plans with deductibles:	
METAL LEVEL		SILVER	
		Deductible: \$4,300	Deductible: \$5,900
Plan name		Copay 60/40 \$4,300	Copay 60/40 \$5,900 (Standardized Plan)
Deductible options for benefit period in-network	Single	\$4,300	\$5,900
	Family	\$12,900	\$11,800
Max out-of-pocket including deductible, copayments & coinsurance	Single	\$9,450	\$9,100
	Family	\$18,900	\$18,200
Coinsurance in-network	We pay	60%	60%
	You pay	40%	40%
Coinsurance out-of-network	We pay	40%	40%
	You pay	60%	60%
If you go to a doctor's office	Primary	\$45 per visit	\$40 per visit
	QB	\$30 per visit	\$40 per visit
	Specialist	\$65 per visit	\$80 per visit
Urgent care	You pay	\$65 per visit	\$60 per visit
If you go to an outpatient ambulatory surgical center		Deductible then 40% coinsurance	Deductible then 40% coinsurance
If you go to an emergency room		Deductible then 40% coinsurance	Deductible then 40% coinsurance
If you are admitted as an inpatient to a hospital		Deductible then 40% coinsurance	Deductible then 40% coinsurance
Drug deductible per member		\$500 separate drug deductible	No separate drug deductible; medical deductible applies. Pharmacy Tier 1 through 2 waive deductible.
Prescription drugs per fill	You pay	Tier 1: Generic Drug deductible then \$15 copay Tier 2: Preferred Brand Drug deductible then 20% coinsurance (\$250 max) Tier 3: Non-Preferred Drug deductible then 30% coinsurance (\$250 max)	Tier 1: \$20 copay Tier 2: \$40 copay Tier 3: Non-Preferred Brand Drug deductible then \$80 copay Tier 4: Specialty Drug deductible then \$125 copay
Preventive care services			
Pregnancy care office visit		\$65 per visit	\$80 per visit
Physical, occupational, speech therapy rehabilitation services		\$45 per visit	\$40 per visit
Mental health & substance use disorder	Office	\$45 per visit	\$40 per visit
	Inpatient	Deductible then 40% coinsurance	Deductible then 40% coinsurance
	Outpatient	Deductible then 40% coinsurance	Deductible then 40% coinsurance
Pediatric dental & vision		You will pay \$0 for diagnostic & preventive dental and routine eye exams & hardware when received from a network provider	

*This is only a partial list of benefits and services covered. Separate in- and out-of-network deductibles and maximum out-of-pocket will apply. Please see your contract for a complete list of covered services, benefits, limitations and exclusions, as well as how a member or ordering practitioner on behalf of a member may request a review for an override of coverage exclusions.

BRONZE		
Deductible: \$4,550	Deductible: \$6,500	Deductible: \$7,500 <small>(Standardized Plan)</small>
70/50 \$4,550	60/40 \$6,500	50/50 \$7,500
\$4,550 \$13,650	\$6,500 \$18,900	\$7,500 \$15,000
\$9,450 \$18,900	\$9,450 \$18,900	\$9,400 \$18,800
70% 30%	60% 40%	50% 50%
50% 50%	40% 60%	50% 50%
Deductible then 30% coinsurance	Deductible then 40% coinsurance	\$50 per visit
Deductible then 30% coinsurance	Deductible then 40% coinsurance	\$50 per visit
Deductible then 30% coinsurance	Deductible then 40% coinsurance	\$100 per visit
Deductible then 30% coinsurance	Deductible then 40% coinsurance	\$75 per visit
Deductible then 30% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance
Deductible then 30% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance
Deductible then 30% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance
No separate drug deductible; medical deductible applies. Pharmacy Tier 1 waive deductible.	No separate drug deductible; medical deductible applies	No separate drug deductible; medical deductible applies. Pharmacy Tier 1 waive deductible.
Tier 1: \$20 copay Tier 2: Preferred Brand Drug deductible then 50% coinsurance Tier 3: Non-Preferred Drug deductible then 50% coinsurance	Tier 1: Medical deductible then 40% Generic coinsurance Tier 2: Medical deductible then 60% Brand coinsurance	Tier 1: \$25 copay Tier 2: Preferred Brand Drug deductible then \$50 copay Tier 3: Non-Preferred Brand Drug deductible then \$100 copay Tier 4: Specialty Drug deductible then \$150 copay
Plan pays 100% in-network		
Deductible then 30% coinsurance	Deductible then 40% coinsurance	\$100 per visit
Deductible then 30% coinsurance	Deductible then 40% coinsurance	\$50 per visit
Deductible then 30% coinsurance Deductible then 30% coinsurance Deductible then 30% coinsurance	Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance	\$50 per visit Deductible then 50% coinsurance Deductible then 50% coinsurance

You will pay \$0 for diagnostic & preventive dental and routine eye exams & hardware when received from a network provider

NOTE: If you have an eligible Blue Max or Blue POS copayment plan, the PCP and Specialist copayment may be reduced or waived when services are rendered by an Affinity Health Group Provider. If there is any discrepancy between the information in this brochure and the contract, the contract prevails.

We're Here to Help

With Blue Cross and Blue Shield of Louisiana, you'll have the support and protection you deserve.



Your Agent

Get personal assistance from your agent, who can answer your questions, help you choose the plan that's right for you and guide you through the enrollment process – at no cost to you! Don't have an agent? Give us a call and we can connect you with someone to help.



Online

Your online account lets you manage your account, pay bills, order ID cards, review your benefits and see claims status. It also gives you exclusive access to wellness tools and discounts. Go to www.bcbsla.com/login today to register for your account.



By Phone

Help is just a phone call away. Call Customer Service toll-free at **800-392-4087** from 8 a.m. to 8 p.m. CST, Monday through Friday.

If you have questions about how Blue Cross will protect and may use or disclose your confidential/protected health information and individually identifiable health information, please visit www.bcbsla.com/privacy.



Online Convenience

Log in or register for your online account at www.bcbsla.com/login, where you can:



- **Manage Your Account**
View an ID card, view statements and claims, access forms, look up your plan benefits and cost share, find a provider and more – all from a secure, password-protected online account.
- **Take Your Health Assessment**
Learn your risks, get access to a personalized action plan and be set for a lifetime of good health.
- **Get Wellness Discounts**
Find Blue365® discounts on gym memberships and virtual fitness programs, workout clothes, nutrition deals, Lasik surgery and more.
- **Choose to Go Paperless**
Our Paperless program allows you to access your plan-related information conveniently through your online account. Any time a document that is part of the Paperless program becomes available to you, we will send you an email notification.
- **Read About Our Language Access Services**
You can request this brochure in a language other than English. Check the bottom of any page at www.bcbsla.com and click the language of your choice for this and other services. You can also call the Customer Service number on your ID card. If you are hearing impaired call 1-800-711-5519 (TTY 711).

Mobile Is the Way to Go

Download our BCBSLA app on your iPhone or Android and have your healthcare information at your fingertips!



- **Find a Doctor**
Find urgent care, locate a doctor or hospital, get directions and save locations to any doctor or hospital.
- **View Your Claims and Digital ID Card**
See all of your important health information, like claims, costs, balances, benefits and medical ID card from your mobile device.
- **Contact Us**
You can get maps and directions to any of our local offices or get phone numbers to talk to a Customer Service representative.



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).

ພວກເຮົາມີບໍລິການແປພາສາໃຫ້ທ່ານພຣີ. 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.

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