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Information on the most current rating is available
at www.standardandpoors.com or by calling
Standard & Poor's at 212-438-2400.



**BlueCross BlueShield
of Louisiana**

An independent licensee of the Blue Cross
and Blue Shield Association.



**HMO
Louisiana, Inc.**

A subsidiary of Blue Cross and Blue Shield of Louisiana,
independent licensees of the Blue Cross and Blue Shield Association.

Solutions for Individuals

Helping You Choose the Plan
That's Right for You

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



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What's Inside

This information is presented to help you choose a plan. It is not a contract, nor is it intended to be construed as a contract.

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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.

We're the solution you're looking for...and here's why:

We are proud to serve your healthcare needs.

Our Blue Cross and HMO plans offer many benefits and features, including:

We offer three different products, each with several different plans to meet your coverage needs. This booklet gives an overview of each plan by explaining what each covers and showing what you can generally expect to pay out-of-pocket. You might find the charts on pages 6, 10 and 14 especially helpful. They will help you easily compare plans to find one that fits the level of care you need and the out-of-pocket amounts that fit your budget. Our plans offer the advantages of:

- A large network of doctors and hospitals
- Direct access to specialty care without a referral
- Preventive and wellness services
- Local customer service
- Online tools to help you get the most from your health plan
- An ID card recognized around the world
- Exclusive member discounts and savings through Blue365[®]
- No lifetime maximum

2014 Individual Products

All 2014 Individual Plans are Qualified Health Plans

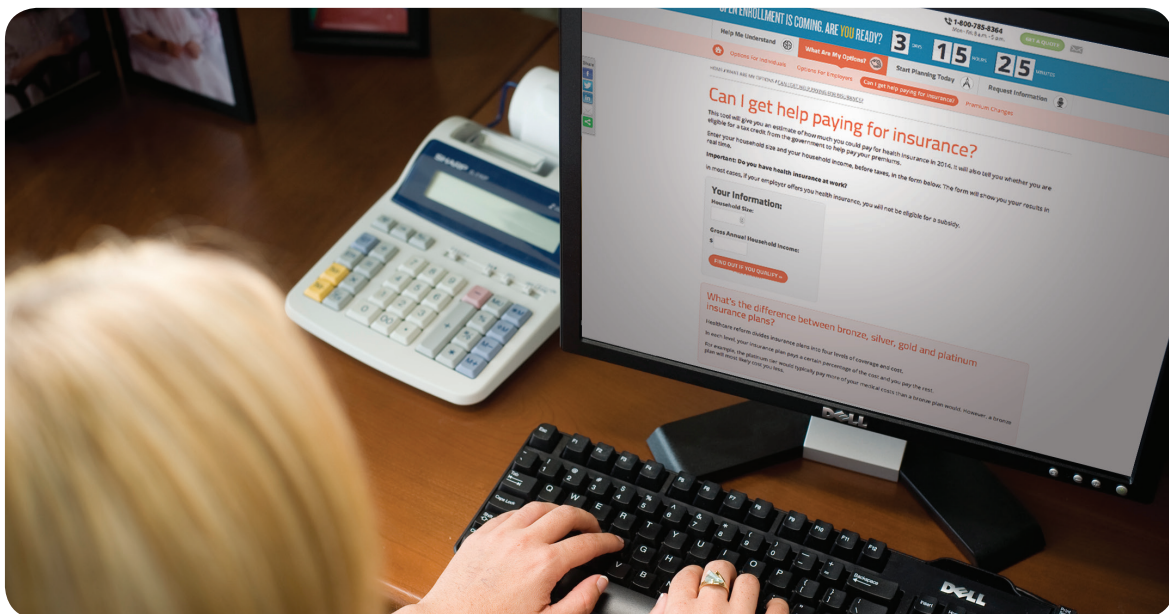
All individual plans sold by Blue Cross Blue Shield of Louisiana and HMO Louisiana, Inc. meet the rules set by the healthcare reform laws (The Patient Protection and Affordable Care Act or ACA). All plans will include extensive coverage, including essential health benefits.

Plans sold on the Health Insurance Marketplace, are divided into levels of coverage: Platinum, Gold, Silver and Bronze.

These metal levels are set by a plan's actuarial value, which is how much of your total health costs your plan pays for each year. Plans with higher actuarial values (such as Gold or Platinum level plans) will have lower out-of-pocket costs when benefits are used. Plans with lower actuarial values (such as Silver and Bronze level plans) will likely have lower premiums, but higher deductibles and out-of-pocket costs when benefits are used.

Can I get help paying for insurance?

You may be eligible for premium assistance and/or cost share reductions on the Health Insurance Marketplace. To find out if you qualify, go to www.bcbsla.com/whatyoupay.



Plans sold on the Health Insurance Marketplace by Metal Level

Platinum	Gold	Silver	Bronze
Blue Max copay 80/60 \$250	Blue Max 70/50 \$0	Blue Max 50/50 \$0	Blue Max copay 70/50 \$3,000
Blue POS copay 100/70A	Blue Max copay 80/60 \$500	Blue Max 70/50 \$1,500	Blue Max copay 80/60 \$4,000
Blue POS copay 100/70B	Blue Max copay 80/60 \$750	Blue Max copay 70/50 \$2,500	Blue Max copay 80/60 \$5,000
Community Blue POS copay 100/70	Blue Max copay 80/60 \$1,000	Blue POS copay 60/40 \$2,000	Blue Max copay 100/80 \$6,250
Blue Connect POS copay 100/70	Blue POS copay 80/60 \$500	Blue POS copay 70/50 \$3,000	Blue POS 70/50 \$3,500
	Blue POS copay 80/60 \$750	BlueSaver 80/60 \$1,900	Blue POS 70/50 \$4,500
	Blue POS copay 80/60 \$1,000	BlueSaver 100/80 \$2,800	BlueSaver 70/50 \$3,300
	BlueSaver 100/80 \$1,300	Community Blue POS copay 70/50 \$3,000	BlueSaver 100/80 \$5,000
	Community Blue POS copay 80/60	Blue Connect POS copay 70/50 \$3,000	Community Blue POS 70/50 \$4,500
	Blue Connect POS copay 80/60 \$1,000	Blue Cross and Blue Shield of Louisiana \$2,000, a Multi-State Plan	Blue Connect POS 70/50 \$4,500
	Blue Cross and Blue Shield of Louisiana \$1,500, a Multi-State Plan		

Blue Max

Blue Max, is our full-coverage plan which uses an extensive network of doctors and hospitals.

Blue Max has several copayment, coinsurance, and deductible plan options to meet your needs.

Your Blue Max* plan covers:

- Doctor visits
- Urgent care and emergency visits
- Hospital stays
- Surgeries
- Preventive and wellness services, like annual checkup
- Prescription drugs
- Maternity care
- Mental health and substance abuse treatment
- Contraceptive coverage

To find a provider in the
Preferred Care PPO network,
go to
www.bcbsla.com/findadoctor.

How your Blue Max plan pays for your healthcare:

1. Copayments

Most Blue Max plans have a *copayment* benefit. This means that you will 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. When you pay a copayment, the deductible does not apply (except when you have a separate drug deductible).

2. Deductible

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 you have a plan with three or more covered family members, you only have to meet three individual deductibles.

3. 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.

4. Out-of-pocket max

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

*Blue Max refers to policy #97176EX-034 01/14. For complete information including limitations and exclusions, please refer to the policy.

Prescription Drug Program

Prescription drug benefits are included in all Blue Max plans. How much you pay depends on the plan you choose and the drug you buy. Prescription drug benefits are managed by Express Scripts.**

Most Blue Max plans have a four-tier copayment structure for prescription drugs. Your plan may have a separate drug deductible that must be met before the following copayments are paid.

Tier	Description	The amount you pay for a 30-day supply will be either: – OR –	
1	Value Drugs: Primarily generic drugs, although some brand-name drugs fall into this category.	\$7	\$15
2	Preferred Brand Drugs: Selected for this tier based on clinical effectiveness and safety.	\$30	\$40
3	Non-Preferred Brand/Generic Drugs: Primarily brand-name drugs that may have therapeutic alternatives as a Tier 1 or Tier 2 drug, although some generic drugs may fall into this category.	\$70	\$70
4	Specialty Drugs: High-cost brand-name, generic drugs, or biotechnology drugs that are identified as specialty drugs [†]	10% of cost of drug, up to a \$100 max, per fill	10% of cost of drug, up to a \$100 max, per fill

[†]The specialty drugs are limited to a 30-day supply per fill and may require authorization.

Some Blue Max plans have a two-tier structure for prescription drugs. Once your medical deductible is met, the coinsurance amounts below are based on the plan you buy:

Tier	Description	The amount you pay for a 30-day supply will be either: – OR –		
1	Generic Drugs	0% after deductible	20% after deductible	30% after deductible
2	Brand-Name Drugs	20% after deductible	40% after deductible	50% after deductible

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

BLUE MAX PLAN COMPARISONS

Your covered benefits are:*		Plans without deductibles:		Plans with deductibles:				
METAL LEVEL		GOLD	SILVER	PLATINUM	GOLD			
		Deductible: \$0	Deductible: \$0	Deductible: \$250	Deductible: \$500	Deductible: \$750	Deductible: \$1,000	Deductible: \$1,500
Plan name		70/50 \$0	50/50 \$0	Copay 80/60 \$250	Copay 80/60 \$500	Copay 80/60 \$750	Copay 80/60 \$1,000	Copay 80/60 \$1,500†
Deductible options for benefit period in-network	Single	\$0	\$0	\$250	\$500	\$750	\$1,000	\$1,500
	Family			\$750	\$1,500	\$2,250	\$3,000	\$4,500
Max out-of-pocket including deductible, copayments & coinsurance	Single	\$4,500	\$6,000	\$1,500	\$4,500	\$4,250	\$4,250	\$4,500
	Family	\$9,000	\$12,000	\$3,000	\$9,000	\$8,500	\$8,500	\$9,000
Coinsurance in-network	We pay	70%	50%	80%	80%	80%	80%	80%
	You pay	30%	50%	20%	20%	20%	20%	20%
Coinsurance out-of-network	We pay	50%	50%	60%	60%	60%	60%	60%
	You pay	50%	50%	40%	40%	40%	40%	40%
If you go to a doctor's office	Primary care physician	Coinsurance		\$15	\$25	\$25	\$40	\$5
	Specialist	Coinsurance		\$45	\$55	\$55	\$55	\$35
Urgent care	You pay	Coinsurance		\$45	\$55	\$55	\$55	\$35
If you go to an ambulatory surgical center		Coinsurance		Deductible then coinsurance				
If you go to an emergency room		Coinsurance		Deductible then coinsurance				
If you are admitted as an inpatient to a hospital		Coinsurance		Deductible then coinsurance				
Drug deductible per member		No separate drug deductible		No separate drug deductible			\$250	No separate drug deductible
Prescription drugs per fill	You pay	Generic 30% coinsurance	Generic 50% coinsurance	\$7 \$30 \$70	\$15 \$40 \$70	\$7 \$30 \$70	\$7 \$30 \$70	\$7 \$30 \$70
		Brand 50% coinsurance	Brand 50% coinsurance	10% of drug cost, up to \$100 max	10% of drug cost, up to \$100 max	10% of drug cost, up to \$100 max	10% of drug cost, up to \$100 max	10% of drug cost, up to \$100 max
Preventive care services		We pay 100% in-network		We pay 100% in-network				
Pregnancy care		Coinsurance		Deductible then coinsurance				
Physical, occupational, speech therapy rehabilitation services		Coinsurance		Deductible then coinsurance				
Mental health & substance abuse		Coinsurance		Doctor's office visits: subject to copay Other services: deductible then coinsurance				
Pediatric dental & vision		Diagnostic & preventive dental and routine eye exams & hardware are covered 100% in-network						

*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 subscriber contract (policy) for a complete list of services covered, as well as limitations and exclusions.

Plans with deductibles:							Your covered benefits are:*	
SILVER			BRONZE				METAL LEVEL	
Deductible: \$1,500	Deductible: \$2,000	Deductible: \$2,500	Deductible: \$3,000	Deductible: \$4,000	Deductible: \$5,000	Deductible: \$6,250		
70/50 \$1,500	Copay 70/50 \$2,000†	Copay 70/50 \$2,500	70/50 \$3,000	80/60 \$4,000	80/60 \$5,000	Copay 100/80 \$6,250	Plan name	
\$1,500	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$6,250	Single	Deductible options for benefit period in-network
\$4,500	\$6,000	\$7,500	\$9,000	\$12,000	\$12,700	\$12,700	Family	
\$5,000	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	Single	Max out-of-pocket including deductible, copayments & coinsurance
\$10,000	\$12,700	\$12,700	\$12,700	\$12,700	\$12,700	\$12,700	Family	
70%	70%	70%	70%	80%	80%	100%	We pay	Coinsurance in-network
30%	30%	30%	30%	20%	20%	0%	You pay	
50%	50%	50%	50%	60%	60%	80%	We pay	Coinsurance out-of-network
50%	50%	50%	50%	40%	40%	20%	You pay	
Deductible then coinsurance	\$40	\$40	Deductible then coinsurance			\$50	Primary care physician	If you go to a doctor's office
	\$55	\$55	Deductible then coinsurance			\$60	Specialist	
Deductible then coinsurance	\$55	\$55	Deductible then coinsurance			\$60	You pay	Urgent care
Deductible then coinsurance							If you go to an ambulatory surgical center	
Deductible then coinsurance							If you go to an emergency room	
Deductible then coinsurance							If you are admitted to an inpatient hospital	
\$500	No separate drug deductible	\$500	No separate drug deductible				Drug deductible per member	
\$15 \$40 \$70	\$15 \$40 \$70	\$15 \$40 \$70	Generic 30% after deductible	Generic 20% after deductible	Generic 20% after deductible	Generic 0% after deductible	You pay	Prescription drugs per fill
10% of drug cost, up to \$100 max	10% of drug cost, up to \$100 max	10% of drug cost, up to \$100 max	Brand 50% after deductible	Brand 40% after deductible	Brand 40% after deductible	Brand 20% after deductible		
We pay 100% in-network							Preventive care services	
Deductible then coinsurance							Pregnancy care	
Deductible then coinsurance							Physical, occupational, speech therapy rehabilitation services	
Deductible then coinsurance	Doctor's office visits: subject to copay, Other services: deductible then coinsurance		Deductible then coinsurance			Doctor's office visits: subject to copay, Other services: deductible then coinsurance	Mental health & substance abuse	
Diagnostic & preventive dental and routine eye exams & hardware are covered 100% in-network							Pediatric dental & vision	

†Blue Max Copay 80/60 \$1,500 and Blue Max Copay 70/50 \$2,000 plans are not sold on the Health Insurance Marketplace. Please contact us or your agent for more information regarding these plans.

BlueSaver[®]

Your BlueSaver is a qualified high-deductible health plan, which means you can put tax-free money in a Health Savings Account that will help you pay your deductible and your share of covered medical expenses.

Your BlueSaver* plan covers:

- Doctor visits
- Urgent care and emergency visits
- Hospital stays
- Surgeries
- Preventive and wellness services, like annual checkup
- Prescription drugs
- Maternity care
- Mental health and substance abuse treatment
- Contraceptive coverage

To find a provider in the
Preferred Care PPO network,
go to
www.bcbsla.com/findadoctor.

How your BlueSaver plan pays for your healthcare:

1. Copayments

No *copayments* apply to BlueSaver plans.

2. Deductible

You will pay a *deductible* with your BlueSaver, which is the amount you must pay up front before your health insurance pays for your care.

If you have a family plan (two or more persons), you and your family share one deductible which must be met before your insurance pays.

You will have a separate out-of-network deductible.

3. Coinsurance

Once you've paid your deductible, you'll pay a set percentage for the cost of your care. With BlueSaver, you'll pay this *coinsurance* for your care. You will pay the lowest coinsurance when you receive care in your network.

4. Out-of-pocket max

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

*BlueSaver refers to policy #97176EX-035 01/14. For complete information including limitations and exclusions, please refer to the policy.

BlueSaver can be a good choice for people who are smart with their money. A BlueSaver, in conjunction with an HSA, can help you save money for medical expenses, now and in the future.

Prescription Drug Program

Prescription drug benefits are included in all BlueSaver plans. How much you pay depends on the plan you choose and the tier of drug you buy. Express Scripts is the pharmacy benefit manager for Blue Cross and Blue Shield of Louisiana.

BlueSaver plans have a two-tier structure for prescription drugs. Once your medical deductible is met, the amount of your coinsurance depends on the plan you buy.

Tier	Description	The amount you pay for a 30-day supply will be either:		
		– OR –	– OR –	
1	Generic Drugs	0% after deductible	20% after deductible	30% after deductible
2	Brand-Name Drugs	20% after deductible	40% after deductible	50% after deductible

Health Savings Account (HSA)

If you have BlueSaver you are eligible to open and contribute to an HSA. You can use money in your HSA to pay for deductibles and qualified medical expenses, such as doctor visits, hospital care and prescription drugs.

MySmartSaver from the Bancorp Bank^{††} is our preferred health savings account designed to work seamlessly with BlueSaver.

The website for MySmartSaver HSA is www.mysmartsaver.com. The toll free 24/7 customer service number is 1-800-546-9510.

A complete list of qualified medical expenses are listed in Publication 502 on www.irs.gov.

An HSA has 3 benefits:

1. The money you contribute is tax-free
2. The money that grows in the account is tax-free
3. The money can be spent on deductibles, coinsurance, and non-covered qualified medical expenses tax-free

^{††}MySmartSaver is owned by the Bancorp Bank, a wholly owned subsidiary of The Bancorp, Inc. (Nasdaq NM: TBBK) and an independent company that provides HSA options to Blue Cross and Blue Shield of Louisiana customers.

Blue Cross and Blue Shield of Louisiana is not engaged in rendering tax, legal or investment advice. Before opening an HSA, you should seek the guidance of a tax professional or financial advisor.

BLUESAVER PLAN COMPARISONS

Your covered benefits are:*		In-network deductibles:		
METAL LEVEL		GOLD	SILVER	
		Deductible: \$1,300	Deductible: \$1,900	Deductible: \$2,800
Plan name		100/80 \$1,300	80/60 \$1,900	100/80 \$2,800
Deductible options for benefit period	Single	\$1,300	\$1,900	\$2,800
	Family	\$2,600	\$3,800	\$5,600
Max out-of-pocket including deductibles & coinsurance	Single	\$3,500	\$4,100	\$5,000
	Family	\$7,000	\$8,200	\$10,000
Coinsurance in-network	We pay	100%	80%	100%
	You pay	0%	20%	0%
Coinsurance out-of-network	We pay	80%	60%	80%
	You pay	20%	40%	20%
If you go to a doctor's office		Deductible then coinsurance		
Urgent care		Deductible then coinsurance		
If you go to an ambulatory surgical center		Deductible then coinsurance		
If you go to an emergency room		Deductible then coinsurance		
If you are admitted as an inpatient to a hospital		Deductible then coinsurance		
Drug deductible per member		No separate drug deductible		
Prescription drugs per fill	You pay	Generic 0% after deductible	Generic 20% after deductible	Generic 0% after deductible
		Brand 20% after deductible	Brand 40% after deductible	Brand 20% after deductible
Preventive care services		We pay 100% in-network		
Pregnancy care		Deductible then coinsurance		
Physical, occupational, speech therapy rehabilitation services		Deductible then coinsurance		
Mental health & substance abuse		Deductible then coinsurance		
Pediatric dental & vision		Diagnostic & preventive dental and routine eye exams & hardware are covered 100% in-network		

*This is only a partial list of benefits and services covered. Please see your subscriber contract (policy) for a complete list of services covered, as well as limitations and exclusions.

Plans with deductibles:		Your covered benefits are:*	
BRONZE		METAL LEVEL	
Deductible: \$3,300	Deductible: \$5,000		
70/50 \$3,300	100/80 \$5,000	Plan name	
\$3,300	\$5,000	Single	Deductible options for benefit period
\$6,600	\$10,000	Family	
\$6,300	\$5,000	Single	Max out-of-pocket including deductibles & coinsurance
\$12,600	\$10,000	Family	
70%	100%	We pay	Coinsurance in-network
30%	0%	You pay	
50%	80%	We pay	Coinsurance out-of-network
50%	20%	You pay	
Deductible then coinsurance		If you go to a doctor's office	
Deductible then coinsurance		Urgent care	
Deductible then coinsurance		If you go to an ambulatory surgical center	
Deductible then coinsurance		If you go to an emergency room	
Deductible then coinsurance		If you are admitted as an inpatient to a hospital	
No separate drug deductible		Drug deductible per member	
Generic 30% after deductible	Generic 0% after deductible	You pay	Prescription drugs per fill
Brand 50% after deductible	Brand 20% after deductible		
We pay 100% in-network		Preventive care services	
Deductible then coinsurance		Pregnancy care	
Deductible then coinsurance		Physical, occupational, speech therapy rehabilitation services	
Deductible then coinsurance		Mental health & substance abuse	
Diagnostic & preventive dental and routine eye exams & hardware are covered 100% in-network		Pediatric dental & vision	

Blue Point-of-Service

We offer Blue Point-of-Service through our subsidiary, HMO Louisiana, Inc. Blue POS uses the HMO Network, a smaller network of quality doctors and hospitals, which is only available in certain parts of the state. You pay a set copayment for most benefits when you get care from a network provider.

Your Blue Point-of-Service* plan covers:

- Doctor visits
- Urgent care and emergency visits
- Hospital stays
- Surgeries
- Preventive and wellness services, like annual checkup
- Prescription drugs
- Maternity care
- Mental health and substance abuse treatment**
- Contraceptive coverage

To find a provider in the
HMO Louisiana network,
go to
www.bcbsla.com/findadoctor.

How your Blue Point-of-Service plan pays for your healthcare:

1. Copayments

Most Blue POS plans have a *copayment* benefit. This means that you will 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. When you pay a copayment, the deductible does not apply (except when you have a separate drug deductible).

2. Deductible

Most plans have a *deductible*. This is the amount you must pay up front before your health insurance pays for your care.

If you have a family plan, each person has their own deductible to meet (up to three deductibles per plan). A separate out-of-network deductible will apply.

3. Coinsurance

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

4. Out-of-pocket max

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

Blue POS plans are available in the Baton Rouge, New Orleans and Shreveport service areas.

*Blue POS refers to policy #19636EX-022 01/14. For complete information including limitations and exclusions, please refer to the policy.

Prescription Drug Program

Prescription drug benefits are included in all Blue POS plans. How much you pay depends on the plan you choose and the drug you buy. Prescription drug benefits are managed by Express Scripts.

Most Blue POS plans have a four-tier prescription drug plan. Your plan may have a separate drug deductible that must be met before the following copayments are paid.

Tier	Description	The amount you pay for a 30-day supply will be either: – OR –	
1	Value Drugs: Primarily generic drugs (and certain brand-name drugs)	\$7	\$15
2	Preferred Brand Drug: Selected for this tier based on clinical effectiveness and safety.	\$30	\$40
3	Non-Preferred Brand/Generic Drugs: Primarily generic brand-name drugs that may have therapeutic alternatives as a Tier 1 or Tier 2 drug, although some generic drugs may fall into this category. Covered compounded drugs are included in this tier.	\$70	\$70
4	Specialty Drugs: High-cost brand-name or generic drugs and biotechnology drugs that are identified as specialty drugs.	10% of cost of drug, up to a \$100 max, per fill	10% of cost of drug, up to a \$100 max, per fill

Some Blue POS plans have a two-tier structure for prescription drugs. Once you meet your medical deductible, the coinsurance amounts below will apply.

Tier	Description	The amount you pay for a 30-day supply after medical deductible:
1	Generic Drugs	30%
2	Brand-Name Drugs	50%

**Magellan Health Services, Inc. is an independent company that manages behavioral health services for HMO Louisiana, Inc. To find a behavioral health provider, go to www.bcbsla.com/findadoctor.

BLUE POINT-OF-SERVICE PLAN COMPARISONS

Your covered benefits are:*		Plans without deductibles:		Plans with deductibles:		
METAL LEVEL		PLATINUM		GOLD		
		Deductible: \$0	Deductible: \$0	Deductible: \$500	Deductible: \$750	Deductible: \$1,000
Plan name		Copay 100/70 A	Copay 100/70 B	Copay 80/60 \$500	Copay 80/60 \$750	Copay 80/60 \$1,000
Deductible options for benefit period	Single	\$0	\$0	\$500	\$750	\$1,000
	Family			\$1,500	\$2,250	\$3,000
The most you pay out-of-pocket	Single	\$1,500	\$2,000	\$5,000	\$5,000	\$5,000
	Family	\$3,000	\$4,000	\$10,000	\$10,000	\$10,000
Coinsurance in-network	We pay	100%	100%	80%	80%	80%
	You pay	0%	0%	20%	20%	20%
Coinsurance out-of-network	We pay	70%	70%	60%	60%	60%
	You pay	30%	30%	40%	40%	40%
If you go to a doctor's office	Primary care physician	\$25	\$35	\$35	\$35	\$40
	Specialist	\$45	\$55	\$55	\$55	\$60
Urgent care	You pay	\$45	\$55	\$55	\$55	\$60
If you go to an ambulatory surgical center	Copay	\$250	\$500	Deductible then coinsurance		
If you go to an emergency room		\$150 copay, waived if admitted				
If you are admitted as an inpatient to a hospital		\$250 copay per day, 3-day max (in-network)	\$500 copay per day, 3-day max (in-network)	Deductible then coinsurance		
Drug deductible per member		No separate drug deductible				\$500
Prescription drugs per fill	You pay	\$15	\$7	\$7	\$7	\$7
		\$40	\$30	\$30	\$30	\$30
		\$70	\$70	\$70	\$70	\$70
		10% of drug cost, up to \$100 max	10% of drug cost, up to \$100 max	10% of drug cost, up to \$100 max	10% of drug cost, up to \$100 max	10% of drug cost, up to \$100 max
Preventive care services		We will pay 100% in-network				
Pregnancy care		Covered				
Physical, occupational, speech therapy rehabilitation services		Deductible then coinsurance				
Mental health & substance abuse**		Covered				
Pediatric dental & vision		Diagnostic & preventive dental and routine eye exams & hardware are covered 100% in-network				

*This is only a partial list of benefits and services covered. Please see your subscriber contract (policy) for a complete list of services covered, as well as limitations and exclusions.

Plans with deductibles:				Your covered benefits are:*	
SILVER		BRONZE		METAL LEVEL	
Deductible: \$2,000	Deductible: \$3,000	Deductible: \$3,500	Deductible: \$4,500		
Copay 60/40 \$2,000	Copay 70/50 \$3,000	Copay 70/50 \$3,500	Copay 70/50 \$4,500	Plan name	
\$2,000	\$3,000	\$3,500	\$4,500	Single	Deductible options for benefit period
\$6,000	\$9,000	\$10,500	\$12,700	Family	
\$6,350	\$6,350	\$6,350	\$6,350	Single	The most you pay out-of-pocket
\$12,700	\$12,700	\$12,700	\$12,700	Family	
60%	70%	70%	70%	We pay	Coinsurance in-network
40%	30%	30%	30%	You pay	
40%	50%	50%	50%	We pay	Coinsurance out-of-network
60%	50%	50%	50%	You pay	
\$40	\$40	Deductible then coinsurance		Primary care physician	If you go to a doctor's office
\$60	\$60	Deductible then coinsurance		Specialist	
\$60	\$60	Deductible then coinsurance		You pay	Urgent Care
Deductible then coinsurance				Copay	If you go to an ambulatory surgical center
\$150 copay, waived if admitted		Deductible then coinsurance		If you go to an emergency room	
Deductible then coinsurance				If you are admitted as an inpatient to a hospital	
\$500	\$500	No separate drug deductible		Drug deductible per member	
\$15 \$40 \$70	\$15 \$40 \$70	Generic 30% after deductible	Generic 30% after deductible	You pay	Prescription drugs per fill
10% of drug cost, up to \$100 max	10% of drug cost, up to \$100 max	Brand 50% after deductible	Brand 50% after deductible		
We pay 100% in-network				Preventive care services	
Covered				Pregnancy care	
Deductible then coinsurance				Physical, occupational, speech therapy rehabilitation services	
Covered				Mental health & substance abuse**	
Diagnostic & preventive dental and routine eye exams & hardware are covered 100% in-network				Pediatric dental & vision	

**Magellan Health Services is an independent company that manages behavioral health services for HMO Louisiana, Inc. To find a behavioral health provider, go to www.bcbsla.com/findadoctor.

Essential Health Benefits

The Affordable Care Act (ACA) ensures that individual health plans offer a comprehensive package of items and services, known as essential health benefits. Essential health benefits must include items and services within at least the following categories (certain limitations and exclusions apply):

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care
- Contraceptive coverage
- Coverage for clinical trials

Vision and Dental Health is Essential

Our new Pediatric Vision and Dental benefits satisfy the minimum Essential Benefits required under the ACA and provide additional coverage to your medical plan for members up to age 19.

Essential Benefit: Pediatric Vision*

Benefits	Frequency	You pay (in-network)
Eye exam	12 months	\$0
Spectacle lenses	12 months	\$0
Frames within Davis Vision collection	12 months	\$0
Contact lens (in lieu of eyeglasses)	12 months	\$0
Contact lens evaluation, fitting & follow up	12 months	\$0

*Pediatric Vision benefits and network are administered by Davis Vision, which is an independent company providing pediatric vision benefits to Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. For a full list of benefits, please refer to your medical policy. To find a pediatric vision provider, go to www.bcbsla.com/findadoctor.

Essential Benefit: Pediatric Dental**

Contract year deductible	You pay (in-network)
Per insured person (not applied to diagnostic & preventive services)	\$50
Benefits	You pay (in-network)
Routine oral exams, oral cleanings, fluoride treatments, sealants	0%
Oral x-rays, emergency palliative treatment	50%
Space maintainers, simple extractions, basic restorative, crown repairs, prefabricated stainless steel crowns	50%
Endodontic, endodontic therapy, root canal, surgical periodontics, non-surgical periodontics, periodontal maintenance, surgical extractions, oral surgery, general anesthesia/sedation	50%
Prosthetics, dentures, inlays, onlays and crowns, prosthodontic services, adjustments and repairs of prosthetics, other prosthetic services, dental implants	50%
Medically necessary orthodontic services (No benefits for cosmetic orthodontia)	50%

**Pediatric Dental Benefits are administered by United Concordia through the Advantage Plus Network. United Concordia is an independent company providing pediatric dental benefits to Blue Cross Blue Shield of Louisiana and HMO Louisiana, Inc. For a full list of benefits, please refer to your medical policy. To find a pediatric dental provider, go to www.bcbsla.com/findadoctor.

Prescription Drug Program

Prescription Drug Program — Convenience, Simplicity

Prescription drugs are a regular medical expense for many people, and are the most-used part of any health insurance plan. Our prescription benefits are managed by Express Scripts, Inc.

Depending on the plan you choose, you pay either a fixed copayment or deductible and coinsurance at the time of purchase. Some plans have a separate prescription drug deductible that you must pay before your copayments apply.

Your Pharmacy Network

We have a broad nationwide pharmacy network. However, if you choose to go out-of-network, you must pay for the drug at the point of sale and may be required to file a claim to get benefits. We will reimburse our in-network amount and you will owe the difference.

Prior Authorization

We may ask you to get authorization from us or our pharmacy benefit manager before you fill certain prescriptions. You can find a complete list of drugs that need prior authorization online at www.bcbsla.com/pharmacy.

Lead With Generics and Step Therapy

In some cases, we may ask you to try a generic or generic equivalent of the drug your doctor prescribed. If this drug doesn't work to treat your condition, we'll then cover the drug your doctor prescribed.

Quantity Per Dispensing Limitations and Allowances

You may get a 30-day supply of your drug (or a 90-day supply of maintenance medications). These are available at retail pharmacies or by mail.

We base these limits on the manufacturer's recommended dosage and duration of therapy; common usage for episodic or intermittent treatment; FDA-approved recommendations and/or clinical studies; and/or as determined by our Pharmacy and Therapeutics Committee.

Specialty Pharmacy Network

We maintain a specialty pharmacy network to administer drugs that require special ordering, handling, customer service or patient education. Specialty drugs require an authorization.

If you fill prescriptions for these drugs outside of the specialty pharmacy network, you may be required to pay for the drug at the point of sale and file a claim to get benefits. Your producer, agent, or our customer service department can provide you with a list of specialty drugs.

Mail Service

You may use the Express Scripts mail-order system to order a 90-day supply of your maintenance drugs. Mail service provides:

- Rapid at-home prescription delivery
- Toll-free 24-hour access to registered pharmacists
- A toll-free drug information line

Refills can be ordered by mail, phone, or online at www.express-scripts.com

Limitations and Exclusions

We exclude certain prescription drugs from coverage, including, but not limited to:

- Drugs used for cosmetic purposes
- Fertility drugs
- Weight reduction drugs
- Impotence drugs
- Brand-name contraceptive drugs

Preventive and Wellness Services

Our plans offer several preventive and wellness services to keep you and your covered family members healthy. Listed below is a sample of the preventive services available at no cost when obtained from a network provider.

Service	Frequency Limit	Age Limit
Routine physical exam	One per year	No limit
Pap smear	One per year	No limit
Prostate-specific antigen (PSA) test	One per year	Age 50 and older
Routine mammogram, if recommended by a physician	One per year	No limit
Immunizations recommended by a physician	No limit	No limit
Well-baby care for dependent children	No limit	Up to age 24 months
Colonoscopy for adult men and women	One every 10 years	Age 50 and older
Asymptomatic bacteriuria for pregnant women	No limit	No limit
Congenital hypothyroidism screening	No limit	Newborns less than age 1
Chlamydial and gonorrhea screenings for women	One per year	No limit
Hearing screening	One per year	Ages 0 - 21
Hepatitis B virus infection screening for pregnant women	No limit	No limit
HIV screening	No limit	No limit
Cholesterol screening	No limit	No limit
Osteoporosis screening in postmenopausal women	One per year	Age 60 and older
Sickle cell disease screening	No limit	Newborns less than age 1
Syphilis infection screening	One per year	No limit
Type 2 diabetes mellitus screening in adults	No limit	No limit
Visual impairment screening	One per year	Ages 0 - 21
Lead screening	One per year	Ages 0 - 6
Developmental screenings	No limit	Ages 0 - 3
Autism screenings	No limit	Ages 1 - 2
Tuberculosis screening	One per year	Ages 0 - 21
Skin cancer screening for young adults	One per year	Ages 10 - 24
Obesity screening for adults	One per year	Age 18 and older
Screening for intimate partner violence and abuse	One per year	Women of childbearing age
Vitamin D supplementation to prevent falls	No limit	Age 65 and older

- Subject to age requirement limits for certain preventive services.
- All services are as required or directed by your physician.

Wellness Programs

My Health, My Way

Good health begins with our **My Health, My Way** wellness program, open to all members at no extra charge. The program includes:

- A Personalized Health Assessment (PHA) to help you learn more about your health status and ways to address health risks.
- Interactive tools that let you track your weight, exercise and food intake.
- Fitness and nutrition plans that can be customized for you and your family.
- Online videos on topics such as back care, nutrition, smoking cessation, stress management and weight management.
- Exclusive access to a national program, Blue 365®, providing discounts and savings on fitness club memberships, nutrition programs and products, financial well-being services, family care services and healthy travel. You can even save on elective procedures for vision and hearing.
- It's all secure, confidential and at no extra charge to you!

Find out more at www.bcbsla.com

Care Management Programs

Blue Cross and Blue Shield of Louisiana offers case management programs to help our members with chronic conditions or serious injuries. These programs help our members navigate the medical system and get appropriate and timely care. Our disease management programs are designed to prevent and manage specific diseases such as asthma, diabetes and heart disease.

Security and Confidentiality: If your Personal Health Assessment identifies you as someone who may benefit from Care Management services, your information may be shared with medical personnel, and you may be contacted by a Care Management nurse.

The information you provide in the PHA will be used as described above and as permitted by law. Your responses will not affect your enrollment in a health plan or your premiums.

Benefits for Better Living

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Benefits for Better Living



Reebok



NutriSystem®



Register for
your online
account
to access
these exclusive
discounts!

Blue365®

Living well means having healthy options every day. That's why we offer Blue365® to take our members beyond health insurance and give them access to trusted health and wellness resources 365 days a year. Blue Cross and HMO members enjoy special discounts on many services.

Blue365® is a national program that's part of every plan, offering exclusive access to information, discounts and savings, making it easier and more affordable to make healthy choices.

Health and Wellness

- **Fitness** – discounts on local health club memberships and free access to online tools
- **Diet/Weight Control** – savings on programs, products and consultations at Jenny Craig and NutriSystem
- **Vision Discounts** – With Blue365® our members can receive routine eye exams, frames, lenses, conventional contact lenses and laser vision correction at substantial savings when using Davis Vision network providers. Members have access to more than 30,000 providers nationwide, including optometrists, ophthalmologists and many retail centers. Members can also save 40 to 50 percent off the overall national average price for Lasik surgery through QualSight LASIK.

Family Care

- **Senior Care** – discounts on care advisory services
- **Child Safety** – access to child safety and consumer product information
- **Long-Term Insurance** – free guidelines and information
- **Managing Medicare** – resources to understand coverage options from Medicare

Travel

- **Healthy Getaways** – special discounts on hotel programs and services
- **Travel Tips** – a wealth of online travel tips and resources

Dental Discount Network

Members can take advantage of special discounts on dental services by simply presenting their ID card to a participating provider and immediately receiving significant savings. To find a discount provider, visit www.bcbsla.com.

The BlueCard® Program

When our members travel, they take their healthcare benefits with them – across the country and around the world. BlueCard® is a national program that allows our members 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 more than 200 countries and territories worldwide through a single electronic network. Our members have peace of mind knowing they'll find the care they need if they get sick or injured on the road.

With Blue *Max* and Blue*Saver*, 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, unless it is emergency care, care obtained outside your Louisiana HMO network will be paid at the out-of-network benefit level.

Blue National Doctor and Hospital Finder

This mobile app allows you to search a national network of doctors, urgent care centers and hospitals by specialty or name. Some features include:

- A comprehensive listing of providers in Blue networks nationwide
- GPS navigation search
- Map links and directions
- SMS text messaging
- Click-to-call with one tap of your phone screen
- Find the *Doctor and Hospital Finder* in the Apple App Store, or scan this barcode to download.



To access a provider outside of your service area, visit the BlueCard Doctor and Hospital Finder website at www.bcbs.com/coverage/bluecard or call the BlueCard Access line at 1-800-495-BLUE.

Your Online Account

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Your Online Account

Manage Your Account

By Phone

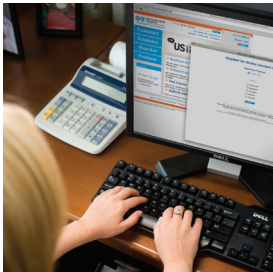
8 a.m.-5 p.m.

Monday through Friday

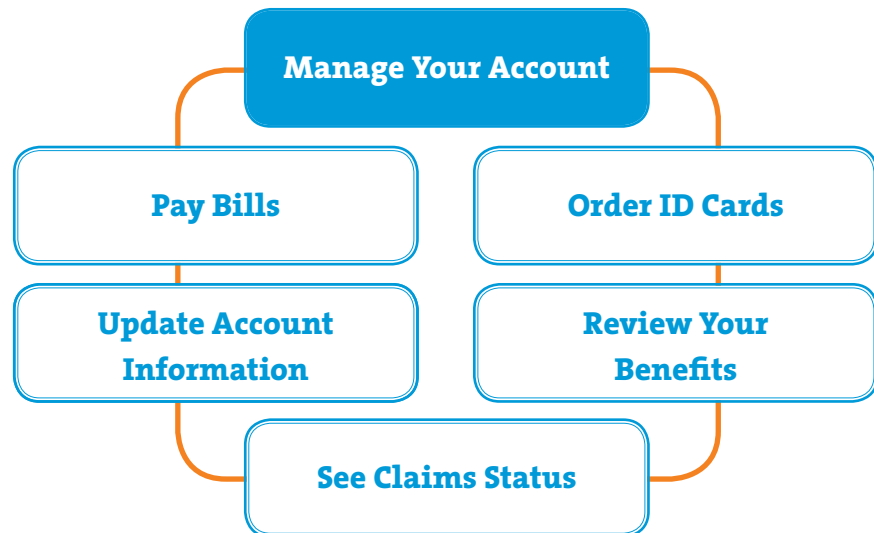
1-800-392-4087

On the Web

www.bcbsla.com



Our members want more ways to manage their health information. That's why we offer password-protected online tools that allow you to review and manage your healthcare information 24 hours a day, seven days a week.



Your online account also gives you exclusive access to wellness tools and discounts, so you can manage your care and make healthier choices.

Follow us on Facebook
www.facebook.com/bluecrossla

Go to www.bcbsla.com today and click LOG IN for instructions on how to register. Blue Cross provides after-hours telephone support for the sign-up process. So if you need any help registering or logging in, call toll-free, Online Account Helpline at 1-800-821-2753, weekdays 6 a.m. to 11 p.m., weekends and holidays 8 a.m. to 11 p.m.

Notes:

