



Louisiana



COMMUNITY BLUE

INDIVIDUAL QUALIFIED
HEALTH PLANS

2023

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

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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 people and their families. That's because they offer big cost savings and high-quality, coordinated care in your community. Please read this guide and talk with an agent before buying Community Blue to make sure this is the right health plan for you and your family.



Top-Quality Doctors

Blue Cross and Blue Shield of Louisiana partners with major health care 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 health care 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.

Community Blue may be a good fit if you:

- Are willing to seek care from high-quality providers in a defined network in exchange for lower premiums.
- Are willing to choose a primary care provider and work with them to get the most value from your plan.
- 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.

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

- Are willing to pay higher monthly premiums to have a broader network and avoid unexpected out-of-pocket expenses.
- Need to seek care outside of the Community Blue network.

Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc., are Qualified Health Plan Issuers on the Health Insurance Marketplace.

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

Benefits are based on allowable charges. Allowable charge is defined as the lesser of the billed charge or the amount established or negotiated by Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc., as the maximum amount allowed for all provider services covered under the terms of the policy.

NOTICE: HEALTH CARE SERVICES MAY BE PROVIDED TO YOU AT A NETWORK HEALTH CARE 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.



Welcome to Community Blue: *Get More, Spend Less!*

Your Select Network plan is designed to save you money. In exchange for these savings, you must be willing to seek care from primary care doctors, specialists and local hospitals in your 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?

- **Your network of doctors and hospitals is more defined** than other insurance plans. But you still have a full network of primary care doctors, specialists and other health care providers in your area.
- **You have a coordinated care team** of health care professionals who talk to each other and help you get the right care in the right place.
- **Staying in-network is very important!** As long as you get care within your Community Blue network, you will pay less than if you get care outside of the network.

Your Community Blue Network

We can offer Community Blue at a lower premium 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 you only visit providers who are in the Community Blue network.

Community Blue Service Area

Community Blue is offered in the Baton Rouge market. You must live in one of these parishes to purchase Community Blue:

- **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 Baton Rouge area, Community Blue members may also access Community Blue network providers located in other parishes. 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 Provider

You must pick a primary care provider (PCP) in your network to handle most of your 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. You may also select a Nurse Practitioner (NP) or Physician Assistant (PA) as your PCP if he or she is set up in our system as a network primary care provider.

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



What Is Coordinated Care?

One of the main benefits of a Select Network plan is the coordinated care you'll receive. This means that all of your health care professionals will be working as a team to give you the right care, at the right time, in the right places to keep you healthy.

When you use in-network Community Blue providers, your doctors and hospitals work together on your behalf to organize your care. This can result in better health outcomes and lower costs.

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

- You choose a primary care provider (PCP) in the Community Blue network whom you will see when you're sick or injured.
- You take a Personal Health Assessment, which will help your care team get a full picture of your overall health.
- You are proactive about your health by:
 - Seeing your in-network primary care doctor regularly
 - Following your care plans and getting routine exams, checkups and tests
 - Taking medicines as they are prescribed to you
 - Taking advantage of the preventive and wellness services included in your plan at no additional cost to you
 - Letting your PCP know when you see other doctors

Quality Blue Program

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

How does the Quality Blue program work?

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

What do I get out of seeing a Quality Blue provider?

- **Keeping up with care**

Seeing your Quality Blue provider can help you stay healthy and catch any problems early, when they are easier to treat. Everyone should have at least one checkup a year. If you have a long-term health condition, your provider may recommend you have visits more often.

- **Reminders**

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

- **Lower copays**

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

Is my doctor in the Quality Blue program?

Our Quality Blue program currently includes General Practice, Family Practice, Internal Medicine, Pediatrics, and Geriatrics providers. You can ask your 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 a [] next to their names.

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

Your Cost Share

These are the terms you need to know to help you understand your plan.

- **Premium**

A premium is the monthly payment you have to pay for your plan.

- **Copayment**

If your plan has a copayment, or “copay,” this means that you pay a set dollar amount, or flat fee, for some kinds of care, such as at your doctor’s office or pharmacy. Your copayment will be a lower amount for a primary care doctor and higher for specialists.

- **Deductible**

If you choose a plan with a deductible, this is the amount you must pay up front before your insurance pays for your care. If your plan also has copayments, these copays will not count toward your deductible. Your plan will have an in-network deductible and a separate out-of-network deductible.

- **Coinsurance**

Once you’ve paid your deductible, you’ll pay a set percentage, or coinsurance, for your care. You will pay the lowest coinsurance amount when you stay in-network for care.

- **Maximum Out-of-Pocket**

What you pay toward your medical and pharmacy deductibles, copayments and coinsurance applies to your maximum out-of-pocket. Once you’ve reached your maximum out-of-pocket, your insurance will pay 100% of the cost of covered care for the remainder of the calendar year. A separate out-of-pocket-maximum will apply for services you receive out of your network.



What All Individual Qualified Health Plans Cover

All individual Blue Cross qualified health insurance plans meet the rules set by the health care reform laws. Any plan you buy will offer the following key benefits and services:

Essential Health Benefits

- **Office visits**
A visit to your doctor's office.
- **Prescription drugs**
Drugs prescribed by a doctor to treat an acute illness, like an infection, or an ongoing condition, like high blood pressure.
- **Preventive and wellness services and chronic disease management**
These services include routine physicals, screenings and immunizations. Chronic disease management is an integrated approach to manage an ongoing condition, like asthma or diabetes.
- **Hospitalization**
Care you receive as a patient in a hospital.
- **Emergency services**
Care for conditions which, if not immediately treated, could lead to serious disability or death.
- **Lab tests, blood work, X-rays**
Testing blood, tissues, etc. from a patient to help a doctor diagnose a medical condition and monitor the effectiveness of treatment.
- **Maternity and newborn care**
Care provided to women during pregnancy and during and after labor; care for newly-born children.
- **Mental health care and substance use disorder services, including behavioral health treatment**
Care to evaluate, diagnose and treat mental health and substance use disorder issues.
- **Pediatric dental and vision services**
All plans include benefits for annual pediatric eye exams, glasses, dental exams, cleanings, fluoride treatment, fillings and oral surgery.
- **Rehabilitation services and devices**
Services and devices to help people with injuries, disabilities or chronic conditions gain or recover mental and physical skills.
- **Contraceptive coverage**
Contraceptive methods and counseling for all women, as prescribed by a health care provider.



Preventive and Wellness Benefits

Many preventive and wellness services are covered at 100% when you go to a provider in your network. These covered services include annual exams, colonoscopies, mammograms and more. See www.bcbsla.com/preventive for a full list of services that are covered.

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 workers, we share personalized information to encourage members on their journey to optimal health. If you have diabetes, heart disease, other chronic conditions, traumatic injuries or serious illnesses, these programs help guide you through the health care system and get the services you need in a timely manner. Members do not pay anything to work with a health coach. Visit www.bcbsla.com/stronger to learn more.

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 and also access behavioral health services online. All you need is a computer, tablet or smartphone with internet access and a telehealth account. Blue Cross members can call the customer service number on their ID card to learn about their telehealth benefits.

What are your options?

Members with telehealth coverage have two options for getting virtual care from anywhere:

1. BlueCare, Blue Cross' telehealth app, or
2. A network physician's telehealth service

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 ERs and urgent care centers.
- BlueCare lets you 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. 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, life transitions, anxiety, couples' counseling 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 your BlueCare visit, you'll see what it will cost. This depends on your plan type and benefits. You can use any major credit card, and even HSA or FSA cards, to pay for BlueCare. Your card will not be charged until your visit is over.

To sign up, download the free BlueCare app or go to www.BlueCareLA.com. Have your 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.

Other Telehealth Options

Members with telehealth benefits can also ask their own network physician (PCP) whether their office has telehealth options. Some clinics have dedicated virtual health care services allowing their patients to speak to their own network doctor. Members can also choose a network PCP from Blue Cross' provider directory and confirm virtual care options.

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:

- Gym memberships and workout gear
- Wearable devices
- Meal delivery and nutrition deals
- Eye care
- Sneakers
- Hearing aids

Register for your 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 you 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 health care.

- **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.

The BlueCard® Program

Your health care benefits travel with you wherever you go – across the country and around the world. BlueCard® is a national program that allows you to receive health care services while traveling or living in another Blue Plan's service area. The program links participating health care providers with the independent Blue Plans across the country and in nearly 200 countries and territories worldwide through a single electronic network.

- With Select Network plans, unless it is emergency care, care obtained outside your Louisiana HMO network will be paid at the out-of-network benefit level.

Also Available

- **Blue Dental for Individuals and Families**

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. Dental providers in the Advantage Plus Network* provide covered services at significant savings to you. Contact your agent or visit www.bcbsla.com/shop-plans/dental for more information.

**Advantage Plus Network is administered by United Concordia Companies, Inc. United Concordia is an independent company that administers dental benefits on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

- **GeoBlue®: Products for the Unique Needs of International Travelers**

Do you plan to travel, live or work outside the U.S.? Make sure you are protected with an international health plan that's backed by Blue Cross Blue Shield, a name you know and trust to provide access to quality care. GeoBlue provides the comprehensive coverage you need if you get sick or injured outside the U.S., with plans for short-term international vacation travel and living and working abroad. To view all of the GeoBlue plans, visit www.bcbsla.com/geoblue.

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. 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.

Your Community Blue Benefits

Know before you go: Visit www.bcbsla.com/community-blue or use the BCBSLA mobile app to search for participating providers in your network.

When you need care, consider your options and costs:

- **Your primary care doctor or specialist** \$\$\$\$

If you are sick or injured, but it's not a life-threatening emergency, call your doctor and set up an office visit. Make sure that your primary care doctor is in your network, as well as any specialists you may see.

- **BlueCare: 24/7 online doctor** \$\$\$\$

With BlueCare telehealth, you can see a doctor online 24/7 for non-emergency, minor illnesses. It's easier, faster and cheaper than ER or urgent care. Visit www.BlueCareLA.com to enroll and learn more.

- **Urgent care center** \$\$\$

If you have an illness or injury that you need to have looked at quickly, but it's not an emergency, urgent care centers have doctors who can treat you. Most urgent care centers have night and weekend hours, and the doctors there can often do X-rays, lab work or stitches. 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.

- **Emergency room** \$\$\$\$

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

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

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

- **Planned stays in the hospital**

If you go to an in-network hospital:

As long as you're staying at an in-network hospital and your doctor receives 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 the hospital is outside of your Community Blue 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**

Community Blue 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 a lab 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 Drug Coverage

Prescription drug benefits are included in all plans. A mail order program is also available. Drug benefits are managed by Express Scripts.* To get the most value from your drug benefits, you should take a drug that is covered under your plan.

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. If there are any rules that you must follow before a drug may be covered.

Find out if your drugs are covered before you fill

You and your doctor can check to see if drugs you take are covered at www.bcbsla.com/pharmacy. If your doctor orders a new drug for you, ask if the drug is on your covered drug list before you go to the pharmacy.

*Express Scripts is an independent company that provides pharmacy benefit management 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.



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

This means that your plan has either two cost tiers or three cost tiers for drugs. Drugs in the lower tiers cost less than drugs in the higher tiers. To save the most money, start with a drug in Tier 1. If that one doesn't work, you can talk to your doctor about a higher cost drug in a higher tier, and so on.

2-Tier Pharmacy Plans		
Coinsurance will apply once your deductible is met.		
Tier 1	\$	Generic Drugs
Tier 2	\$\$	Brand Drugs

3-Tier Pharmacy Plans		
A separate drug deductible may apply, then copayments or coinsurance.		
Tier 1	\$	Primarily generic drugs, although some brand-name drugs may fall into this category
Tier 2	\$\$	Includes traditional and specialty brands and generics and biosimilars
Tier 3	\$\$\$	Includes traditional and specialty brands and generics and biosimilars and covered compound drugs

PLAN COMPARISONS

METAL LEVEL		GOLD	SILVER
		Deductible: \$1,000	Deductible: \$3,000
Plan name		Community Blue Copay 80/60 \$1,000	Community Blue Copay 70/50 \$3,000
Deductible options for benefit period in-network	Single	\$1,000	\$3,000
	Family	\$3,000	\$9,000
Max out-of-pocket including deductible, copayments & coinsurance	Single	\$9,100	\$9,100
	Family	\$18,200	\$18,200
Coinsurance in-network	We pay	80%	70%
	You pay	20%	30%
Coinsurance out-of-network	We pay	60%	50%
	You pay	40%	50%
If you go to a doctor's office	Primary	\$20 per visit	\$25 per visit
	QB	\$20 per visit	\$25 per visit
	Specialist	\$60 per visit	\$65 per visit
Urgent care	You pay	\$60 per visit	\$65 per visit
If you go to an outpatient ambulatory surgical center		Deductible then 20% coinsurance	Deductible then 30% coinsurance
If you go to an emergency room		Deductible then 20% coinsurance	Deductible then 30% coinsurance
If you are admitted as an inpatient to a hospital		Deductible then 20% coinsurance	Deductible then 30% coinsurance
Drug deductible per member		\$500 separate drug deductible	No separate drug deductible; medical deductible applies
Prescription drugs per fill	You pay	Drug deductible then: Tier 1: Generic Drug: \$7 copay Tier 2: Preferred Brand Drug: 20% coinsurance (\$250 max) Tier 3: Non-preferred Brand Drug: 30% coinsurance (\$250 max)	Tier 1: Medical deductible then 30% Generic coinsurance Tier 2: Medical deductible then 50% Brand coinsurance
Preventive care services		Plan pays 100% in-network	Plan pays 100% in-network
Pregnancy care office visit		\$60 per visit	\$65 per visit
Physical, occupational and speech therapy rehabilitation services		\$40 per visit	\$45 per visit
Mental health & substance use disorder facility	Office	\$20 per visit	\$25 per visit
	Inpatient	Deductible then 20% coinsurance	Deductible then 30% coinsurance
	Outpatient	Deductible then 20% coinsurance	Deductible then 30% coinsurance
Pediatric dental & vision		You will pay \$0 for diagnostic & preventive dental and routine eye exams & hardware when received from a network provider	

If there is any discrepancy between the information in this brochure and the policy, the policy prevails.

SILVER <i>(Sold Off Exchange Only)</i>	SILVER	BRONZE
Deductible: \$3,100	Deductible: \$3,400	Deductible: \$4,550
Community Blue Copay 70/50 \$3,100	Community Blue 80/60 \$3,400	Community Blue 70/50 \$4,550
\$3,100	\$3,400	\$4,550
\$9,300	\$10,200	\$13,650
\$9,100	\$7,000	\$9,100
\$18,200	\$14,000	\$18,200
70%	80%	70%
30%	20%	30%
50%	60%	50%
50%	40%	50%
\$25 per visit	Deductible then 20% coinsurance	Deductible then 30% coinsurance
\$25 per visit	Deductible then 20% coinsurance	Deductible then 30% coinsurance
\$65 per visit	Deductible then 20% coinsurance	Deductible then 30% coinsurance
\$65 per visit	Deductible then 20% coinsurance	Deductible then 30% coinsurance
Deductible then 30% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance
Deductible then 30% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance
Deductible then 30% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance
No separate drug deductible; medical deductible applies	No separate drug deductible; medical deductible applies	No separate drug deductible; medical deductible applies
Tier 1: Medical deductible then 30% Generic coinsurance Tier 2: Medical deductible then 50% Brand coinsurance	Tier 1: Medical deductible then 20% Generic coinsurance Tier 2: Medical deductible then 40% Brand coinsurance	Tier 1: Generic Drug: \$20 copay Tier 2: Preferred Brand Drug: Medical deductible then 50% coinsurance Tier 3: Non-preferred Brand Drug: Medical deductible then 50% coinsurance
Plan pays 100% in-network	Plan pays 100% in-network	Plan pays 100% in-network
\$65 per visit	Deductible then 20% coinsurance	Deductible then 30% coinsurance
\$45 per visit	Deductible then 20% coinsurance	Deductible then 30% coinsurance
\$25 per visit	Deductible then 20% coinsurance	Deductible then 30% coinsurance
Deductible then 30% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance
Deductible then 30% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance

You will pay \$0 for diagnostic & preventive dental and routine eye exams & hardware when received from a network provider

Compare Select Network Plans to Traditional PPO Plans

Trying to decide which plan is right for you? The chart below can help you compare networks, coverage and benefits, and your cost.

	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 Provider (PCP) Selection	Encouraged, but not required	Yes PCP coordinates care to improve health and lower health care 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 agent 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 agent for more information.

Online Convenience

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



- **Manage Your Account**
View an ID card, view statements and claims, access forms, look up your plan benefits and cost share, find a provider and more – all from a secure, password-protected online account.
- **Take Your Personal Health Assessment**
Learn your 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, workout clothes, nutrition deals, Lasik surgery and more.
- **Choose to Go Paperless**
Our Paperless program allows you to access your plan-related information conveniently through your online account. Any time a document that is part of the Paperless program becomes available to you, we will send you an email notification.

Mobile Is the Way to Go

Download our BCBSLA app on your iPhone or Android and have your health care 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 cards 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 the Cross and Shield, you'll have the support and protection you deserve.



Your Agent

Get personal assistance from your agent, 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 an agent? Give us a call and we can connect you with someone to help.



Online

Your online account lets you manage your account, pay bills, order ID cards, review your benefits and see claims status. It also gives you exclusive access to wellness tools and discounts. Go to **www.bcbsla.com/login** today to register for your account. For answers to your questions online, visit **www.bcbsla.com/contactus** to submit a secure online inquiry form.



By Phone

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





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. مشتریانانی 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)



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

Customer Service

800-392-4087
help@bcbsla.com

BATON ROUGE

225-295-2527
5525 Reitz Avenue
Baton Rouge, LA 70809

www.bcbsla.com