



Basic Information About the Plan

Select Network Product Designed for Orleans,
Jefferson and St. Tammany Parishes



Individual Plan

2016



HMO Louisiana



Blue Connect is a perfect fit for some, and not for others.

Blue Connect 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 Blue Connect network
- Want waived copays for your office visits with a Quality Blue Primary Care doctor

You may want to look at other types of health plans, if you:

- Are willing to pay more premium each month to avoid unexpected out-of-pocket expenses
 - Need to seek care outside of the Blue Connect network
-

Blue Connect is a great health plan for people who want local access, affordable premiums and a new approach to healthcare. Please read this guide and talk with a producer before buying Blue Connect to make sure this is the right health plan for you and your family.

Welcome to Blue Connect

Blue Connect is our partnership with quality doctors in your area. Blue Connect may be different from other health plans you've had, and it's not like other Blue Cross plans.

What's different about Blue Connect?

- **Your network of doctors and hospitals is more defined** than other insurance plans. But you still have a full network of primary care doctors, specialists and other healthcare providers in your area.
- **You have a coordinated care team** that talks to one another and helps you get the right care in the right place.
- **Staying in network is very important!** As long as you get care within your Blue Connect network, you will always pay less than if you get care outside of the network.

Before you get started, think about:

- Which doctors/clinics do you go to the most?
- How many family members will be on this plan?
- Which clinics/hospitals are closest to where you live?

These answers can help you decide if Blue Connect is right for you.

It's also important to think about how much you want to pay for your monthly premium vs. how much you want to pay out of pocket.

Quality Blue Primary Care — Q

Most of the doctors in Blue Connect are part of Quality Blue Primary Care, which allows us to work with your doctor to make it easier for you to get the care you need. To find out if your primary care doctor is in the program, look up your doctor's name in our directory at www.bcbsla.com/FindCare. QBPC doctors have a **Q** next to their names.

No copays! Blue Connect members with a copay plan will have their copays waived for office visits with a doctor/nurse practitioner* at a clinic in Quality Blue Primary Care.

**The waived copayment is for office visits only. If you have lab work, X-rays or other things done during your visit, your regular copayments would apply.*

Check out www.bcbsla.com/MyQBPC to learn more about how this program helps you.

Your Blue Connect Doctors

Blue Cross is able to offer you Blue Connect at a lower premium price than our other plans because we limit the network to select doctors. In order to get the most out of your health plan and keep your costs as low as possible, it's important that you only see a doctor who is in the Blue Connect network.

Choose a Blue Connect Doctor

In the Greater New Orleans and Northshore areas, you can see a Blue Connect doctor from:

- Ochsner Health System

If you live in Orleans, Jefferson or St. Tammany parishes and are on Blue Connect, you can also see the Ochsner Health System doctors located in Baton Rouge, and it will be covered in network.

Blue Connect Hospitals

It's also important that if you need to have surgery, have a baby or need to go to a hospital for any reason, you go to a Blue Connect hospital. If you go to a non-Blue Connect hospital, you will have to cover the costs out of pocket, and it will cost a lot more than going to an in-network hospital.

For hospital care in Blue Connect, always go to an Ochsner Health System hospital.



Getting the most out of Blue Connect



Choose Your Doctor

Pick a primary care doctor in the Blue Connect network to handle most of your medical needs when you are sick or injured. You will be able to change your doctor at any time, as long as the doctor you want to see is in the Blue Connect network.

If you have a doctor you want to see, ask your doctor if s/he is in Blue Connect. Or, you can call Blue Cross at 1-800-392-4087 or visit www.bcbsla.com/FindCare to find out which doctors are in Blue Connect. If the doctor you want to see is not in Blue Connect, you will pay more. So it's best to pick a primary care doctor in the Blue Connect network.



Having Surgery

When you are planning your surgery, make sure your doctor knows you are a Blue Connect member and need to have this surgery at an Ochsner Health System hospital. Do not go to another hospital, or you will pay more.



Having a Baby

Congratulations! Remember – not all birthing hospitals are in the Blue Connect network. You need to plan to give birth at an Ochsner Health System hospital. Otherwise, you will pay a lot more out of pocket. Also, don't forget to add baby to your Blue Connect health plan, and make sure to choose a Blue Connect pediatrician to be your bundle of joy's doctor.



Emergency Situation

In an emergency when you need immediate medical attention, go to the nearest hospital, and Blue Connect will cover it even if it's not in network. But, when you are doing better and your doctor feels that you are ready, you could be transferred to a Blue Connect hospital. If you are out of town/out of state and have an emergency, go to the nearest hospital. If you see a doctor or urgent care while out of town/out of state for a non-emergency issue, you will be charged more.



Great Care at a Low Price

If you stay within the Blue Connect network and let your primary care doctor help you get the right care at the right place with the right kind of doctor, you will win at getting the best possible care for the lowest possible cost.

What is **Coordinated Care?**



Coordinated care comes from a select, local group of healthcare professionals who talk to each other and help you make the best health decisions with the support of a team. This team treats you as a “whole person,” and is dedicated to keeping you healthy.

Coordinated care works best when you work with your doctors as an equal partner. With Blue Connect, you will get the best care when:

- You choose a primary care doctor in the Blue Connect network whom you will see when you're sick or injured.
- You take a Personal Health Assessment, which will help your care team get a full picture of your overall health.
- You are proactive about your health by:
 - Seeing your doctor regularly
 - Following your care plans
 - Taking medicines prescribed to you
 - Getting routine exams, checkups and tests
 - Letting your primary care doctor know when you see other doctors

Primary Care Doctors

“Primary care doctor” is just a fancy way of referring to the doctor you see most often for your basic medical care. Unless it’s an emergency, you’ll see this doctor when you’re sick or injured. Your primary care doctor will help you choose care. In the end, though, the choice is yours.

Your primary care doctor will also:

- Stay up to date on your health history
- Maintain your health records
- Provide basic care and prescribe medicine when you need it
- Talk with you about your care options and help you choose the care that’s right for you
- Refer you to a specialist when you need one
- Work with other doctors you’re seeing to make sure everyone’s on the same page about your health

And remember, if your primary care doctor is in the Quality Blue Primary Care program, and your Blue Connect plan has a copay, your copay will be waived for your office visits!

Look for a  next to your doctor’s name in our directory at www.bcbsla.com/findcare.



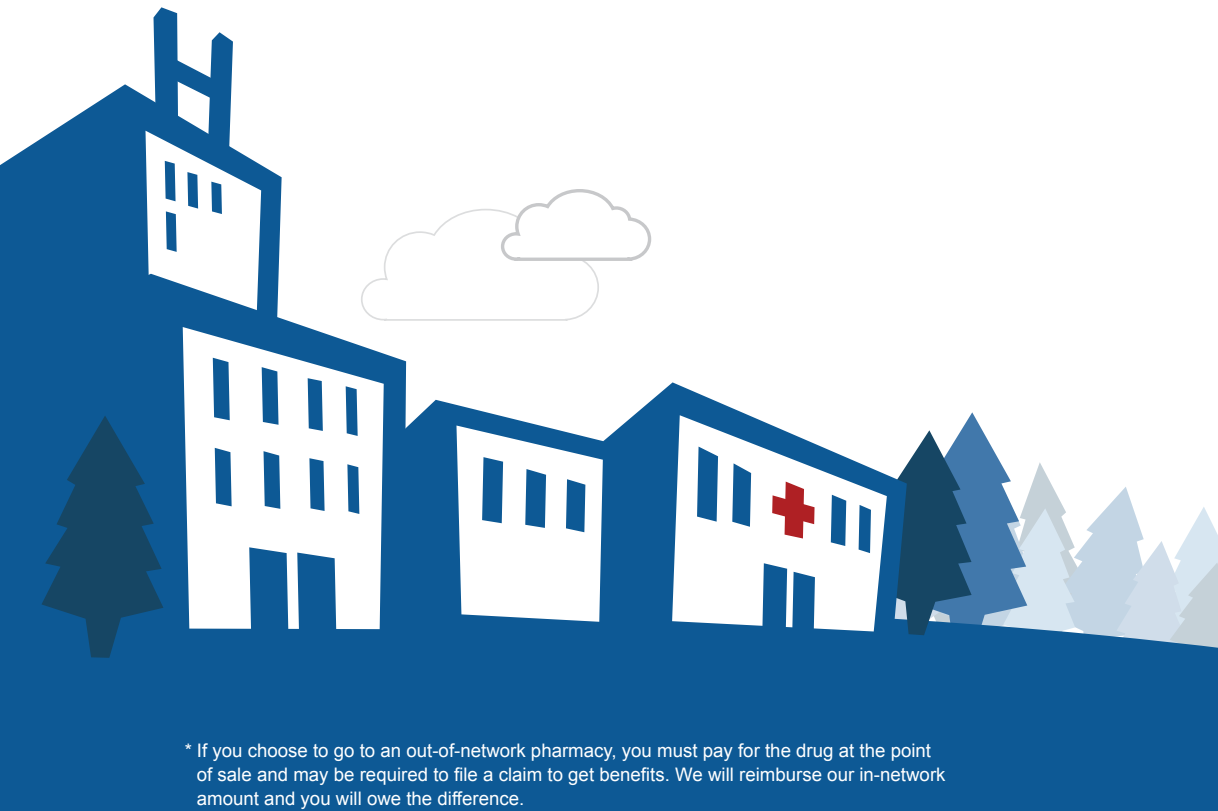


Choose the Blue Connect plan that's right for you

This is only an outline. All benefits are subject to the terms and conditions of the Benefit Plan. In the case of a discrepancy, the Benefit Plan will prevail.

Exclusions and Limitations may apply. Please refer to your Benefit Plan for a list of Services Not Covered. In-Network and Out-of-Network Deductible and Out-of-Pocket Amounts do not integrate.

Blue Connect refers to policy #196360FF-024 R01/16.



* If you choose to go to an out-of-network pharmacy, 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.

METAL LEVEL		GOLD	SILVER	BRONZE	
PLAN NAME		Blue Connect Copay 80/60 \$1,000	Blue Connect Copay 70/50 \$3,500	Blue Connect Copay 70/50 \$4,500	Blue Connect Copay 80/60 \$6,750
Deductible options for benefit period in-network	Single	\$1,000	\$3,500	\$4,500	\$6,750
	Family	\$3,000	\$10,500	\$13,500	\$13,700
Max out-of pocket including deductible, copayments and coinsurance	Single	\$5,000	\$6,850	\$6,850	\$6,850
	Family	\$10,000	\$13,700	\$13,700	\$13,700
Coinsurance in-network	We pay	80%	70%	70%	80%
	You pay	20%	30%	30%	20%
Coinsurance out-of-network	We pay	60%	50%	50%	60%
	You pay	40%	50%	50%	40%
If you go to a doctor's office	Primary care physician	\$40	\$40	Deductible then 30% coinsurance	\$50
	QBPC	\$0	\$0		\$0
	Specialist	\$60	\$60		Deductible then 20% coinsurance
Urgent care	You pay	\$60	\$60	Deductible then 30% coinsurance	\$60
If you go to an outpatient ambulatory surgical center		Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance	Deductible then 20% coinsurance
If you go to an emergency room		\$200 copay per visit; waived if admitted		Deductible then 30% coinsurance	Deductible then 20% coinsurance
If you are admitted as an inpatient to a hospital		Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance	Deductible then 20% coinsurance
Drug deductible per member		\$500 separate drug deductible	\$500 separate drug deductible	No separate drug deductible; medical deductible applies	
Prescription drugs per fill*	You pay	\$7	\$15	Generic 30% after deductible	Generic 20% after deductible
		\$30	\$40		
		\$70	\$70	Brand 50% after deductible	Brand 40% after deductible
		10% of drug cost, up to \$150 max	10% of drug cost, up to \$150 max		
Preventive care services		We pay 100% in-network			
Pregnancy care office visit		\$60 copay	\$60 copay	Deductible then 30% coinsurance	Deductible then 20% coinsurance
Physical, occupational, speech therapy rehabilitation services		\$40 copay	\$40 copay	Deductible then 30% coinsurance	Deductible then 20% coinsurance
Mental health and substance abuse	Inpatient Services	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance	Deductible then 20% coinsurance
	Outpatient Services	Fully covered	Fully covered	Deductible then 30% coinsurance	Deductible then 20% coinsurance
Pediatric dental and vision		You will pay \$0 for diagnostic and preventive dental and routine eye exams and hardware when received from a network provider			

Blue Connect Benefits

Essential Health Benefits

Blue Connect includes essential health benefits* that ensure you're completely covered. In addition to doctor visits, these benefits include:

- Ambulatory (outpatient) services
- Emergency care services
- Hospital benefits
- Maternity and newborn care
- Prescription drugs
- Mental health and substance abuse disorder services, including behavioral health treatment
- Vision and dental benefits for your children
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Contraceptive coverage
- Coverage for clinical trials

ESSENTIAL BENEFIT: VISION CARE FOR YOUR CHILDREN (UP TO AGE 19)		
Benefits**	Frequency	You Pay (In-Network)
Eye Exam	Once every 12 months	\$0
Spectacle Lenses		
Frame		
Contact Lenses (instead of eyeglasses)		
Contact Lens Evaluation, Fitting and Follow Up		

*For complete information including limitations and exclusions, please refer to the policy.

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

ESSENTIAL BENEFIT: DENTAL CARE FOR YOUR CHILDREN (UP TO AGE 19)

Contract-year deductible

For each person who is insured (does not apply to diagnostic and preventive services)

You Pay In-Network:

\$50

Benefits*

Routine oral exams, oral cleanings, fluoride treatments, sealants

0%

All 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, 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%

*United Concordia administers pediatric dental benefits through the Advantage Plus Network. United Concordia is an independent company that provides dental benefits to HMO Louisiana, Inc. For a full list of benefits, see your medical policy. To find a pediatric dental provider, go to www.bcbsla.com/findcare.



Your Prescription Benefits

Prescription benefits are one of the most used parts of any insurance plan. How much you pay depends on the plan you choose and the drug you buy. Your insurance also covers specialty pharmacies and mail orders.

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

Four Tiers of Flat Fees for Prescription Drugs			
Tier	Category of drug you buy	How much do you pay?	
		At the store <i>Up to a 30-day supply</i>	Through the mail <i>Up to a 90-day supply</i>
1	Value drugs - Mostly generic drugs and some brand-name drugs.	\$7 or \$15	\$21 or \$45
2	Preferred brand-name drugs - Selected for this tier based on clinical effectiveness and safety.	\$30 or \$40	\$90 or \$120
3	Non-preferred brand-name 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	\$210
4	Specialty drugs* - High-cost brand-name, generic drugs, or biotechnology drugs that are identified as specialty drugs.	10% of cost, up to \$150 max per fill	Not available

*Specialty drugs are limited to a 30-day supply per fill and may require authorization.

Your Blue Connect plan could have a two-tier structure for prescription drugs. Once your medical deductible is met, the following coinsurance amounts will apply, depending on your plan:

Tier	Category of drug you buy	How much do you pay?
1	Generic	20% or 30% after medical deductible
2	Brand	40% or 50% after medical deductible

Express Scripts, Inc. is the independent company that serves as the Pharmacy Benefit Manager for HMO Louisiana, Inc.

Prescription Drug Program

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.

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



Preventive and Wellness Care

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. For a full list of preventive and wellness services, including age limits and frequency limits, please visit www.bcbsla.com/preventive.

Services for Children

- Routine wellness physical examination
- Immunizations that a doctor recommends
- Seasonal flu and H1N1 immunizations
- Depression screening
- Skin cancer counseling
- Alcohol and drug use assessments
- Autism screening
- Behavioral assessments
- Developmental screening
- Hearing screening
- Height, weight and body mass index measurements
- Hematocrit or hemoglobin screening
- Iron supplement
- Lead screening
- Obesity screening and counseling
- Phenylketonuria (PKU)
- Sickle cell screening for newborns
- Tuberculosis screening
- Vision screening



Services for Women

- Routine wellness physical examination
- Colorectal cancer screening
- Routine gynecologist or obstetrician visits
- Immunizations that a doctor recommends
- Seasonal flu and H1N1 immunizations
- Chlamydia, gonorrhea and syphilis screening
- HIV screening and counseling
- Human Papillomavirus (HPV) DNA testing
- Anemia screening
- Breast feeding intervention
- Gestational diabetes testing and screening
- Mammography examination
- Osteoporosis screening
- Routine pap smear
- Blood pressure and cholesterol screening
- Depression screening
- Intimate partner violence screening
- Skin cancer counseling
- Tobacco use screening and counseling
- Type 2 diabetes screening
- Violence and domestic abuse counseling

Services for Men

- Routine wellness physical examination
- Colorectal cancer screening
- Prostate cancer screening
- Immunizations that a doctor recommends
- Seasonal flu and H1N1 immunizations
- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Blood pressure and cholesterol screening
- Depression screening
- Hepatitis C screening
- HIV screening and counseling
- Obesity screening and counseling
- Sexually transmitted infection counseling
- Skin cancer counseling
- Tobacco use screening and counseling
- Type 2 diabetes screening



IMPORTANT NOTE

This outline is presented for general information only. It is not a contract, nor intended to be a contract. If there is any discrepancy between this document and the policy, the provisions of the policy will govern. Please refer to the benefit policy for more details.

Blue Connect Benefits

Doctor visits, specialists, urgent care and emergency room visits

Getting care in the right setting will give you better outcomes and will save you money.

When you need care, consider your options:



Your Primary Care Doctor or a Specialist

If you are sick or injured, but it's not a life-threatening emergency, call your doctor and set up an office visit.

Make sure that your primary care doctor is in your network, as well as any specialists you may see.



Urgent Care

If you can't reach your doctor, or it's after hours, consider going to an urgent care or after-hour clinic. The wait time will be less than in an emergency room, and you can save money. Call ahead to make sure the urgent care clinic is in your network.



Emergencies

If you have a true emergency, call 911 right away or go to the nearest hospital. When it's a true emergency, your insurance will pay for your care no matter which hospital you choose. However, once you're stabilized, we may ask you to move to a hospital in your network.

Look for these signs to tell whether it's an emergency:

- Fainting or unconsciousness
- Breathing trouble or choking
- Nonstop bleeding
- Coughing or vomiting blood
- Chest pain
- Sudden or severe pain anywhere
- Sudden dizziness

When you need other kinds of care:



Planned Stays in the Hospital

If you go to Ochsner Health Systems:

As long as you're staying at Ochsner Health Systems, and request an authorization from us before your stay, then you will get in-network benefits.

If you go to another hospital that is outside of the network:

If you choose a hospital that is outside of your Blue Connect network, you will need prior authorization to determine whether your stay is medically necessary. You will pay higher out-of-network costs. You may also be balance billed.



Lab Services

Blue Connect has a select laboratory network. If you go to a lab in the network, you will pay less than you would for tests done by someone outside of the network. If you have tests done outside of the network, you may have to pay higher costs, up to the billed charge.



Prior Authorization

Some kinds of care, including inpatient and outpatient services and supplies, require a prior authorization from us, which will determine the medical necessity of the service or supply. Your in-network provider will take care of the authorization for you.

For a list of services and supplies requiring prior authorization, please refer to your schedule of benefits.

Discounts on **Healthy Living**

Through your Blue Connect plan, you have access to a network of national providers who offer you discounts that can save you big money on living healthy.

Through Blue365, our discount network, you can get discounts on:

- Gym memberships
- Gym and fitness gear
- Healthy travel options
- Lifestyle resources
- Hearing aids
- Dental and vision care

**You can get to Blue365 online,
and (in many cases) order
directly from your computer.**

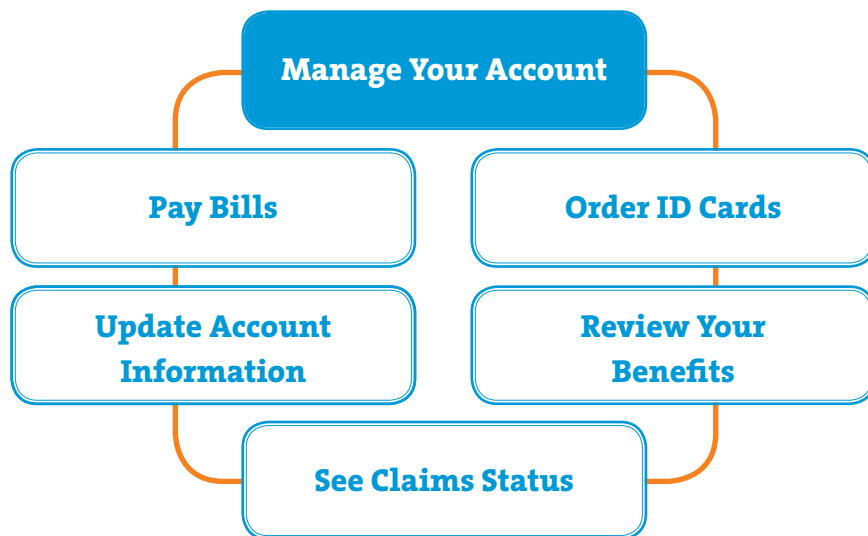
To access Blue365:

- 1** ▶ Go to **www.bcbsla.com**.
- 2** ▶ Log in to your account.
- 3** ▶ At the bottom of the page click **Blue365**.



Manage Your Account

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.

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 our 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.

By Phone

8 a.m.-5 p.m.

Monday through Friday

1-800-392-4087

On the Web

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CUSTOMER SERVICE

NEW ORLEANS

800-392-4087

help@bcbsla.com

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Baton Rouge, Louisiana 70809-3802



HMO Louisiana

All individual plans sold by HMO Louisiana, Inc. are qualified health plans, which means they meet the rules set by the healthcare reform laws. 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. You'll find a Community Blue plan in most metal level, giving you several plan options to fit your needs.

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**](http://www.bcbsla.com/whatyoupay).