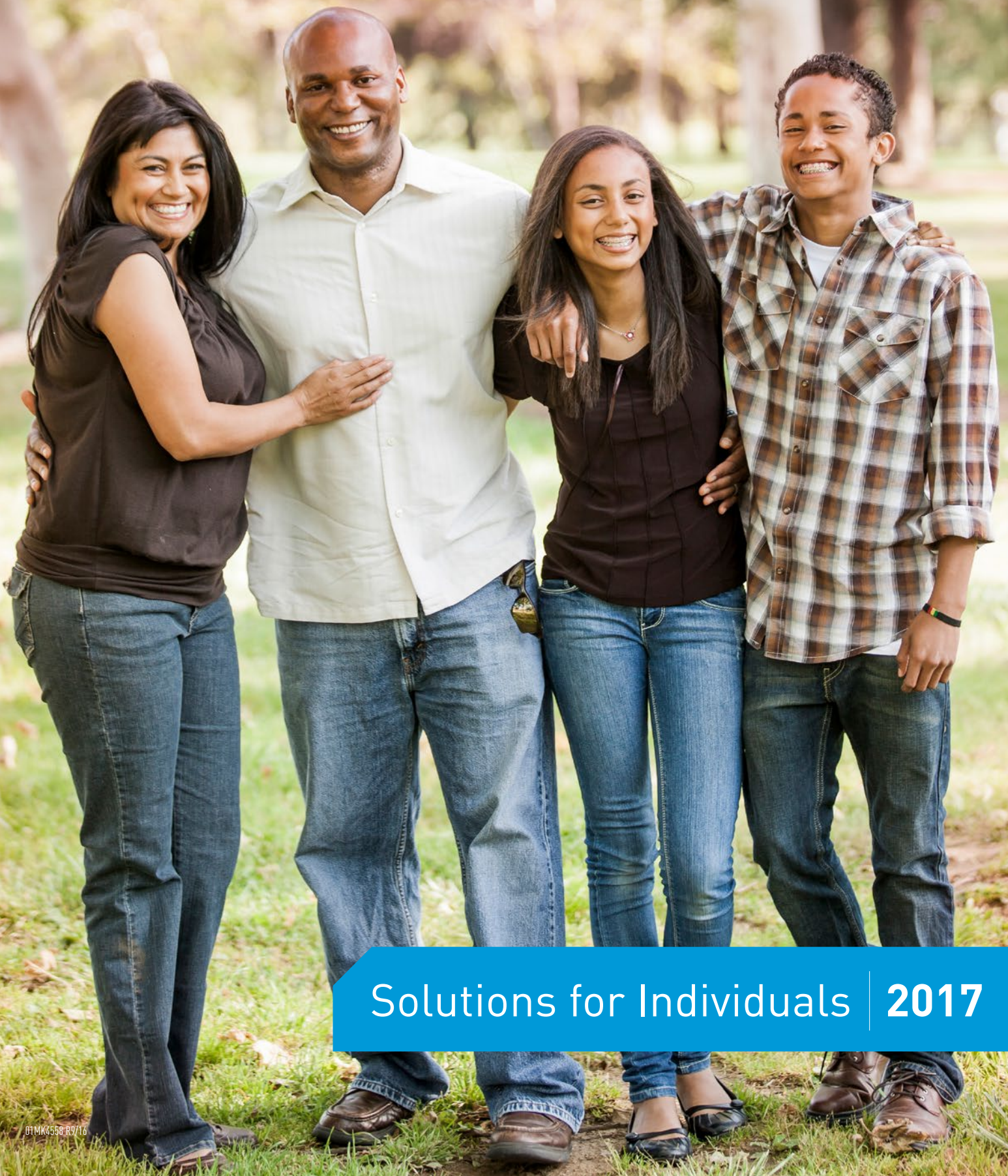




Solutions for Individuals | 2017





For more than 80 years, Louisianians have trusted their health insurance needs to Blue Cross and Blue Shield of Louisiana. 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 eight 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.

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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.

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. You must have health coverage.

Plain and simple, it's the law. If you don't have health insurance, you may have to pay a tax penalty. The penalty for not having insurance increases each year.

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 the Marketplace 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 Plans Cover

All individual Blue Cross 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 a clinic or physician'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 health care and substance abuse disorder services, including behavioral health treatment**
Care to evaluate, diagnose and treat mental health and substance abuse 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 health care provider.

**Certain limitations and exclusions apply.*



Preventive and Wellness Benefits

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 dollar maximums on any Blue Cross individual medical plans.

Prescription Drug Benefits

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

- A broad nationwide pharmacy network
- A specialty pharmacy network
- A mail order program

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

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 gym memberships, spas and more.

Quality Blue Primary Care

We work with primary care doctors around the state to help you get the best care possible. Through our Quality Blue Primary Care (QBPC) program, we share data and information with doctors enrolled in our program that help them give you focused care. This program is already getting great results for patients, particularly those with chronic conditions.

What is better with Quality Blue Primary Care program?

- **Health coaching**

If you have a condition such as high blood pressure, diabetes, heart disease or chronic kidney disease, you may receive helpful calls and extra attention from our Blue Cross nurses between your doctor's appointments to help you stay healthy.

- **Lower or free copays!**

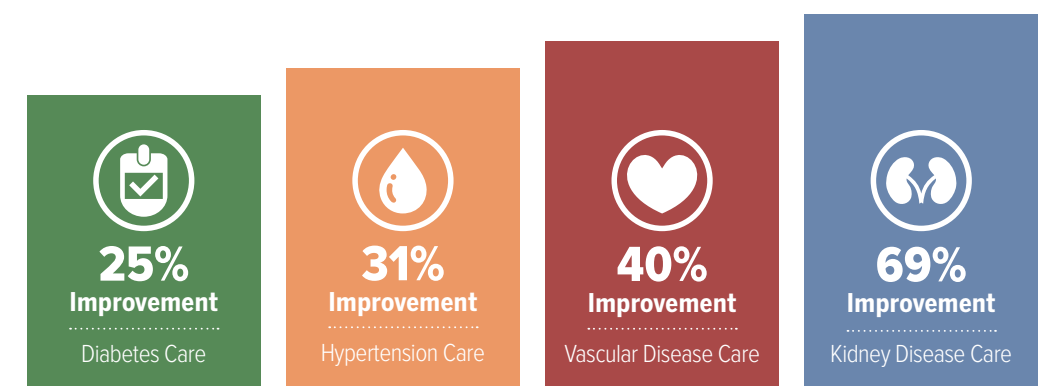
If your doctor is in the Quality Blue Primary Care program and your health plan has a copayment for primary care doctor visits, your copayment could be reduced or waived for office visits with your doctor/nurse practitioner. Please see the benefit grid located in this brochure for your particular plan information.

QBPC is part of any Blue Cross member's benefits. Check out **www.bcbsla.com/myQBPC** to learn more about how this program helps you.

Is my doctor in Quality Blue Primary Care?

QBPC participants currently include major health systems such as Baton Rouge General Physicians Group, The Baton Rouge Clinic, Ochsner Health System, Gulf South Quality Network, Shreveport Family Doctors, and others. Look up your doctor's name in our directory at **www.bcbsla.com/findcare**. QBPC doctors have a blue **Q** next to their names.

QBPC Is Already Getting Better Health Results



Source: QBPC Quality Measures data from 2015-2016

Care Management

We offer care management programs to help members with chronic conditions or serious injuries such as diabetes, heart disease, and chronic lung conditions like asthma. If you have any of these conditions, these programs help you move through the medical system and get the best possible care in a timely manner.

BlueCare: Greater Access Through Telemedicine

BlueCare makes it easy and convenient to get care with virtual, online doctor visits through a partnership with American Well*. You can “meet” with a doctor anytime and anywhere, without having to drive to a clinic.

- BlueCare appointments take place using a home or office computer, smartphone, tablet or other internet-accessible device.
- Your doctor or clinician can review your clinical information, speak with and see you as a patient and even prescribe certain medications if needed.

Download the [BlueCare app](#) to your mobile device today or visit www.BlueCareLA.com

**American Well is an independent company providing telehealth services to Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. members.*



Blue365®

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:

- Gym memberships
- Diet programs
- Sports, clothing and shoes
- Eye care
- Elective procedures (ex. LASIK)
- Hearing aids

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

Reebok

jenny
CRAIG

DAVIS VISION
EYECARE REFRAMED™

Nutri**system**®

healthways fitness your way

Sprint

Beltone

TruHearing

QualSight LASIK

Blue Dental for Individuals and Families

Oral health is about more than a good smile. It's an important component of overall health. That's why we offer Blue Dental plans to individuals and families. It's just another way we help connect you to a life of better overall health. Contact your agent or visit www.bcbsla.com/bluedental for more information.

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 more than 200 countries and territories worldwide through a single electronic network.

- With Blue *Max* and BlueSaver 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.

GeoBlue®: Products for the Unique Needs of International Travelers

GeoBlue products are international health plans designed to help business and leisure travelers access trusted doctors and hospitals across 180 countries. Individual plans are available for you if you are U.S. citizen who lives or travels abroad.

GeoBlue offers service such as:

- Live customer service open 24 hours a day, 7 days a week, 365 days a year
- Worldwide community of English-speaking physicians trained in western medicine
- A GeoBlue global health coordinator to schedule doctor appointments, guarantee payments for cashless access to care, and arrange for any necessary follow-up treatment.
- Mobile tools to help members decide what level of care to seek and help quickly identify the best and most convenient options.
- To view all of the GeoBlue plans visit **www.bcbsla.com/geoblue**

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, 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-max will apply for services you receive out of your network.

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 and choose your plan's network directory.

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.* To get the most out of your drug benefits, you should take a drug that is covered under your plan.

Covered Drugs 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 is covered.

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

This means your plan has either two tiers of cost for drugs or three tiers of cost 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			3-Tier Plans		
Coinsurance will apply once your medical or drug deductible is met.			A separate drug deductible may apply, then copayments or coinsurance.		
Tier 1	\$	Generic drugs	Tier 1	\$	Primarily generic drugs (traditional and specialty), 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 3	\$ \$ \$	Includes traditional and specialty brands and generics and biosimilars and covered compound drugs

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 him if the drug is on your covered drug list before you go to the pharmacy.

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

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 out of pocket cost.
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.



Plans Sold on the Health Insurance Marketplace 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 November 1, 2016. You can receive coverage as early as January 1, 2017.

Bronze \$	Silver \$\$	Gold \$\$\$
BlueSaver 60/40 \$4,500	Blue Max copay 70/50 \$2,800	Blue POS copay 80/60 \$1,000
Blue Max 80/60 \$5,000	BlueSaver 100/80 \$3,100	Community Blue copay 80/60 \$1,000
Blue POS 70/50 \$4,500	Blue POS copay 70/50 \$3,100	Blue Connect copay 80/60 \$1,000
Blue POS 60/40 \$6,500	Community Blue copay 70/50 \$3,500	Blue Max 100/80 \$1,800
Community Blue 70/50 \$4,500	Blue Connect copay 70/50 \$3,500	
Blue Connect Acadiana 70/50 \$4,500	Blue POS copay 80/60 \$3,000	
	Blue POS 100/80 \$3,500	
	Blue Connect 80/60 \$3,000	
	Blue Connect Acadiana 80/60 \$3,000	
	Blue Connect Acadiana copay 70/50 \$3,500	

Your Choice of Products

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 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 **Preferred Care PPO network**.

BlueSaver

- A qualified high-deductible health plan, which means you can put tax-free money in a Health Savings Account (HSA) that will help you pay your deductible and your share of covered medical expenses.
- **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 coinsurance depends on the plan you buy.
- Accesses the **Preferred Care PPO network**.
- We recommend a MySmartSaver HSA with this plan. MySmartSaver is provided by Health Equity* and offers preferred rates and great resources to help you successfully manage your HSA. Visit <http://healthequity.com/mysmartsaver/> 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 now available statewide.
- You pay a set copayment for most benefits when you get care from a network provider.
- A four-tier copayment 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 network**.

**Health Equity, Inc is an independent company who administers Health Savings Accounts to Blue Cross members enrolled in BlueSaver, our high deductible health plans. Members who qualify may open a HSA with any HSA administrator and should seek guidance of a tax professional or financial advisor. Blue Cross and Blue Shield of Louisiana is not engaged in rendering tax, legal or investment advice.*

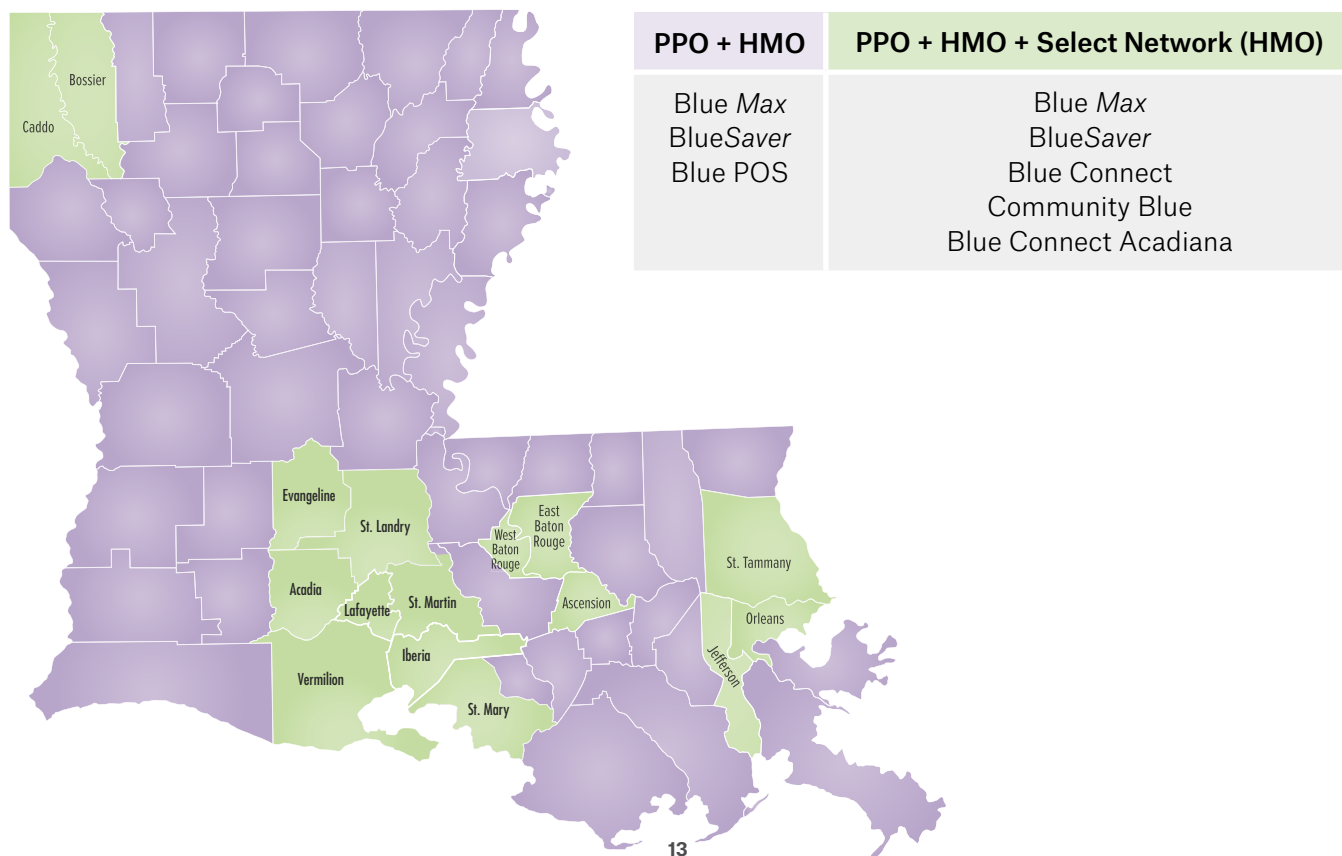
Select Network Plans (Community Blue, Blue Connect and Blue Connect Acadiana)*

- 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 your network, and want waived copays for your office visits with a Quality Blue Primary Care doctor.
- Several copayment, coinsurance and deductible plan options to meet your needs.
- A four-tier copayment 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 **Community Blue** (Baton Rouge and Shreveport communities), **Blue Connect** (New Orleans communities) and **Blue Connect Acadiana** (Lafayette communities) **networks**.

**Please refer to our separate Community Blue, Blue Connect and/or Blue Connect Acadiana brochures for more information.*

2017 Products by Area

Find the Products Available to You



Blue Max Plan Comparisons

Your covered benefits are:*		Plans with deductibles:	
METAL LEVEL		GOLD	SILVER
		Deductible: \$1,800	Deductible: \$2,800
Plan name		100/80 \$1,800	Copay 70/50 \$2,800
Deductible options for benefit period in-network	Single	\$1,800	\$2,800
	Family	\$5,400	\$8,400
Max out-of-pocket including deductible, copayments & coinsurance	Single	\$7,150	\$7,150
	Family	\$14,300	\$14,300
Coinsurance in-network	We pay	100%	70%
	You pay	0%	30%
Coinsurance out-of-network	We pay	80%	50%
	You pay	20%	50%
If you go to a doctor's office	Primary	Deductible	\$40 per visit
	QBPC	Deductible	\$25 per visit
	Specialist	Deductible	\$55 per visit
Urgent care	You pay	Deductible	\$55
If you go to an outpatient ambulatory surgical center		Deductible	Deductible then 30% coinsurance
If you go to an emergency room		Deductible	Deductible then 30% coinsurance
If you are admitted as an inpatient to a hospital		Deductible	Deductible then 30% coinsurance
Drug deductible per member		No separate drug deductible; medical deductible applies	\$500 separate drug deductible
Prescription drugs per fill	You pay	Tier 1: Generic 0% after deductible Tier 2: Brand 20% after deductible	Tier 1: Drug deductible then \$15 copay Tier 2: Drug deductible then 20% coinsurance (\$250 max) Tier 3: Drug deductible then 30% coinsurance (\$250 max)
Preventive care services		Plan pays 100% in-network	
Pregnancy care office visit		Deductible	\$55
Physical, occupational, speech therapy rehabilitation services		Deductible	Deductible then 30% coinsurance
Mental health & substance abuse	Inpatient	Deductible	Deductible then 30% coinsurance
	Outpatient	Deductible	Deductible then 30% coinsurance
Pediatric dental & vision		You will pay \$0 for diagnostic & preventive dental and routine eye exams & hardware when received from a network provider	

BlueSaver Plan Comparisons

BRONZE		
Deductible: \$5,000		
80/60 \$5,000	100/80 \$3,100	60/40 \$4,500
\$5,000	\$3,100	\$4,500
\$14,300	\$6,200	\$9,000
\$7,150	\$6,550	\$6,550
\$14,300	\$13,100	\$13,100
80%	100%	60%
20%	0%	40%
60%	80%	40%
40%	20%	60%
Deductible then 20% coinsurance	Deductible	Deductible then 40% coinsurance
Deductible then 20% coinsurance	Deductible	Deductible then 40% coinsurance
Deductible then 20% coinsurance	Deductible	Deductible then 40% coinsurance
Deductible then 20% coinsurance	Deductible	Deductible then 40% coinsurance
Deductible then 20% coinsurance	Deductible	Deductible then 40% coinsurance
Deductible then 20% coinsurance	Deductible	Deductible then 40% coinsurance
Deductible then 20% coinsurance	Deductible	Deductible then 40% coinsurance
No separate drug deductible; medical deductible applies		
Tier 1: Generic 20% after deductible Tier 2: Brand 40% after deductible	Tier 1: Generic 0% after deductible Tier 2: Brand 20% after deductible	Tier 1: Generic 40% after deductible Tier 2: Brand 60% after deductible
Plan pays 100% in-network		
Deductible then 20% coinsurance	Deductible	Deductible then 40% coinsurance
Deductible then 20% coinsurance	Deductible	Deductible then 40% coinsurance
Deductible then 20% coinsurance	Deductible	Deductible then 40% coinsurance
Deductible then 20% coinsurance	Deductible	Deductible then 40% coinsurance
You will pay \$0 for diagnostic & preventive dental and routine eye exams & hardware when received from a network provider		

Blue Point of Service Plan Comparisons

Your covered benefits are:*		Plans with deductibles:
METAL LEVEL		GOLD
		Deductible: \$1,000
Plan name		Copay 80/60 \$1,000
Deductible options for benefit period in-network	Single	\$1,000
	Family	\$3,000
Max out-of-pocket including deductible, copayments & coinsurance	Single	\$4,800
	Family	\$9,600
Coinsurance in-network	We pay	80%
	You pay	20%
Coinsurance out-of-network	We pay	60%
	You pay	40%
If you go to a doctor’s office	Primary	\$40 per visit
	QBPC	\$25 per visit
	Specialist	\$60 per visit
Urgent care	You pay	\$60
If you go to an outpatient ambulatory surgical center		Deductible then 20% coinsurance
If you go to an emergency room		\$350 copay per visit; waived if admitted
If you are admitted as an inpatient to a hospital		Deductible then 20% coinsurance
Drug deductible per member		\$500 separate drug deductible
Prescription drugs per fill	You pay	Tier 1: Drug deductible then \$7 copay Tier 2: Drug deductible then 20% coinsurance (\$250 max) Tier 3: Drug deductible then 30% coinsurance (\$250 max)
Preventive care services		Plan pays 100% in-network
Pregnancy care office visit		\$60
Physical, occupational, speech therapy rehabilitation services		\$40 per visit
Mental health & substance abuse	Inpatient	Deductible then 20% coinsurance
	Outpatient	Deductible then 20% 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 subscriber contract (policy) for a complete list of services covered, as well as limitations and exclusions.

SILVER			BRONZE	
Deductible: \$3,000	Deductible: \$3,100	Deductible: \$3,500	Deductible: \$4,500	Deductible: \$6,500
80/60 \$3,000	Copay 70/50 \$3,100	100/80 \$3,500	70/50 \$4,500	60/40 \$6,500
\$3,000	\$3,100	\$3,500	\$4,500	\$6,500
\$9,000	\$9,300	\$10,500	\$13,500	\$14,300
\$5,100	\$7,150	\$6,850	\$6,850	\$7,150
\$10,200	\$14,300	\$13,700	\$13,700	\$14,300
80%	70%	100%	70%	60%
20%	30%	0%	30%	40%
60%	50%	80%	50%	40%
40%	50%	20%	50%	60%
Deductible then 20% coinsurance	\$40	Deductible	Deductible then 30% coinsurance	Deductible then 40% coinsurance
Deductible then 20% coinsurance	\$25	Deductible	Deductible then 30% coinsurance	Deductible then 40% coinsurance
Deductible then 20% coinsurance	\$60	Deductible	Deductible then 30% coinsurance	Deductible then 40% coinsurance
Deductible then 20% coinsurance	\$60	Deductible	Deductible then 30% coinsurance	Deductible then 40% coinsurance
Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible	Deductible then 30% coinsurance	Deductible then 40% coinsurance
\$350 copay per visit; waived if admitted	\$350 copay per visit; waived if admitted	Deductible	Deductible then 30% coinsurance	Deductible then 40% coinsurance
Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible	Deductible then 30% coinsurance	Deductible then 40% coinsurance
No separate drug deductible; medical deductible applies	\$500 separate drug deductible	No separate drug deductible; medical deductible applies	No separate drug deductible; medical deductible applies	No separate drug deductible; medical deductible applies
Tier 1: Generic 20% after deductible Tier 2: Brand 40% after deductible	Tier 1: Drug deductible then \$15 copay Tier 2: Drug deductible then 20% coinsurance (\$250 max) Tier 3: Drug deductible then 30% coinsurance (\$250 max)	Tier 1: Generic 0% after deductible Tier 2: Brand 20% after deductible	Tier 1: Generic 30% after deductible Tier 2: Brand 50% after deductible	Tier 1: Generic 40% after deductible Tier 2: Brand 60% after deductible
Plan pays 100% in-network				
\$60	Deductible	\$60	Deductible then 30% coinsurance	Deductible then 40% coinsurance
\$40 per visit	Deductible	\$40 per visit	Deductible then 30% coinsurance	Deductible then 40% coinsurance
Deductible then 30% coinsurance Plan pays 100%	Deductible Deductible	Deductible then 20% coinsurance Plan pays 100%	Deductible then 30% coinsurance Deductible then 30% coinsurance	Deductible then 40% coinsurance Deductible then 40% coinsurance
You will pay \$0 for diagnostic & preventive dental and routine eye exams & hardware when received from a network provider				

We're Here to Help

With Blue Cross and Blue Shield of Louisiana, you'll have the support you need to protect every day.



Your Broker

Get personal assistance from your broker, 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 a broker? 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** today to register for your account.



By Phone

Help is just a phone call away. Call Customer Service toll-free at **1-800-392-4087** from 8 a.m. to 5p.m. CST, Monday through Friday.



Online Convenience

Login or register for your online account at www.bcbsla.com, where you can:



- **Take Your Personal Health Assessment**
Learn your risks, get access to a personalized action plan, and plan for a lifetime of good health.
- **Get Wellness Discounts**
Find Blue365® discounts on gym memberships, workout clothes, diet programs, Lasik surgery and more.
- **Manage Your Account**
Request an ID card, change your contact information, view claims data, and more.
- **Get Your Personal Health Record**
Store and organize important health information in a secure, password-protected online record.

Mobile is the Way to Go

Download our 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**
See all of your important health information, like your costs and balances and benefits.
- **Contact Us**
Submit a question about your claims or benefits on our mobile app. You can also get maps and directions to any of our local offices, or 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 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).

ພວກເຮົາມີບໍລິການແປພາສາໃຫ້ທ່ານຟຣີ. ຖ້າທ່ານຕ້ອງການບໍລິການນັ້ນ, ກະລຸນາໂທຫາພະແນກບໍລິການລູກຄ້າຕາມເບີໂທທີ່ຢູ່ທາງຫຼັງຂອງບັດປະຈຳຕົວຂອງທ່ານ. ຖ້າທ່ານຫຼຸບ ບໍ່ໄດ້, 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 (TTY711)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 بگیرند.

Предлагаются бесплатные переводческие услуги. При необходимости, пожалуйста, позвоните по номеру Отдела обслуживания клиентов, указанному на обратной стороне Вашей идентификационной карты. Клиенты с нарушениями слуха могут позвонить по номеру 1-800-711-5519 (Телефон с текстовым выходом: 711).

มีบริการด้านภาษาให้ใช้ได้ฟรี หากต้องการ โปรดโทรศัพท์ติดต่อฝ่ายบริการลูกค้าตามหมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของท่าน สำหรับลูกค้าที่มีปัญหาทางการได้ยิน โปรดโทรศัพท์ไปที่หมายเลข 1-800-711-5519 (TTY 711)



Regional Offices

Alexandria

318-442-8107

4508 Coliseum Boulevard, Suite A
Alexandria, LA 71303

Baton Rouge

225-295-2527

5525 Reitz Avenue
Baton Rouge, LA 70809-3802

Houma

985-853-5965

1437 St. Charles Street, Suite 135
Houma, LA 70360

Lafayette

337-593-5727

5501 Johnston Street
Lafayette, LA 70503

Lake Charles

337-480-5315

219 West Prien Lake Road
Lake Charles, LA 70601-8450

Monroe

318-398-4955

2360 Tower Drive, Suite 102
Monroe, LA 71201

New Orleans

504-832-5800

3501 North Causeway Boulevard, Suite 600
Metairie, LA 70002

Shreveport

318-795-4911

411 Ashley Ridge Boulevard
Shreveport, LA 71106

Customer Service – Baton Rouge

225-291-5370 • 800-392-4087

5525 Reitz Avenue
Baton Rouge, LA 70809-3802

www.bcbsla.com



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



Louisiana



HMO Louisiana