HMO Louisiana, Inc. is a Qualified Health Plan Issuer on the Health Insurance Marketplace

Blue CONNECT

Basic Information About the Plan

Select Network Product Designed for New Orleans Communities

Individual Plan

HMO Louisiana, Inc.

Blue Connect is different from other health insurance plans. Before you buy this plan, read this guide.

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 Blue Connect plan in each 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**.

What's different about Blue Connect?

Your network will be a select, local network

Your network of doctors and hospitals is smaller than the networks in many other insurance plans. But you can still choose from a full network of primary care physicians, specialists and other healthcare providers in a local area.

You will have a coordinated care team

Your select, local network is made up of healthcare professionals who talk to one another. With the support of a team, you can make the best health decisions. Teams work best when you and your doctors are equal partners.

Staying in network is important

As long as you get care within your Blue Connect network, you pay fixed low-cost copayments. Some kinds of doctor visits won't cost you anything out of pocket. But when you go out of the Blue Connect network, you will pay much more for care.

How much will my deductible be?

Are you in network?

☐ **Yes, I am in the Bue Connect network.**

Then your deductible could be $0 for many kinds of care, depending on the plan you choose. Other Blue Connect plans have a manageable in-network deductible.

☐ **No, I am outside of the Blue Connect network.**

Then you may pay up to $9,000 out-of-network deductible before your insurance pays for anything.

Blue Connect is a great health plan for people who want local access, a new approach to health and a lower priced insurance plan. If you agree to all of the above, you're ready to Connect.

Blue CONNECT

The Blue Connect difference

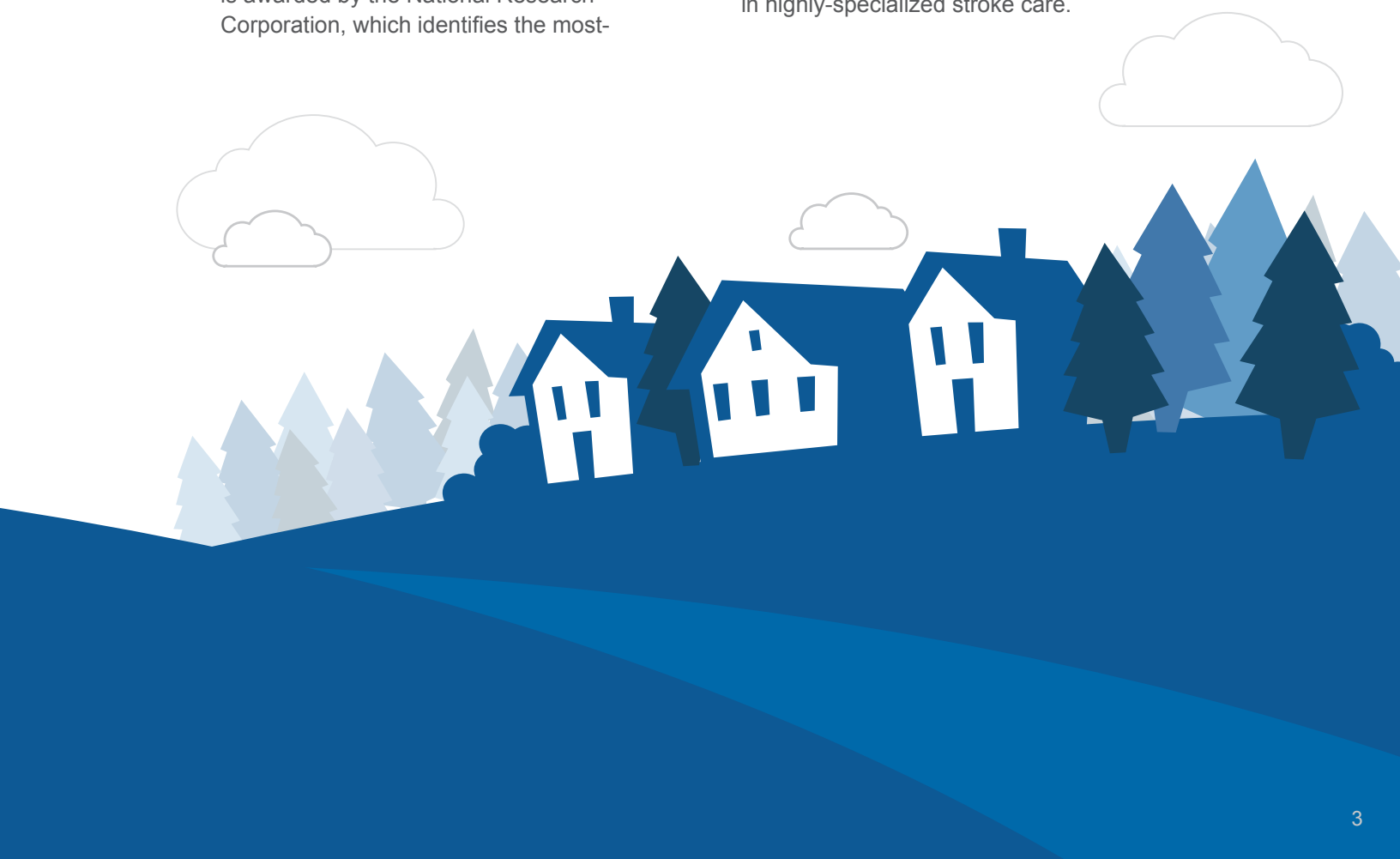
Ochsner Means Expertise

Ochsner Health System is southeast Louisiana's largest non-profit, academic, multi-specialty, healthcare delivery system. Driven by a mission to Serve, Heal, Lead, Educate and Innovate, coordinated clinical and hospital patient care is provided across the region by nine hospitals, both owned and managed, and more than 40 health centers in Louisiana. Among the 14,000 Ochsner employees are more than 900 physicians in some 90 medical specialties and subspecialties. Ochsner Health System conducts more than 300 clinical research trials annually.

Ochsner Earns Full Slate of Top-Quality Ranking

Ochsner has been named the Consumer Choice for Healthcare in New Orleans for 17 consecutive years. This distinction is awarded by the National Research Corporation, which identifies the most-preferred hospitals in more than 100 markets across the country. Ochsner is the only Louisiana hospital recognized by U.S. News & World Report as a "Best Hospital" across eight specialty categories. Additionally, *Becker's Hospital Review* has recognized Ochsner Medical Center as one of "100 Great Hospitals in America", and Ochsner is the only hospital in Louisiana to receive this award.

Ochsner Medical Center has also been recognized by The Joint Commission and the American Heart Association/American Stroke Association (AHA/ASA) as meeting The Joint Commission's standards for Disease-Specific Care Comprehensive Stroke Center Certification, which means it is part of an elite group of providers focused on complex stroke care. Comprehensive Stroke Centers are recognized as industry leaders and are responsible for setting the national agenda in highly-specialized stroke care.



Choose the Blue Connect plan

COVERED BENEFITS*	Blue Connect Copay 100/70		Blue Connect Copay 80/60 $1,000	
METAL LEVEL	Platinum		Gold	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Calendar-Year Deductible (Family Aggregate)	None	$5,000 Individual $15,000 Family	$1,000 Individual $3,000 Family	$5,000 Individual $15,000 Family
Out-Of-Pocket Calendar Year Maximum (Includes deductibles, copayments, coinsurance, etc.)	$2,000 Individual $4,000 Family	$10,000 Individual $20,000 Family	$5,000 Individual $10,000 Family	$10,000 Individual $20,000 Family
OFFICE VISITS				
Primary Care Physician Office Visits	$35 Copay for each visit	Deductible then 70/30 Coinsurance	$40 Copay for each visit	Deductible then 60/40 Coinsurance
Specialist Office Visits	$55 Copay for each visit	Deductible then 70/30 Coinsurance	$60 Copay for each visit	Deductible then 60/40 Coinsurance
PREVENTIVE AND WELLNESS CARE				
Routine Wellness Exam	100% paid in-network	Deductible then 70/30 Coinsurance	100% paid in-network	Deductible then 60/40 Coinsurance
Routine Wellness Diagnostic Testing	100% paid in-network	Deductible then 70/30 Coinsurance	100% paid in-network	Deductible then 60/40 Coinsurance
OUTPATIENT SERVICES PERFORMED AT AN OUTPATIENT FACILITY AND AMBULATORY SURGICAL CENTERS				
Facility Charges and Professional Services	$500 per day (up to $1,500)	Deductible then 70/30 Coinsurance	Deductible then 80/20 Coinsurance	Deductible then 60/40 Coinsurance
Lab, Low and High-tech Imaging	100% paid	Deductible then 70/30 Coinsurance	Deductible then 80/20 Coinsurance	Deductible then 60/40 Coinsurance
INPATIENT SERVICE				
Hospital	$500 per day (up to $1,500)	Deductible then 70/30 Coinsurance	Deductible then 80/20 Coinsurance	Deductible then 60/40 Coinsurance
Professional Services	100% paid	Deductible then 70/30 Coinsurance	Deductible then 80/20 Coinsurance	Deductible then 60/40 Coinsurance
PRESCRIPTION DRUG COVERAGE**				
Drug Deductible	No separate drug deductible		$500 separate drug deductible	
Presciption Drugs	$7/$30/$70/10% spec. with $100 max per fill		$7/$30/$70/10% spec. with $100 max per fill	
OTHER COVERED SERVICES (AUTHORIZATIONS MAY BE REQUIRED FOR CERTAIN SERVICES)				
Organ and Tissue Transplants	Covered as Any Other Illness	Not Available	Covered as Any Other Illness	Not Available
Hospice, Home Health and Skilled Nursing Facility	100% paid	Deductible then 70/30 Coinsurance	Deductible then 80/20 Coinsurance	Deductible then 60/40 Coinsurance
Emergency Room	$200 Copay Per Visit; Waived if Admitted	$200 Copay Per Visit; Waived if Admitted	$200 Copay Per Visit; Waived if Admitted	$200 Copay Per Visit; Waived if Admitted
Rehabilitative Speech Therapy - Excludes Inpatient	$35 Copay Per Visit	Deductible then 70/30 Coinsurance	$40 Copay Per Visit	Deductible then 60/40 Coinsurance
Physical/Occupational Therapy - Excludes Inpatient	$35 Copay Per Visit	Deductible then 70/30 Coinsurance	$40 Copay Per Visit	Deductible then 60/40 Coinsurance
Urgent Care Center	$55 Copay Per Visit	Deductible then 70/30 Coinsurance	$60 Copay Per Visit	Deductible then 60/40 Coinsurance
Ambulance	$50 Copay Per Trip	Deductible then 70/30 Coinsurance	$50 Copay Per Trip	Deductible then 60/40 Coinsurance
Maternity Care	Covered as Any Other Illness	Covered as Any Other Illness	Covered as Any Other Illness	Covered as Any Other Illness
Mental Nervous/Substance Abuse	Covered as Any Other Illness	Covered as Any Other Illness	Covered as Any Other Illness	Covered as Any Other Illness
Pediatric Dental (up to age 19)	Diagnostic and preventive dental are covered 100% in-network		Diagnostic and preventive dental are covered 100% in-network	
Pediatric Vision (up to age 19)	Routine eye exams and hardware are covered 100% in-network		Routine eye exams and hardware are covered 100% in-network	

that's right for you:

Blue Connect Copay 70/50 $3,000		Blue Connect 70/50 $4,500	
Silver		Bronze	
In-Network	Out-Of-Network	In-Network	Out-Of-Network
$3,000 Individual $9,000 Family	$6,000 Individual $18,000 Family	$4,500 Individual $12,700 Family	$9,000 Individual $25,400 Family
$6,350 Individual $12,700 Family	$12,700 Individual $25,400 Family	$6,350 Individual $12,700 Family	$12,700 Individual $25,400 Family
$40 Copay for each visit	Deductible then 50/50 Coinsurance	Deductible then 70/30 Coinsurance	Deductible then 50/50 Coinsurance
$60 Copay for each visit	Deductible then 50/50 Coinsurance	Deductible then 70/30 Coinsurance	Deductible then 50/50 Coinsurance
100% paid in-network	Deductible then 50/50 Coinsurance	100% paid in-network	Deductible then 50/50 Coinsurance
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Deductible then 70/30 Insurance	Deductible then 50/50 Coinsurance	Deductible then 70/30 Coinsurance	Deductible then 50/50 Coinsurance
$500 separate drug deductible		No separate drug deductible	
$15/$40/$70/10% spec. with $100 max per fill		You pay 30% for generics or 50% for brand after medical deductible	
Covered as Any Other Illness	Not Available	Covered as Any Other Illness	Not Available
Deductible then 70/30 Insurance	Deductible then 50/50 Coinsurance	Deductible then 70/30 Coinsurance	Deductible then 50/50 Coinsurance
$200 Copay Per Visit; Waived if Admitted	$200 Copay Per Visit; Waived if Admitted	Deductible then 70/30 Coinsurance	Deductible then 70/30 Coinsurance
$40 Copay Per Visit	Deductible then 50/50 Coinsurance	Deductible then 70/30 Coinsurance	Deductible then 50/50 Coinsurance
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$50 Copay Per Trip	Deductible then 50/50 Coinsurance	Deductible then 70/30 Coinsurance	Deductible then 50/50 Coinsurance
Covered as Any Other Illness	Covered as Any Other Illness	Covered as Any Other Illness	Covered as Any Other Illness
Covered as Any Other Illness	Covered as Any Other Illness	Covered as Any Other Illness	Covered as Any Other Illness
Diagnostic and preventive dental are covered 100% in-network		Diagnostic and preventive dental are covered 100% in-network	
Routine eye exams and hardware are covered 100% in-network		Routine eye exams and hardware are covered 100% in-network	

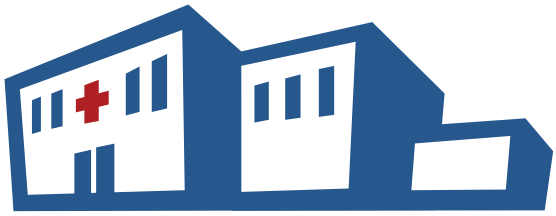
This is only an outline. All benefits are subject to the terms and conditions of the Benefit Plan. In the case of a discrepancy, the Benefit Plan will prevail.

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.

*This is only a partial list of benefits and services covered. Please see your subscriber contract for a complete list of services covered, as well as limitations and exclusions. Blue Connect refers to policy #19636EX-024 01/14.

**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.

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 who 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

Your Primary Care Doctor

"Primary care doctor" is just a fancy way of referring to your personal doctor. 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

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)*

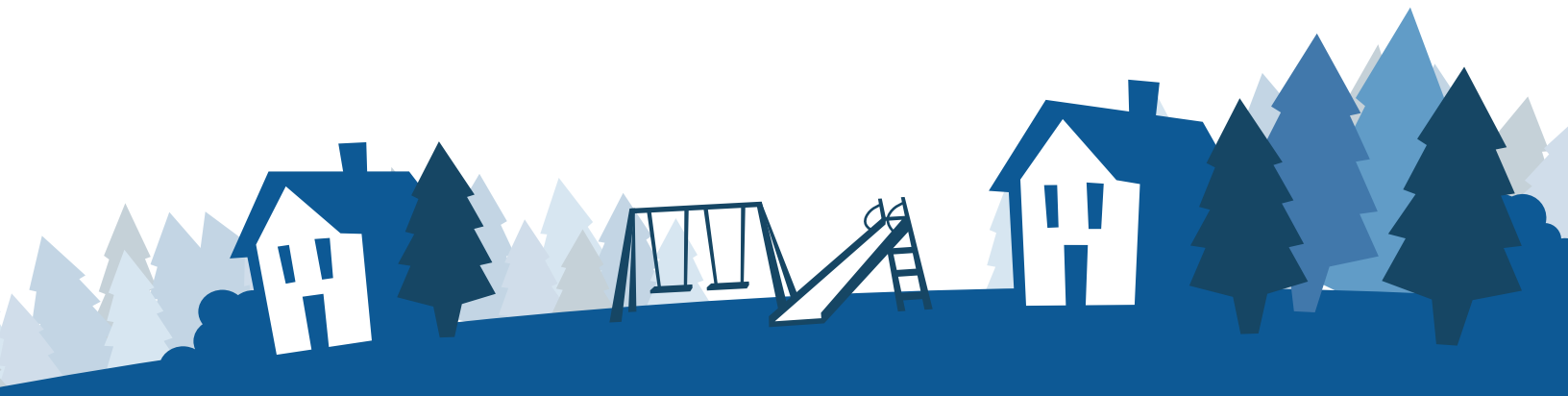
Benefits**	Frequency	You Pay (In-Network)
Eye Exam	Once a year	$0
Spectacle Lenses	Once a year	$0
Frame	Once a year	$0
Contact Lenses (instead of eyeglasses)	Once a year	$0
Contact Lens Evaluation, Fitting and Follow Up	Once a year	$0

*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/findadoctor.

ESSENTIAL BENEFIT: DENTAL CARE FOR YOUR CHILDREN *(UP TO AGE 19)*	
Contract-year deductible	**You Pay In-Network:**
For each person who is insured (does not apply to diagnostic and preventive services)	$50
Benefits*	**You Pay In-Network:**
Routine oral exams, oral cleanings, flouride 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/findadoctor.



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.

If you see any doctor other than your primary care doctor, make sure that doctor is in your network.

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 aa 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.

Your Prescription Benefits

Prescription benefits are the most used part 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.

Most 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 *Up to a 30-day supply*	**Through the mail** *Up to a 90-day supply*
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 $100 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:

Tier	Category of drug you buy	How much do you pay?
1	**Generic**	30% after medical deductible
2	**Brand**	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
- Brand-name contraceptive drugs

Preventive and Wellness Care

Your plan covers preventive and wellness care at 100%. That means when you get these services from a Blue Connect doctor, they are available at no cost.

Which preventive and wellness services are included in your plan?		
Service	**How often can you have this service?**	**How old must you be?**
FOR ANYONE		
Routine physical exam	No limit	Any age
Immunizations recommended by doctor	No limit	Any age
Colonoscopy	1 every 10 years	50 - 75
Type 2 diabetes mellitus screening	No limit	Any age
HIV screening	No limit	Any age
Lipid disorders screening	No limit	Any age
Syphilis infection screening	1 every year	Any age
FOR WOMEN		
Pap smear	1 every year	Any age
Routine mammogram	1 every year	Any age
Asymptomatic bacteriuria for pregnant women	No limit	Any age
Chlamydial and gonorrhea screenings	1 every year	Any age
Hepatitis B virus infection screening for pregnant women	No limit	Any age
Osteoporosis screening	1 every year	60 and older

Subject to age requirements for certain preventive services. All services are as required or directed by your physician. This is not a complete list. Please call us if you have questions about a specific preventive or wellness service.

WHICH PREVENTIVE AND WELLNESS SERVICES ARE INCLUDED IN YOUR PLAN?		
Service	**How often can you have this service?**	**How old must you be?**
FOR MEN		
Prostate-specific antigen (PSA) test	No limit	Any age
FOR CHILDREN		
Congenital hypothyroidism screening	No limit	0 - 1
Sickle cell disease screening	No limit	0 - 1
Well-baby care for dependent children	No limit	0 - 2
Developmental screenings	No limit	0 - 3
Autism screening	No limit	1 - 2
Lead screening	1 every year	0 - 6
Tuberculosis screening	1 every year	0 - 21
Hearing screening	1 every year	0 - 21
Visual impairment screening	1 every year	0 - 21

Subject to age requirements for certain preventive services. All services are as required or directed by your physician.
This is not a complete list. Please call us if you have questions about a specific preventive or wellness service.

Important Note

Everything your insurance pays is based on an “allowable charge.” The allowable charge is the amount that doctors and hospitals in your network have agreed to accept as full payment for your care. Doctors and hospitals that are outside of the network may charge you more than your insurance pays. In that case, you will be responsible for paying this bill.

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 and visual aids

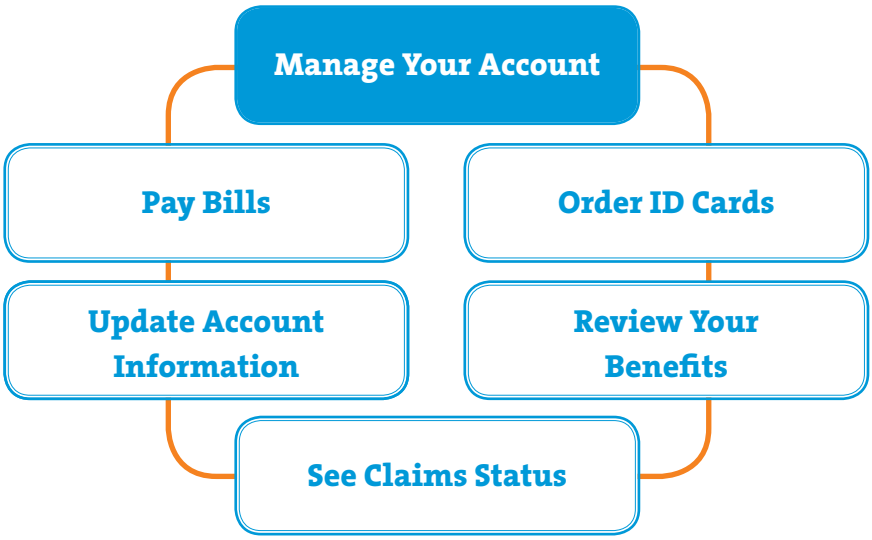
You can get to Blue365 online, and (in many cases) order directly from your computer.

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

www.bcbsla.com

Follow us on Facebook
www.facebook.com/bluecrossla

CUSTOMER SERVICE

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HMO Louisiana, Inc.