



COMMUNITY BLUE | GROUP PLANS | 2024

SELECT NETWORK PRODUCT DESIGNED FOR ASCENSION, EAST BATON ROUGE, LIVINGSTON AND WEST BATON ROUGE PARISHES

01100 01450 R08/23

Community Blue plans are products of HMO Louisiana, Inc., a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross Blue Shield Association.

BEFORE YOU CONTINUE...

Community Blue is a Select Network product. Members have access to Baton Rouge General, The Baton Rouge Clinic and other participating providers.

Select Network products have become the go-to health insurance solution for many groups because they offer significant cost savings and high-quality, coordinated care in your employees' communities. Please read this guide and talk with a broker before buying Community Blue to make sure this is a good health plan option for your group and employees.

The advantages of a select network product like Community Blue include:



Top-Quality Doctors

Blue Cross and Blue Shield of Louisiana partners with major healthcare systems and providers to give Select Network members access to a full network of top-quality primary care doctors, specialists, hospitals and clinics in your local community.



Lower Premiums

Top-quality primary care doctors coordinate care, allowing members with Select Network plans to have better health outcomes and lower costs.



Care Close to You

Our defined networks of healthcare providers focus on offering care that's close to members' homes and work.



Excellent Benefits

Select Networks offer members in-network and out-of-network benefits and all essential health benefits, including comprehensive major medical and prescription drug benefits. Telehealth, zero dollar drug program and cost transparency services are available to improve member health and experience.



Innovative Care Programs

Select Network members can take part in wellness and care management programs with health coaching, education and hands-on support to help members with chronic conditions or serious illnesses get stronger.

It is a perfect fit for some, and not for others.

If you want to offer Community Blue as a product option, it's a great fit if your group is domiciled in the service area and:

- Your employees are willing to seek care from high-quality providers in a defined network in exchange for lower premiums.
- Your employees are willing to choose a primary care physician and work with them to get the most value from their plan.
- Your employees are willing to check our provider directory at **www.bcbsla.com/community-blue** before a doctor visit or hospital stay to find providers in the Community Blue network.

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

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 benefit plan.

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

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

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

Generally, group size is determined by Medical Loss Ratio (MLR) count. Under MLR counts, a group with 50 or fewer employees is considered a small group.

51 or more employees is considered a large group. Talk to a broker to find out which plan options are available to you based on your group size and service area.

Community Blue: *Get More, Spend Less!*

Select Network plans are designed to save you and your employees money. In exchange for these savings, your employees must be willing to seek care from primary care doctors, specialists and local hospitals in the network. There's no correlation between cost and quality – *a limited number of providers doesn't mean limited services*. Select Network plans offer the same level of care and benefits as other broader network plans, including emergency room services.

What's special about Community Blue?

- **The network of doctors and hospitals is more defined** than in other insurance plans. But your employees still have a full network of primary care doctors, specialists and other healthcare providers all close to where they live or work.
- **Your employees have a coordinated care team** of healthcare professionals who talk to each other and help them get the right care in the right place.
- **Staying in-network is very important!** As long as your employees get care within the Community Blue network, they will pay less than if they get care outside of the network.

You have choices!

It's always great to give your employees more options. There are several Community Blue plan options to meet your employees' needs.

Dual, triple, and in some cases, even quadruple option arrangements are available to groups who choose to offer Community Blue!



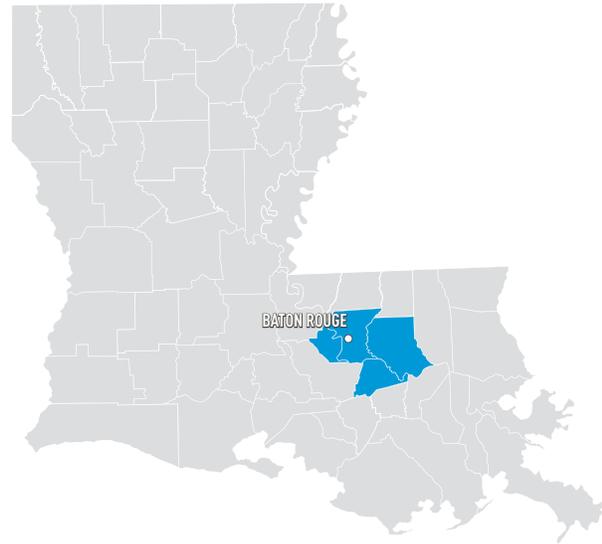
Your Community Blue Network

We can offer Community Blue at a lower price than our traditional PPO plans because the network consists of select doctors and hospitals. To get the most value out of this health plan and keep costs as low as possible, it's important that members only visit providers who are in the Community Blue network.

Community Blue Service Areas

Community Blue is offered in the Greater Baton Rouge area. These plans are designed for businesses domiciled in any of these parishes:

- **Ascension**
- **East Baton Rouge**
- **Livingston**
- **West Baton Rouge**



Community Blue Doctors and Hospitals*

Community Blue members have access to Baton Rouge General, The Baton Rouge Clinic and other participating providers. While the Community Blue product is offered only in the Greater Baton Rouge area, Community Blue members may also access Community Blue network providers located in other parishes. This access to a broader range of providers is an advantage for groups who have employees who reside throughout the state.

The list below includes some of the key participating providers in Community Blue, but there are more. The best way to make sure a provider is in-network is to search the online provider directory at www.bcbsla.com/community-blue.

- **Baton Rouge General Medical Center**
- **Baton Rouge General Physicians Group**
- **The Baton Rouge Clinic****
- **Ochsner Medical Center Baton Rouge**
- **Ochsner The Grove**
- **Ochsner Clinic**

**Always check the online provider directory for the most up-to-date providers in each network. Providers are subject to change.*

***Does not include gastroenterologist physicians at The Baton Rouge Clinic.*

Selecting a Primary Care Physician

Community Blue is designed with an innovative, coordinated care model at its core. For this reason, members must pick a primary care physician (PCP) in the Community Blue network to handle most of their medical needs when sick or injured. This is a doctor practicing in General Practice, Family Practice, Internal Medicine or Geriatrics for adults, or Pediatrics for children. Members may also select a Nurse Practitioner (NP) or Physician Assistant (PA) as their PCP if he or she is set up in our system as a network primary care physician.

PCP SELECTION

A strong patient / PCP relationship helps members improve their health outcomes and save money.

Your employees must choose a PCP.

If they do not choose a PCP, one will be chosen for them. Members can change their PCP at any time by logging onto their account at www.bcbsla.com/login or by calling the Customer Service number on the back of their ID card.

Quality Blue Program

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

How does the Quality Blue program work for your employees?

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

What do my employees get out of seeing a Quality Blue provider?

- **Keeping up with care**

Getting regular care from a Quality Blue provider can help your employees stay healthy and catch any problems early, when they are easier to treat. If you have an employee with a long-term condition, their provider may recommend more frequent visits.

- **Reminders**

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

- **Lower copays**

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

Which doctors are in the Quality Blue program?

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

QUALITY BLUE PROVIDER

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

Community Blue Plan Features

Preventive and Wellness Benefits

Many preventive and wellness services are covered at 100% when your employees go to a provider in their 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.

Coordinated Care

One of the main benefits of a select network plan is the coordinated care members receive. This means that all of your employees' healthcare professionals will be working as a team to give them the right care, at the right time, and in the right places to keep them healthy. We require PCP selection to make sure members choose a primary care physician they want to lead their coordinated care. When your employees use in-network Community Blue providers, doctors and hospitals work together on their behalf to organize their care. This can result in better health outcomes and lower costs.

Care Management

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

Out-of-Network Coverage

Community Blue plans provide protection to members who do not receive care from in-network providers by including a lower level of coverage for out-of-network providers. However, your employees will save money and get the highest level of benefits by staying in-network for their care.

Prescription Drug Coverage

All Community Blue plans include prescription drug coverage, which is an important part of a health insurance plan. A mail order program is also available. Drug benefits are managed by Express Scripts.*

Community Blue plans have a covered drug list, or formulary, that includes thousands of generic and brand drugs, but not every drug is covered. View covered drug lists, search for drugs and find out how to save on drugs at www.bcbsla.com/pharmacy.

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

Zero Dollar Drug Copay Program

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

Telehealth for Convenient, Affordable Care

What is telehealth?

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

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



BlueCare: *Get Care from Anywhere!*

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

Medical Visits:

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

Behavioral Health Visits:

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

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

To sign up, employees can download the free BlueCare app or go to **www.BlueCareLA.com**. They must have their Blue Cross ID card number handy.



Blue365®: Healthy Discounts and Deals

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

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

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

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FREE Identity Protection Services

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

- **Complete Identity Repair and Restoration**

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

- **Fraud Alerts with Credit Monitoring – enrollment required**

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

Learn more at www.bcbsla.com/idprotection.

Community Blue Plan Designs

We understand the need to stay committed to your employees and health program investment while trying to control costs and improve outcomes. Community Blue has several plan options that can help you maintain that balance.

Talk to your broker to find out which plan options are available to you based on your group size and service area.

Community Blue Point of Service (POS) Plans

Community Blue POS plans are designed to provide high-quality, cost-effective healthcare to your employees. These health plans have copayments, coinsurance and deductibles for covered services. You'll get quality coverage with affordable premiums and the freedom to go directly to a primary care physician or specialist without a referral.

Community Blue POS plan features:

- Copayments for most in-network primary care and specialist office visits
- Copayments or deductible then coinsurance for most inpatient and outpatient services
- Coverage for emergency services
- 2-tier pharmacy benefit with deductible then coinsurance and 4-tier pharmacy benefit with copayment and coinsurance options. Some plans may also have a separate drug deductible.



Compare Select Network Plans to Traditional PPO Plans

Trying to decide if a Community Blue Select Network plan is a smart choice to offer your employees? The chart below can help you compare networks, coverage and benefits, and costs.

	Traditional PPO	Community Blue	
What's the same?	<ul style="list-style-type: none"> • High-quality providers across a wide range of specialties • No referrals required • Preventive visits covered at 100% • Out-of-network coverage • ER services for life-threatening conditions covered as in-network • Wellness and care management programs • Essential health benefits • Blue365 health discounts and deals • Identity protection services 		
What's different?	Premium	\$\$\$	\$\$
	Network**	Broad, national network	Local, market-defined network
	Primary Care Physician (PCP) Selection	Encouraged, but not required	Yes PCP coordinates care to improve health and lower healthcare costs
	Out-of-state coverage	Covered as in-network (through BlueCard worldwide network)	In-network for emergencies, Out-of-network for non-emergencies, Add-on: Away From Home Care***

*Each benefit's cost share varies by plan. Talk to your broker or see your contract booklet for full details.

**Search for participating providers at www.bcbsla.com/FindCare.

***Away From Home Care availability is subject to location. Contact your broker for more information.

Trust the Cross and Shield with More than Medical Benefits for Whole-body Health

In addition to medical benefits, we offer an array of ancillary products that can help enhance your benefits package, improve your employees' overall health and lower medical costs:

IMPROVING OVERALL HEALTH: Regular visits to the dentist and eye doctor can help identify and prevent future dental, vision and overall health problems. Offering DENTAL and VISION Group benefits with MEDICAL from Blue Cross can improve your employees' overall health and lower their medical costs.

- **Blue Dental Plans**

Oral health is about more than a good smile. Having regular dental exams can help find dental problems and other health conditions in the body like diabetes, heart disease, osteoporosis and cancer. Our Blue Dental Traditional Plan covered services include Diagnostic and Preventive, Basic, Endodontics and Periodontics when visiting an Advantage Plus 2.0 network provider.* The Advantage Plus 2.0 network is a large nationwide network of dental providers with over 4,200 provider locations in Louisiana. Contact your broker or visit employers.bcbsla.com/dental for more information.

**Advantage Plus 2.0 is a dental network of providers of United Concordia Companies, Inc., an independent company that administers dental benefits on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

- **Blue Vision Plans**

Regular eye exams are important for good vision health. They can also detect risk factors for heart disease such as high cholesterol, high blood pressure and diabetes. Our Blue Vision plans come with low monthly premiums, an expansive network** of providers and retailers including Walmart®, Costco® and Visionworks®, and special features and discounts.

Each of our Blue Vision plans is packed with features such as eyeglass and contact lens benefits, a replacement contact lens program, expanded progressive lens options and blue light coating for digital screen protection, discounts on services not covered by their plan, laser vision correction discounts and more. Contact your broker or visit employers.bcbsla.com/vision for more information.

***Davis Vision is an independent company that provides an extensive network of vision care providers on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

- **Blue Cross Blue Shield Global® International Health Plans**

Blue Cross Blue Shield Global® international health solutions are brought to you by GeoBlue®, Blue Cross Blue Shield’s international health insurance partner. Part of the Blue Cross Blue Shield family, GeoBlue provides unparalleled global access and reliability with coverage for every community in the U.S. and over 190 countries around the world, making it the broadest global network available. Blue Cross Blue Shield Global plans are available to groups of 2+ employees for business travelers, expatriates on long term assignments, and third country nationals. Find out more about what Blue Cross Blue Shield Global products can do for your business. Contact your Blue Cross Blue Shield of Louisiana representative or visit **employers.bcbsla.com/travel-health-plans**.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross Blue Shield Association. Blue Cross Blue Shield Global is a brand owned by Blue Cross Blue Shield Association. Bupa Global is a trade name of Bupa, an independent licensee of Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies. Group coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL, NAIC #80985. For student and individual products GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.

We’re Here to Help

With the Cross and Shield, you’ll have the support and protection you deserve.



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. Don’t have a broker? Give us a call and we can connect you with someone to help.



Online Solutions through the Employers Portal

Our secure online portal lets you manage your group plan with the click of a mouse. Go to **employers.bcbsla.com** to get started with AccessBlue.



Your Regional Office Representative

Help is just a phone call away.

- Baton Rouge **225-295-2556**

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

Online Convenience for Members

Members should log in or register for an online account at www.bcbsla.com/login, where they can:



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

Mobile Is the Way to Go

Downloading our BCBSLA app on an iPhone or Android will provide 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 Claims and Digital ID Card**
See all of your important health information, like claims, costs, balances, benefits and medical ID card from your mobile device.
- **Contact Us**
You can get maps and directions to any of our local offices or get phone numbers to talk to a Customer Service representative.

Employer Notices

Change in Premium Amount

Premiums for this Benefit Plan may increase after the group's first twelve (12) months of coverage and every six (6) months thereafter, except when premiums may increase more frequently as described herein. We will give the group forty-five (45) days written notice of any change in premium rates ((ninety (90) days written notice for employer groups with more than 100 enrolled employees)). We will send notice to the group's latest address shown in our records. Any increase in premium is effective on the date specified in the rate change notice.

Your premiums are subject to change if any of the following events occur, including but not limited to: (1) the addition of a newly covered person; (2) the addition of a newly covered entity; (3) a change in age or geographic location of any individual insured or policyholder; (4) or a change in the benefit level of the benefit plan from that which was in force at the time of the last rate determination. An increase in premium will become effective on the next billing date following the effective date of the requested change. Continued payment of premium will constitute acceptance of the change.

Applicable to Large Groups (51+ MLR):

We reserve the right to increase the premiums more often than stated above due to a change in the extent or nature of the risk that was not previously considered in the rate determination process at any time during the life of the Benefit Plan.



Group Rates

As of Jan. 1, 2014, the Affordable Care Act imposed new government taxes and fees, new benefits and new rating calculations.

Federal law only allows members in the small group market to be rated according to the following factors within a benefit plan design:

- Geographic location
- Family composition
- Age
- Tobacco use

Renewability of Coverage

Blue Cross may terminate this Benefit Plan if any one of the following occurs:

- Group commits fraud or makes an intentional misrepresentation.
- Group fails to comply with a material plan provision, including, but not limited to provisions relating to eligibility, employer contributions or group participation rules. Termination for a reason addressed in this paragraph will be effective after group receives sixty (60) days written notice as described below.
- In the case of network plans, there is no longer any enrollee under the group benefit plan that lives, resides or works in the service area of Blue Cross or in the area for which Blue Cross is authorized to do business.
- Group's coverage is provided through a bona fide association and the employer's membership in the association ends.
- Blue Cross ceases to offer this product or coverage in the market.



Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

Nondiscrimination Notice

Discrimination is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc., does not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

Blue Cross and Blue Shield of Louisiana and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (audio, accessible electronic formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, you can call the Customer Service number on the back of your ID card or email **MeaningfulAccessLanguageTranslation@bcbsla.com**. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Blue Cross, one of its subsidiaries or your employer-insured health plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps;

1. If you are fully insured through Blue Cross, file a grievance with Blue Cross by mail, fax, or email.

Section 1557 Coordinator
P. O. Box 98012
Baton Rouge, LA 70898-9012
225-298-7238 or 1-800-711-5519 (TTY 711)
Fax: 225-298-7240
Email: Section1557Coordinator@bcbsla.com

2. If your employer owns your health plan and Blue Cross administers the plan, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Blue Cross or owned by your employer, go to www.bcbsla.com/checkmyplan.

Whether Blue Cross or your employer owns your plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Or

Electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

NOTICE

Free language services are available. If needed, please call the Customer Service number on the back of your ID card. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios lingüísticos gratuitos. De necesitarlos, por favor, llame al número del Servicio de Atención al Cliente que aparece en el reverso de su tarjeta de identificación. Clientes con dificultades auditivas, llamen al 1-800-711-5519 (TTY 711).

Des services linguistiques gratuits sont disponibles. Si nécessaire, veuillez appeler le numéro du Service clientèle figurant au verso de votre carte d'identification. Si vous souffrez d'une déficience auditive, veuillez appeler le 1-800-711-5519 (TTY 711).

Có dịch vụ thông dịch miễn phí. Nếu cần, xin vui lòng gọi cho Phục Vụ Khách Hàng theo số ở mặt sau thẻ ID của quý vị. Khách hàng nào bị suy giảm thính lực hãy gọi số 1-800-711-5519 (TTY 711).

我们为您提供免费的语言服务。如有需要，请致电您 ID 卡背面的客户服务号码。听障客户请拨打 1-800-711-5519 (TTY 711)。

الخدمات اللغوية متاحة مجاناً. يرجى، إذا اقتضى الأمر، الاتصال برقم خدمة العملاء المدون على ظهر بطاقة التعريف الخاصة بك. إذا كنت تعاني من إعاقة في السمع، فيرجى الاتصال بالرقم 1-800-711-5519 (TTY 711).

Magagamit ang mga libreng serbisyo sa wika. Kung kinakailangan, pakitawagan ang numero ng Customer Service sa likod ng iyong ID kard. Para sa mga may kapansanan sa pandinig tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 서비스를 이용하실 수 있습니다. 필요한 경우 귀하의 ID 카드 뒤에 기재되어 있는 고객 서비스 번호로 연락하시기 바랍니다. 청각 장애가 있는 분은 1-800-711-5519 (TTY 711)로 연락하십시오.

Oferecemos serviços linguísticos grátis. Caso necessário, ligue para o número de Atendimento ao Cliente indicado no verso de seu cartão de identificação. Caso tenha uma deficiência auditiva, ligue para 1-800-711-5519 (TTY 711).

ພວກເຮົາມີບໍລິການແປພາສາໃຫ້ທ່ານພຣີ. ຖ້າທ່ານຕ້ອງການບໍລິການນັ້ນ, ກະລຸນາໂທຫາພະແນກບໍລິການລູກຄ້າຕາມເບີໂທທີ່ຢູ່ທາງຫຼັງຂອງບັດປະຈຳຕົວຂອງທ່ານ. ຖ້າທ່ານຫຼຸບໍ່ດີ, ຂໍໃຫ້ໂທເບີ 1-800-711-5519 (TTY 711).

無料の言語サービスをご利用頂けます。あなたのIDカードの裏面に記載されているサポートセンターの電話番号までご連絡ください。聴覚障害がある場合は、1-800-711-5519 (TTY 711)までご連絡ください。

زبان سے متعلق مفت خدمات دستیاب ہیں۔ اگر ضرورت ہو تو، براہ کرم اپنے آئی ڈی کارڈ کی پشت پر موجود کسٹمر سروس نمبر پر کال کریں۔ سمعی نقص والے کسٹمرز 1-800-711-5519 (TTY 711) پر کال کریں۔

Kostenlose Sprachdienste stehen zur Verfügung. Falls Sie diese benötigen, rufen Sie bitte die Kundendienstnummer auf der Rückseite Ihrer ID-Karte an. Hörbehinderte Kunden rufen bitte unter der Nummer 1-800-711-5519 (TTY 711) an.

خدمات رایگان زبان در دسترس است. در صورت نیاز، لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی تان درج شده است تماس بگیرید. مشتریانی که مشکل شنوایی دارند با شماره 1-800-711-5519 (TTY 711) تماس بگیرید.

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 โปรดโทรศัพท์ติดต่อฝ่ายการบริการลูกค้าตามหมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของท่าน สำหรับลูกค้าที่มีปัญหาทางการได้ยิน โปรดโทรศัพท์ไปที่หมายเลข 1-800-711-5519 (TTY 711)



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