



Louisiana



## Solutions for Groups | 2024

*Insurance plans from Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO LA, Inc.*





*For nearly 90 years, Louisianians have trusted their health insurance needs to Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. 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 employees' health and that of their loved ones — and provide peace of mind. With multiple offices located around the state, we're always ready to serve you. The best employees consistently rate health insurance as one of the most influential factors in deciding where to work. Let us help you attract and keep the best employees.*

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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](http://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.

# 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. How Medical Loss Ratio (MLR) counts are used

MLR counts are submitted to your insurance carrier at least once a year and are used to determine what products we may offer your group under the ACA. The MLR count also determines the percentage of each healthcare premium dollar that is required to be spent on applicable medical expenses; otherwise a rebate may apply.

- Under MLR counts (all employees are counted as "1" — full-time, part-time, ownership, etc.), 2-50 is considered a small group and 51+ is considered large.
- For large MLR groups, the carrier must spend at least 85% of premiums on applicable medical expenses or issue rebates to the group. For small MLR groups, the applicable percentage is 80%.

## 2. The Employer Mandate may apply to you

Depending on the group's size, employers may be subject to the Employer Shared Responsibility Requirement — also known as the "Employer Mandate." Under these provisions, applicable large employers (ALEs) must either offer minimum essential coverage that is "affordable" and that provides "minimum value" to full-time employees and their dependents, or potentially face fines.

## 3. Are you an Applicable Large Employer (ALE)?

ALE counts are not submitted to carriers, but are kept by you, the employer, for your status under the Employer Mandate. Monthly averages of an entire calendar year determine your compliance for the following calendar year. Under the ALE count:

- All employees who work 30 hours/week or more are considered full-time and counted as "1." Part-time worker hours are bucketed monthly and divided by 120 to create Full-Time Equivalents of labor. Full-time plus full-time equivalents determine the size of your company.
- 2-49 Full-Time Equivalents of labor is considered "small." Full-Time Equivalents of 50 or more are considered "large." Generally, the employer mandate only applies to large groups.

### **For plans that are large under the ALE counting rules, certain tests must be passed to avoid potential fines under the Employer Shared Responsibility Provisions:**

1. Does your plan provide minimum essential coverage? (Typically 95% of full-time employees at 30 hours/week must get an offer.)
2. Does your plan provide minimum value? (At least 60% Actuarial Value to the members.)
3. Is the coverage affordable? (Employee premium contributions are less than 9.12% (for 2023) of wages reported in Box 1 of the employee's W2. This percentage is subject to adjustment by the IRS.)

*Please note: These are general guidelines and should not be used as tax, legal or investment advice. Employers should also seek the guidance of their attorney, tax professional or financial advisor.*

# Why Choose Blue?

We are committed to offering value with our health insurance plans. Your covered employees can take advantage of innovative health programs focused on keeping them well. Plus, they will have access to value-added wellness programs and exclusive discounts on wellness services such as gym memberships, spas and more.

## 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.

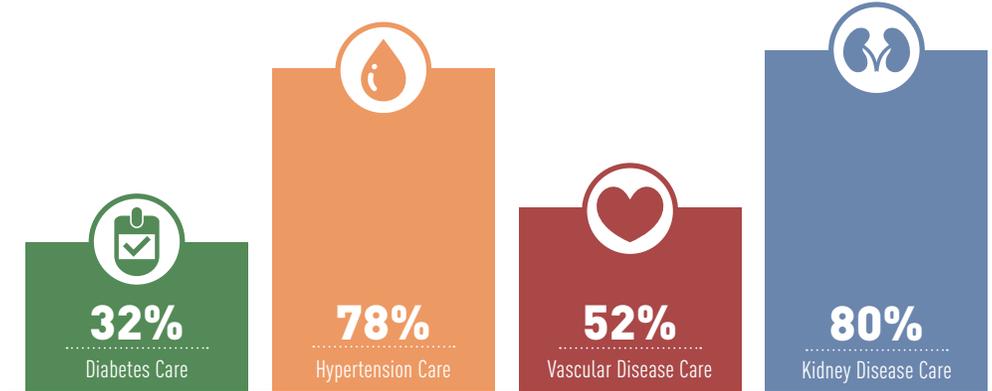
### Which doctors are in the Quality Blue program?

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/findcare](http://www.bcbsla.com/findcare). Quality Blue providers have an indicator as shown below:

**QUALITY BLUE PROVIDER**

Check out [www.bcbsla.com/QualityBlue](http://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.

## Quality Blue Helps Improve Health Results



SOURCE: Quality Blue program data through October 2021. Percentages reflect members meeting optimal care goals.

### Affinity Health Group

In search for new ways for members to get the most out of their healthcare coverage, Blue Cross and Blue Shield of Louisiana has partnered with Affinity Health Group, L.L.C., a wholly-owned subsidiary of Vantage Health Plan, Inc. The physicians, nurse practitioners and physician assistants of Affinity Health Group (AHG) have combined their resources to provide patients enhanced access to quality healthcare at a lower cost.

With AHG, cost share for primary care physicians (PCP) and specialist office visits, including pregnancy office visits, may be reduced for eligible members. Affinity has several clinics staffed with professional and certified medical personnel who provide care from a pediatric level to primary care, and many specialties in between. Members can obtain a greater value for their care by taking advantage of this cost-effective benefit.

Contact your agent to learn more about AHG and eligible plans. To search for AHG providers, go to [www.bcbsla.com/findcare](http://www.bcbsla.com/findcare) and choose your plan's network directory. Affinity Health Group physicians have an indicator as shown below:

**AFFINITY HEALTH PROVIDER**

### 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](http://www.bcbsla.com/stronger) to learn more.

## 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](http://www.bcbsla.com/preventive) for a full list of services that are covered.

## 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.

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 visit [www.BlueCareLA.com](http://www.BlueCareLA.com). They must have their Blue Cross ID card number handy.



*BlueCare is powered by Amwell, a vendor that provides the BlueCare telehealth platform for Blue Cross and Blue Shield of Louisiana and its subsidiaries.*



## **Blue365®: Healthy Discounts and Deals**

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:

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

Register for your free online account at [www.blue365deals.com/BCBSLA](http://www.blue365deals.com/BCBSLA) to access these exclusive discounts!

©Blue Cross Blue Shield Association — All Rights Reserved. The Blue365 program is brought to you by the Blue Cross Blue Shield Association. The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies. Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

## 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](http://www.bcbsla.com/idprotection).

## The BlueCard® Program

Healthcare benefits travel with you wherever you go – across the country and around the world. BlueCard® is a national program that allows your employees 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 nearly 200 countries and territories worldwide through a single electronic network.

- With GroupCare PPO, BlueSaver and Premier Blue plans, if your employee goes to a PPO provider in another state or country, the plan will pay in-network as if he or she were at home.
- With Blue Point of Service, HMO plans and Select Network plans, unless it is emergency care, care obtained outside your employee's Louisiana HMO network will be paid at the out-of-network benefit level.

## How Your Plan Works

### Your Employee's Cost Share

These commonly used terms may be helpful to share with your employees to assist them with understanding their health plan.

- **Copayments**

If the plan has a copayment, this means there is a set dollar amount, or flat fee, for some kinds of care, such as at your doctor's office or pharmacy. The copayment, or "copay," will be a lower amount for a primary care doctor and higher for specialists.

- **Deductibles**

If a plan is chosen with a deductible, this amount must be paid up front before insurance pays for care. If the plan also has copayments for certain services, these copays will not count toward the deductible. The plan will also have a separate out-of-network deductible.

- **Coinsurance**

Once the deductible has been met, there is a set percentage, or coinsurance, for your care. The lowest coinsurance amount will be paid when your employees stay in-network for care.

- **Maximum Out-of-Pocket**

What is paid toward medical and pharmacy deductibles, copayments and coinsurance applies to the maximum out-of-pocket. Once the maximum out-of-pocket has been paid, insurance will pay 100% of the cost of covered care for the remainder of the calendar year. A separate out-of-pocket maximum will apply for services received out of the network.

- **Coordination of Benefits**

Dual health coverage is becoming more common because of working couples with dual incomes, working Medicare beneficiaries and the extension of dependent coverage to children up to 26. Blue Cross and Blue Shield of Louisiana has guidelines to determine which plan will pay primary and which plan will pay secondary. These rules are outlined in the “coordination of benefits” provisions in your benefit plan, the document that explains your benefits and how they are determined.

For more information about your covered services, benefits, limitations and exclusions, as well as how a member or ordering practitioner on behalf of a member may request a review for an override of coverage exclusions, please see your benefit plan.

## **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 your employees have access to the care needed at a lower price. In order to get the most out of their health plan and keep costs as low as possible, it’s important that your employees get care from a provider in the network.

It’s easy to look up doctors and hospitals in the network. Just go to [www.bcbsla.com/findcare](http://www.bcbsla.com/findcare) and choose your plan’s network directory.

## **Selecting a Primary Care Physician**

With HMO, Blue POS and Select Network plans, your employees must pick a primary care physician (PCP) in their 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. They 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. Your employees must choose a PCP. If they do not choose a PCP, one will be chosen for them. They can change their PCP at any time by logging onto their account at [www.bcbsla.com/login](http://www.bcbsla.com/login) or by calling the Customer Service number on the back of their ID card.

## **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.

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

## Covered Drug 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 may be covered.

### Pay close attention to what your plan has. Is it a 2-tier pharmacy plan or a 4-tier pharmacy plan?

This means your plan has either two cost tiers or four cost tiers 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 Coinsurance will apply once your deductible is met.			4-Tier Plans A separate drug deductible may apply, then copayments or coinsurance.		
Tier 1	\$	Generic drugs	Tier 1	\$	Primarily generic drugs, although some brand-name drugs may fall into this category
Tier 2	\$\$	Brand drugs	Tier 2	\$\$	Brand drugs
			Tier 3	\$\$\$	Primarily brand drugs that may have a therapeutic alternative that is in Tier 1 or Tier 2, although some generic drugs may fall into this category. Covered compounded drugs are included in this tier.
			Tier 4	\$\$\$\$	High-cost brand or generic drugs that are identified as specialty drugs

## 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](http://www.bcbsla.com/covereddrugs) for a list of drugs in the program.

### 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](http://www.bcbsla.com/pharmacy). If your doctor orders a new drug for you, ask if the drug is on your covered drug list before you go to the pharmacy.

## Your Choice of Products

Our networks include a wide variety of primary care physicians and specialists, including behavioral health providers. To search for the most up-to-date providers in each network listed below, visit [www.bcbsla.com/findcare](http://www.bcbsla.com/findcare).

### Group Care PPO

- 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 and coinsurance 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 **Preferred Care PPO network**.

### BlueSaver

- **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 pharmacy coinsurance depends on the plan you buy.
- Accesses the statewide **Preferred Care PPO network**.
- When members choose an eligible BlueSaver high-deductible health plan, they can put money in a Health Savings Account (HSA) that will help them pay their deductible and their share of covered medical expenses. An HSA may have tax benefits for your group and employees.
- We recommend a *MySmartSaver* HSA for your group. *MySmartSaver* is provided by HealthEquity\* to help you and your employees successfully save for qualified medical expenses now and into retirement. Visit <https://sales.healthequity.com/mysmartsaver> or call Employer Services at 1-866-382-3510 to learn more.
- Several embedded and non-embedded deductible options available to meet your needs.

*\*HealthEquity, Inc., is an IRS authorized non-bank custodian of HSAs, and the preferred HSA custodian for eligible Blue Cross members enrolled in our high-deductible health plans. Members who qualify may open an HSA with any HSA trustee or custodian and should seek guidance from a tax professional or financial advisor. See IRS Publication 969 for more about HSAs. Blue Cross and Blue Shield of Louisiana and HealthEquity are not engaged in rendering tax, legal or investment advice.*

# Understanding Deductibles: Embedded vs. Aggregate

In this example, **Joe** has knee surgery with medical expenses of \$6,000.

Meet the **Smith Family**



Joe Dependents

**Subscriber: Joe**

-  Deductible paid by subscriber before coinsurance
-  Remaining family deductible
-  Coinsurance after deductible is met

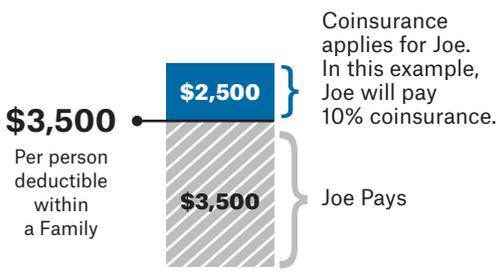
<b>SCENARIO 1</b>	<b>Plan:</b> BlueSaver 90/70 \$3,500
	Per person deductible within a Family     \$3,500
	Family deductible     \$7,000

**PLAN WITH EMBEDDED DEDUCTIBLE:**

Joe will pay **\$3,500**, and the remaining **\$2,500** will apply coinsurance.

Coinsurance applies after Joe meets his \$3,500 deductible or Joe and his dependents collectively meet the \$7,000 family deductible, whichever comes first.

With an embedded deductible, Coinsurance applies as soon as one member (Joe) of the family has reached their individual deductible. Joe enjoys financial protection for his family members with the greatest healthcare needs.



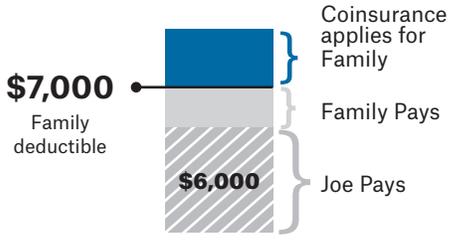
<b>SCENARIO 2</b>	<b>Plan:</b> BlueSaver 90/70 \$3,500
	Per person deductible within a Family     \$7,000
	Family deductible     \$7,000

**PLAN WITH AGGREGATE DEDUCTIBLE (NON-EMBEDDED)**

Joe will pay **\$6,000** since the family deductible has not been met.

Coinsurance applies after Joe and his dependents meet the \$7,000 family deductible.

With an aggregate deductible, Joe's family will be paying the deductible until the entire family deductible is collected. Joe enjoys premium savings in exchange for a higher deductible.



## Premier Blue

- Premier Blue is the broadest coverage offered by the Cross and Shield.
- **Several copayment, coinsurance and deductible plan options are available to meet your needs.**
- A four-tier copayment and coinsurance 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 **Preferred Care PPO network**.

## HMO Plans\*

- HMO plans feature healthcare delivery to your employees from their individual primary care physician (PCP), who coordinates most of the healthcare needs of the member.
- **All plans offer office visit copays for primary care physicians and specialists, along with several deductibles and coinsurance options.**
- No out-of-network benefits apply to HMO plans, except for emergency care.
- A four-tier copayment and coinsurance structure will apply for prescription drugs. Some plans may also have a separate drug deductible.
- Accesses the statewide **HMO Louisiana HMO/POS network**.
- Members must choose a primary care physician (PCP) to handle most of their medical needs when sick or injured.

*\*HMO plans are available to large groups (51+ MLR)*

## Blue Point of Service

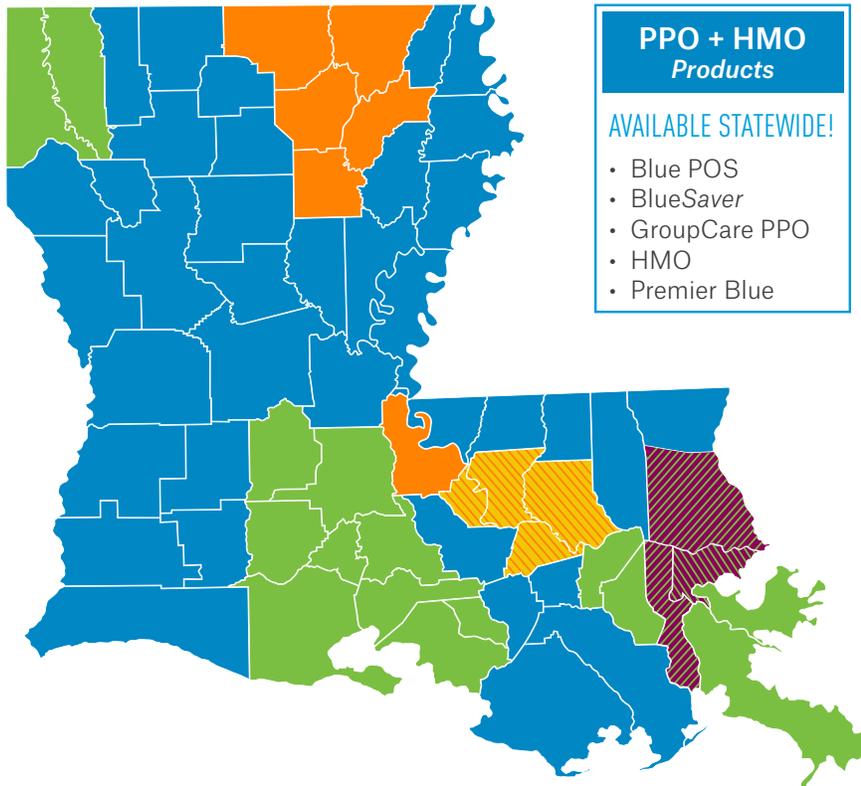
- Offered through our subsidiary, HMO Louisiana, Inc. These plans are available statewide.
- **Most plans offer office visit copays for primary care physicians and specialists, along with several deductible and coinsurance options.**
- A four-tier copayment and coinsurance structure or a two-tier coinsurance 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 HMO/POS network**.
- Members must choose a primary care physician (PCP) to handle most of their medical needs when sick or injured.

## Select Network Plans (Blue Connect, Community Blue, Precision Blue and Signature Blue)\*

- Select network plans have become the go-to health insurance solution for many groups because they offer significant cost savings and high-quality, coordinated care.
- Several copayment, coinsurance and deductible plan options are available to meet your needs. Additionally, qualified high-deductible health plans that can be paired with an HSA, as well as an All Copay plan, are available to eligible groups who offer Blue Connect.
- A four-tier copayment and coinsurance 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.
- Access the following HMO/POS networks: **Blue Connect** (Greater New Orleans, Lafayette and Shreveport service areas), **Community Blue** (Baton Rouge service area), **Precision Blue** (Greater Baton Rouge and Greater Monroe/West Monroe service areas) and **Signature Blue** (New Orleans service area).
- Members must choose a primary care physician (PCP) to handle most of their medical needs when sick or injured.

*\*Please refer to our separate Group Blue Connect, Community Blue, Precision Blue and Signature Blue brochures for more information.*

## 2024 Products by Area Find the Products Available to You



<b>BLUE CONNECT</b> + PPO and HMO Products
<b>Parishes:</b> <b>Greater New Orleans/Northshore</b> Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany <b>Lafayette/Acadiana</b> Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion <b>Shreveport/Bossier</b> Bossier and Caddo
<b>COMMUNITY BLUE</b> + PPO and HMO Products
<b>Parishes:</b> Ascension, East Baton Rouge, Livingston, West Baton Rouge
<b>PRECISION BLUE</b> + PPO and HMO Products
<b>Parishes:</b> <b>Greater Baton Rouge</b> Ascension, East Baton Rouge, Livingston, Pointe Coupee, West Baton Rouge <b>Greater Monroe/West Monroe</b> Caldwell, Morehouse, Ouachita, Richland, Union
<b>SIGNATURE BLUE</b> + PPO and HMO Products
<b>Parishes:</b> Jefferson, Orleans, St. Tammany

# Small Business Funding Solutions

## Self-funded coverage ideal for groups with up to 250 enrolled contracts

### **Simplified • Aggregate Protection • Self-funded**

Blue Cross' Small Business Funding Solutions is an exclusive aggregate-only, stop-loss product. We simplify the self-funding process by covering all eligible claims under a single aggregate attachment point. When you choose Small Business Funding Solutions you don't need separate, specific stop-loss coverage.

### **Features**

- No separate specific stop-loss
- Fully funded monthly
- Client retains aggregate surplus
- Monthly accommodation
- Terminal liability
- Standard plan designs

### **Self-funded vs. Fully Insured**

Under traditional fully insured arrangements, groups generally pay a fixed premium cost per class of coverage each month and nothing more. Likewise, self-funded groups generally pay a fixed cost per class of coverage each month, but must also fund monthly claims payments along with funds for unexpected claims fluctuations. Small Business Funding Solutions offers groups the simplicity of the monthly fixed premium payments fully insured groups enjoy, while allowing the advantages of being a self-funded group, such as:

- Retention of year-end claims account balance
- Lower administrative cost structure
- Full access to plan's claims experience

Please refer to our separate Small Business Funding Solutions brochure for more information or contact your broker or regional office representative if you're interested in Small Business Funding Solutions.

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

**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](http://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](http://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 and Blue Shield of Louisiana representative or visit [employers.bcbsla.com/travel-health-plans](http://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.*

## Online Convenience for Members

Members can log in or register for an online account at [www.bcbsla.com/login](http://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 be 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](http://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 Your 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.



## We're Here to Help

With Blue Cross and Blue Shield of Louisiana, 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 – at no cost to you! Don't have a broker? Give us a call and we can connect you with someone to help.



### Online Solutions through AccessBlue

AccessBlue, our secure online portal, lets you manage your group plan with the click of a mouse. Simply visit **employers.bcbsla.com** and click on AccessBlue to get started.



### Your Regional Office Representative

Call your local Blue Cross regional office representative for additional help. Check the back page of this brochure for phone numbers in each region.

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**.

# 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**

Company 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 the Company or in the area for which the Company is authorized to do business.
- Group's coverage is provided through a bona fide association and the employer's membership in the association ends.
- Company 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](http://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).

ພວກເຮົາມີບໍລິການແປພາສາໃຫ້ທ່ານຟຣີ. 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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## Regional Offices

### Alexandria

**318-448-1660**

4508 Coliseum Boulevard, Suite A  
Alexandria, LA 71303

### Baton Rouge

**225-295-2556**

5525 Reitz Avenue  
Baton Rouge, LA 70809

### Houma

**985-223-3499**

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

### Lafayette

**337-232-7527**

5501 Johnston Street  
Lafayette, LA 70503

### Lake Charles

**337-562-0595**

219 West Prien Lake Road  
Lake Charles, LA 70601

### Monroe

**318-323-1479**

2360 Tower Drive, Suite 102  
Monroe, LA 71201

### New Orleans

**504-832-5800**

3235 North Causeway Boulevard  
Metairie, LA 70002

Or

**504-518-7364**

Orleans Tower Office  
1340 Poydras Street, Suite 100  
New Orleans, LA 70112

### Shreveport

**318-795-0573**

411 Ashley Ridge Boulevard  
Shreveport, LA 71106



# Louisiana

The Right **Card**. The Right **Care**.