



Louisiana

Group Leader Welcome Manual | 2022

Welcome to Blue Cross

Welcome! Thank you for choosing Blue Cross and Blue Shield of Louisiana as your health insurance provider. As the state's oldest and largest health insurance company, we're committed to the health of your employees — and the more than 1.8 million customers we serve statewide. As a health guidance company, we'll give your employees the tools to build healthier, happier lives!

That's why we provide health education, online tools, medical management and wellness programs to benefit you and your employees. As a Group Leader, there are a number of things you can do immediately to take advantage of our value-added services and easy-to-use online tools.

First, consider that all the Group Superusers listed on your Application for Group Coverage will receive an email containing their username and temporary password to activate their AccessBlue accounts. Once these accounts are activated, each Superuser can go to **employers.bcbsla.com/AccessBlue** and log in to handle many routine customer service needs 24 hours a day, seven days a week, including:

- Enroll new hires for medical, dental, vision, life and disability.
- Perform member maintenance transactions.
- Order replacement ID cards.
- View and print invoices.
- Pay group premiums securely and electronically.

Your employees can also manage their routine health insurance needs 24/7. By registering for their own secure online accounts, your employees can see their claims and statements, get details on their health plan, choose to go paperless, view their digital ID card, find health information and more.

Next, be sure to engage with our worksite wellness services. These programs, many of which are offered at no extra cost, can help improve your employees' well-being. More information on these programs is included in your welcome kit.

Finally, encourage your employees to take advantage of our Wellness Assessment (WA) located within their secure online account. Our free WA service lets employees take an online questionnaire that helps find out about their health risks and learn about how to address them.

Please Read Through the Enclosed Blue Cross Employer Welcome Kit

This welcome kit is an information resource packed with tools to help administer your company's healthcare plan. Enclosed you will find the following materials:

- Provider network and pharmacy services information and Blue Cross online healthcare management tools
- Information on Blue Cross health and wellness programs, care management and Blue365® discount programs
- Information on our SmartShopper price comparison tool, BlueCare for 24/7 online doctor visits, Rx Savings Solutions prescription drug cost savings tool, and our Experian ID free identity protection services

Once again, thank you for your confidence in us. Choosing Blue Cross means you've chosen a health insurance company with a robust network of providers, a customer-focused philosophy and a commitment to the long-term health and well-being of your employees.

Sincerely,



Brian P. Keller
Senior Vice President & Chief Marketing Officer

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Thank You for Choosing Blue

Since 1934, Blue Cross and Blue Shield of Louisiana has proudly served the healthcare needs of Louisianians. We're committed to providing health guidance and affordable access to quality care, while delivering value at every turn. We are here to help your organization understand and respond to the healthcare requirements that continue to develop since the passage of the healthcare reform act in 2010.

As a group leader or administrator, you can be sure that we negotiate the best possible rates with providers and maintain the largest, most comprehensive network — all to keep rising healthcare costs manageable while safeguarding your employees' health. And because of our unique relationship with hospitals, doctors and other healthcare providers in the state, we are able to offer discounts on services from many network providers and pass the savings on to you and your employees.

Our participating providers agree to not bill customers for charges in excess of the negotiated price (you can find a list of providers at www.bcbsla.com/findcare). They also agree to file claims on behalf of our members.

In turn, we provide prompt claims payment, updates on changes in policies and providers, and exceptional customer service. That's why Blue Cross is Louisiana's largest health insurer, serving more than 1.8 million members.

Financial Incentives

All of our participating providers agree to accept our negotiated payment amounts. Any additional financial incentives agreed upon by both parties will not include any provisions which include incentives or specific payments as an inducement to deny, reduce, limit, or delay specific, medically necessary and appropriate services provided with respect to members. All utilization management services are based only on appropriateness of care and service and existence of coverage.

We define value the way you do. Blue Cross features a variety of competitively priced healthcare plans, backed by the financial strength and reliability you've come to expect from the Cross and Shield. In addition, Blue Cross offers you and your employees:

- Strong networks of doctors and hospitals
- Comprehensive wellness programs to help keep you and your employees healthy
- Online health management tools
- Care management services
- Pharmacy management services
- Responsive, local customer service

Financially Strong and Reliable

Feel confident about the strength and stability of Blue Cross.

We continue to receive “A” ratings for financial strength from noted national rating service Standard & Poor’s year after year. We also maintain a reserve fund to protect our policyholders and ensure our ability to pay your claims is not endangered by outside factors, such as a slow economy or a natural disaster.

You can also trust that we take our responsibility for your employees’ privacy and quality standards seriously. We hold accreditations from top national healthcare standards organizations.

Strong Provider Networks

With Blue Cross, your employees now have access to expansive networks and quality care throughout the state. And thanks to the discounts we’ve negotiated, they’ll enjoy savings as well.

Consider this:

- Nearly nine of every 10 doctors in Louisiana belong to a Blue Cross network and our hospital networks feature every full-service acute care hospital in Louisiana.
- The BlueCard® Program allows members who travel or live outside of Louisiana to take advantage of savings we’ve negotiated with doctors and hospitals in the area. The BlueCard logo is recognized across the nation and in nearly 200 countries around the world.
- We offer your employees online provider directories that allow them to search for network doctors and hospitals by name, specialty and location. Updated nightly, the directories are available at www.bcbsla.com/findcare.

Online Health Management Tools

Employer Tools for Online Account Management

Blue Cross invests in technology that makes doing business with us simple for you. We offer a broad range of employer tools for managing account information, keeping employee data current and analyzing cost and quality data.

How to Sign Up for AccessBlue

To sign up for AccessBlue, go to www.bcbsla.com/register and choose **Employers** to get started.

AccessBlue

AccessBlue, our online account management tool, allows you and your employees to easily handle many routine customer service needs 24/7. The following self-service online enrollment and billing tools are available in AccessBlue.

eEnrollment

- Enroll new hires for medical, dental, vision, life and disability.
- Perform member maintenance transactions such as add/drop dependents, terminate coverage, manage COBRA, submit address changes and other tasks.
- Order replacement ID cards.

eBilling

- View and print invoices.
- Pay group premiums securely and electronically.

Employee Tools for Online Health Management

AccessBlue is the employer tool, but your employees may register their online account on our website by clicking the **Log In** button at **www.bcbsla.com**. Here they can handle many routine customer service needs at their convenience.

Employee Online Account Features

- Review your claims and your digital medical ID card.
- View your Explanation of Benefits (EOB) statements.
- Select/Change choice of doctor as your primary care provider (PCP), if applicable to coverage.
- Change the email address or password on your account.
- Get details on your health plan, like how much of your deductible has been met.
- Take your Wellness Assessment to learn about any health risks you may have and how to address them.
- Elect to go paperless.

Employees may also use the following online tools through their online account:

- Prescription Drug Formulary: Available online to help employees identify cost-effective medication options to discuss with their doctor.
- Access pharmacy tools through Express Scripts and Rx Savings Solutions, if applicable to coverage.
- BlueCare telehealth for 24/7 online doctor visits (for the treatment of non-emergency, common conditions).

Wellness Services and Guidance

Our programs help you strengthen the critical link between your employees' health and your company's bottom line.

Healthy employees can have a positive impact on:

- Healthcare costs
- Productivity
- Absenteeism
- Retention of quality personnel
- Employee quality of life

Personal Wellness Program

Good health begins at www.bcbsla.com/wellness. This program is included in all our insurance plans at no extra cost with features that include:

- A Wellness Assessment (WA) to help you learn more about your health. Our WA goes beyond the standard health risk questions to assess mindset, readiness to change and productivity.
- Interactive tools that let you track your weight, blood pressure and cholesterol and sync the data to popular tracking devices.
- Fitness and nutrition plans that can be customized for you and your family.
- Comprehensive online learning modules that focus on topics such as preventive care, nutrition, smoking cessation, stress management and weight management.
- Secure and confidential user log-in and data collection.

Encourage your employees to log into their online account and take their WA today.

Security and Confidentiality: The Wellness Assessment has been engineered to provide the same level of protection for your confidential health information that online banking and consumer websites offer their clients and account-holders. If employees are identified as someone who may benefit from Care Management Services, their information may be shared with medical personnel, and they may be contacted by a Care Management nurse.

The information provided in the WA will be used only as permitted by law. This information will not adversely affect enrollment in a health plan.

Health and Wellness Tools

Find information on a variety of wellness topics at wellness.bcbsla.com. Check out the Health Library for articles, quizzes and videos on health conditions, tests and procedures, daily news updates, drug information, recipes and more.

Blue Cross Resources

Lower Copays for High Quality Primary Care - If a member is 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 primary care doctor.

Care Management - Blue Cross doctors, nurses, dietitians, social workers and pharmacists help members make the best possible decisions about their healthcare. Our clinicians will help support members and coordinate their healthcare.

Onsite Biometric Screenings** - Your employees can get checked for common issues without making an extra trip to the doctor's office.

Onsite Flu Clinic** - Prevent illness this flu season without your employees having to leave work for their shots.

Wellness Portal and Mobile App - Personalized health information at your employees' fingertips.

Tobacco Cessation - This program can help encourage your employees to quit smoking.

Low Cost Gym Memberships - Help your employees get moving with low cost gym memberships to 10,000+ gyms nationwide.

Blue365® Exclusive Health and Wellness Deals - Discounts on products and services for a well-balanced lifestyle.

Support for New Moms - Our maternity support program provides support throughout pregnancy, to keep mom and baby healthy.

Ready to Get Started?

To start your business' journey to better health through Blue Cross' Health Promotion and Wellness services, contact your Blue Cross Account Manager or our Health Consultants at wellnessinfo@bcbsla.com.

**Available to self-funded groups as buy-up.

Discount Services

Your Blue Cross and HMO Louisiana members also have free exclusive access to Blue365®, a national program providing discounts and savings that make it easier and more affordable to make healthy choices.

Save on fitness club memberships, nutrition programs and products, financial well-being services, family care services, healthy travel and much more. Check out www.blue365deals.com/BCBSLA to explore and access all of the great discounts.

Care Management Services

Our in-house medical team of doctors, pharmacists, nurses, dietitians and social workers is here to help your employees manage their healthcare needs effectively and affordably. We are here to assist your employees on their journey to optimal health.

Our Care Management Department oversees a number of free and proactive outreach initiatives to improve patient health outcomes and minimize costs as an added service for your employees.

These initiatives include:

- Case management, disease management, post-discharge outreach calls, pharmacy care coordination, drug choice management and retrospective drug utilization review. We also send reminder notices for preventive care, such as mammograms, cancer screenings and immunizations.
- Our Case Management staff is here to assist any of your employees with acute illnesses in managing their health and their healthcare dollars. Our nurses and health coaches can help your employees be strong and work on their health challenges. For those with chronic conditions such as asthma, diabetes and heart failure, the Disease Management Program staff provides educational materials and advice on medications and treatment plans designed to complement — not replace — the care they receive from their physicians.

Pharmacy Services

Blue Cross' Pharmacy Services team helps integrate our pharmacy programs with other Care Management services.

Our clinical staff works with our Pharmacy & Therapeutics Committee, a group of Louisiana doctors and pharmacists, to develop any needed changes to drug coverage each year. Our team of pharmacists oversees our Covered Drug List, a list of covered drugs that identifies lower-cost medication alternatives. The Blue Cross Pharmacy Services team members work daily to help our members get the medicines they need, manage their care and keep their costs in check. Check out www.bcbsla.com/pharmacy for more information.

Zero Dollar Drug Copay Program

Not taking needed medicines for chronic health problems can be dangerous and cause lasting health damage. With our \$0 Drug Copay Program, most members can get drugs in the program without worrying about the cost.

Members who have an eligible plan can get \$0 Drug Copay Program drugs at no cost share. Go to www.bcbsla.com/covereddrugs for a list of drugs in the program. To find out if their plan is eligible, your employees can call the Customer Service number on the back of their ID card.

Identity Protection Services

If your employees are eligible, they may receive **FREE identity protection services from Experian.**

Experian Identity Repair and Restoration will provide an investigator to recover financial losses and restore credit if your employees experience fraud or identity theft.

Experian Fraud Alerts with Credit Monitoring provides alerts if your employees' personal information is reported to Experian by industry security professionals such as the FBI. This includes Social Security numbers, credit card numbers, PIN numbers and more. Also alerts you if banks and creditors use your identity to open new credit accounts. And these protections apply to all parts of life, not just healthcare.

Save by Comparing Costs for Medical Care and Prescription Drugs

SmartShopper for medical care savings: Costs for medical care can vary widely from one facility to the next, differing by hundreds or even thousands of dollars. The lower the cost of the procedure, the less your employees may pay up front and out of their own pocket to cover deductibles or coinsurance.

With the exception of Federal Employee Program employees, any Blue Cross customer age 18 or older can use our SmartShopper price comparison tool for hundreds of different medical procedures.

Rx Savings Solutions for prescription drug savings: Using prescription pricing and claims data, Rx Savings Solutions shows your employees ways to save money on their prescription drugs, including finding the network pharmacy with the best pricing, or finding a less expensive alternative for their current prescription.

Convenient Online Provider Visits

BlueCare is Blue Cross and Blue Shield of Louisiana's telehealth platform, which lets your employees have online visits with medical and behavioral health providers using a computer, smartphone, tablet or any device with internet and a camera.

Medical Visits:

- BlueCare costs less than ER and urgent care centers.
- BlueCare lets your employees see doctors 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. Your 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 need help with depression, grief, stress, life transitions, anxiety, couples' counseling and more.

For any type of visit, your employees will be able to see what it will cost before the online visit begins. This depends on their plan type and benefits. Your employees can use any major credit card, and even HSA or FSA cards, to pay for BlueCare visits. Their card will not be charged until they've had the visit.

Your employees can also use BlueCare to get a prescription, to check in with a doctor if they need a follow-up visit, or when traveling. BlueCare providers are available in all 50 states. BlueCare meets state and federal healthcare services laws, is HIPAA compliant and is as legitimate as an in-person visit.

Encourage your employees to use BlueCare with our convenient and easy to use Group Leader communications toolkit. Visit <https://employers.bcbsla.com/bluecare> to learn more.

Customer Service

Blue Cross values your business and wants you and your employees to have an exceptional customer experience.

With an extensive provider network, online healthcare tools, quick claims payment and answers to your customer service needs, we are committed to bringing you the best possible value for your premium dollars.

Employers can perform member maintenance tasks such as submitting applications, ordering employee ID cards, canceling employee coverage and approving or denying employee change requests.

Our Call Center offers personal service for customers who prefer to reach us by phone. Our eight District Offices are here to serve you.

Alexandria	318-448-1660	Lake Charles	337-562-0595
Baton Rouge	225-295-2556	Monroe	318-323-1479
Houma	985-223-3499	New Orleans	504-832-5800 504-518-7364
Lafayette	337-232-7527	Shreveport	318-795-0573

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SUMMARY OF PRIVACY PRACTICES NOTICE

Blue Cross and Blue Shield of Louisiana and its affiliate, HMO Louisiana, Inc., believe that privacy and confidentiality regarding personal medical information is important to every customer. And securely protecting our customers' privacy is a responsibility we take very seriously.

We want you to know there is a federal regulation that governs the privacy of your medical information and how we use and share that information in the course of our regular business activities. This federal regulation requires us to provide you with a detailed description – or “Notice” – of how we use your medical information.

The attached Notice goes into detail on how we may use and share your medical information in the course of treatment, payment and healthcare (business) operations. In general, unless it is described in the accompanying Notice, we will **not** use or disclose your medical information **without** your written authorization. For example, we may use and disclose your medical information to:

- Enroll you in our plan
- Determine your eligibility for benefits
- Pay your claims
- Underwrite your contract/certificate of coverage
- Share data with your Quality Blue doctor
- Give your healthcare providers updates that help them treat you
- Connect you with Blue Cross health coaches
- Audit our business practices
- Conduct medical reviews
- Conduct quality improvement activities
- Bill you or your employer for your premiums
- Develop strategic business plans
- Remind you about important screenings, shots or tests
- Participate in research, if appropriate regulations are followed
- Improve our services

Your information may be shared with the physicians or other providers who treat you, with other insurance companies, with an employer (following specific guidelines), or with a company we hire to help us do our work. We may also disclose your medical information to your family members, friends and others you choose to involve in your healthcare or in the payment of your healthcare.

Although this occurs rarely, we may also use and disclose your medical information when required by law for various public interest activities, including regulatory oversight of our company (by the Department of Insurance, for example), law enforcement, disaster relief, and certain other public benefit functions.

The federal privacy rules also give you certain rights. Please review this entire Notice to learn about your rights and how to put them to use for you, as well as the procedure to voice complaints regarding our privacy practices.

Maintaining your trust and confidence is our highest priority, and we value your business. Thank you for being our customer.

BLUE CROSS AND BLUE SHIELD OF LOUISIANA & HMO LOUISIANA, INC. NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This Notice takes effect September 23, 2013, and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and send the new Notice to our health plan subscribers at the time of the change.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information at the end of this Notice.

Uses and Disclosures of Medical Information

We will refer to your "health information" throughout this Notice. When we say "health information," we mean what the federal privacy rules ("the HIPAA privacy regulations") call "Protected Health Information." This is individually identifiable health information, including demographic information, collected from you or created or received by a healthcare provider, a health plan, your employer, or a healthcare clearinghouse and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of healthcare to you; (iii) the past, present or future payment for the provision of healthcare to you. Any terms not defined in this Notice should have the same meaning as they have in the HIPAA Privacy Regulations as set out in 45 C.F.R. § 164.501.

Required Disclosures of Your Health Information

We **must** disclose your health information:

- To you or someone who has the legal right to act for you (your personal representative), if the information you seek is contained in a designated record set, and
- The Secretary of the Department of Health and Human Services, if necessary, to investigate or determine our compliance with the HIPAA Privacy Regulations.

Permissive Disclosures of Your Health Information

We **have the right** to use and disclose your health information for:

Treatment: We may disclose your health information to a physician or other healthcare provider to treat you. For example, we may send a copy of a member's medical records we maintain to a physician who needs the additional information to treat the member.

Payment: We may use and disclose your health information to pay claims from physicians, hospitals and other healthcare providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate your benefits with other payers, to determine the medical necessity of care delivered to you, to obtain premiums for your health coverage, to issue explanations of benefits, and the like. We may disclose your health information to a healthcare provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.

Healthcare Operations: We may use and disclose your health information for healthcare operations. Healthcare operations include:

- reviewing and evaluating healthcare provider and health plan performance, healthcare provider and health plan accreditation, certification, licensing and credentialing activities;
- healthcare quality assessment and improvement activities;
- conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention;
- underwriting and premium rating our risk for health coverage (although we are prohibited from using or disclosing any genetic information for these underwriting purposes); and
- business planning, development, management, and general administration, including customer service, grievance resolution, de-identifying health information, and creating limited data sets for healthcare operations, public health activities and research;
- sharing detailed medical claims and wellness information with your primary care physician to improve care and reduce costs.

For a full list of the activities covered by the terms in this section please consult the definitions set out in 45 C.F.R. § 164.501.

Others Covered by the Privacy Rule: We may disclose your health information to another health plan or to a healthcare provider for certain healthcare operations subject to federal privacy protection laws. We may do so as long as the plan or provider has or had a relationship with you and the health information is for that plan's or provider's healthcare quality assessment and improvement activities, evaluation, or fraud and abuse detection and prevention. For example, we may share your information with your doctors for their licensing or credentialing activities.

Business Associates: We hire individuals and companies to perform various functions on our behalf or to provide certain types of services for us. In order to help us, these business associates may receive, create, maintain, use, or disclose your health information. Before they may have any contact with your health information, we require them to sign a written agreement stating they will keep your health information private and secure.

Examples of our business associates include:

- Medical experts hired to review claims;
- A pharmacy benefits management company hired to assist us in managing pharmacy claims;
- A company hired to conduct data analysis to help us determine which of our programs and services are most helpful to customers, which should be changed and others that we should start.

Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. However, we will not be able to undo any action that was taken before that authorization was revoked. Unless you give us a written authorization, we will not use or disclose your health information for any purpose other than those described in this Notice. To the extent (if any) that we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization. Also, to the extent (if any) that we use or disclose your information for our fundraising practices, we will provide you with the ability to opt out of future fundraising communications. In addition, most (but not all) uses and disclosures of health information for marketing purposes, and disclosures that constitute a sale of protected health information require your authorization.

Family, Friends and Others Involved in Your Care or Payment for Care: Unless you object, we may disclose your health information to a family member, friend or any other person you involve in your healthcare or payment for your healthcare. We will disclose only the health information that is related to the person's involvement. We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your healthcare in appropriate situations, such as medical emergency or during disaster relief efforts (for example, to Red Cross during a natural disaster).

Before we make such a disclosure, we will provide you with an opportunity to object. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing your health information is in your best interest under the circumstances.

Your Employer: We may disclose to your employer whether or not you are enrolled in a health plan that your employer sponsors. We may disclose summary health information to your employer to use to obtain premium bids for the health insurance coverage offered under the group health plan in which you participate or to decide whether to modify, amend or terminate that group health plan. Summary health information is information about claims history, claims expenses or types of claims experienced by the enrollees in your group health plan. Although this summary health information does not specifically identify any individual, it still may be possible to identify you or others through review of this summary health information.

We may disclose your health information and the health information of others enrolled in your group health plan to your employer to administer your group health plan. Before we may do that, your employer must meet certain requirements. This includes amending the plan document for your group health plan to establish the limited uses and disclosures it may make of your health information. Please see your group health plan document for a full explanation of the limitations placed on your employer for the use of this information and for any disclosures that may be made to the group health plan itself.

Health-Related Products and Services: Where permitted by law, we may use your health information to communicate with you about health-related products, benefits and services and payment for those products, benefits and services that we provide or include in our benefits plan, and about treatment alternatives that may be of interest to you. These communications may include information about the healthcare providers in our network,

about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to, although they are not part of, our benefits plan. For example, we may contact you about a Medicare Supplemental policy when you near age 65.

Public Health and Benefit Activities: Although this does not occur often, we may use and disclose your health information when required by law and when authorized by law for the following kinds of public interest activities:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence;
- to avert a serious and imminent threat to health or safety;
- for healthcare oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention enforcement agencies;
- for research in certain situations, such as when:
 1. an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the information and approved the research or
 2. conducting research with de-identified or limited data sets to learn more about how to help members improve their health;
- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons;
- to coroners, medical examiners, funeral directors, and organ procurement organizations;
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by state worker's compensation laws.

Individual Rights

The following are your rights with respect to your health information. If you would like to exercise any of the following rights, please submit your request in writing, sign your request, and mail it to the Blue Cross and Blue Shield of Louisiana Privacy Office at P.O. Box 84656, Baton Rouge, LA 70884-4656. Our contact information is provided at the end of this Notice.

Access: You have the right to examine and to receive a copy of your health information we maintain about you in a "designated record set," with limited exceptions. This may include an electronic copy in certain circumstances if you make this request in writing.

Generally, a "designated record set" contains:

- claims and payment information;
- enrollment and billing information;
- other records used to make decisions about your healthcare benefits.

We may charge you reasonable, cost-based fees for a copy of your health information, for mailing the copy to you, and for preparing any summary or explanation of your health information you may request. Contact us using the information at the end of this Notice for information about our fees. You may withdraw your request if you do not wish to pay the fees.

In certain situations we may deny your request to inspect and obtain a copy of your health information. If we deny your request, we will notify you in writing and will inform you whether or not you have the right to have the denial reviewed.

Disclosure Accounting: You have the right to an accounting of certain disclosures that we make of your health information, excluding disclosures for treatment, payment, healthcare operations, as authorized by you, and for certain other activities.

We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than six years before the date of your request. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact us using the information at the end of this Notice for information about our fees.

Amendment: You have the right to request that we amend your health information that we maintain about you in your designated record set. We may deny your request for certain reasons. For example, we may deny your request if the information you want to amend was created by your doctor. If we deny your request, we will provide you a written explanation, and explain to you how you can disagree with the denial by filing a statement of disagreement with us. If we accept your request, we will make your amendment part of your designated record set, and use reasonable efforts to inform others of the amendment who we know may have relied on the unamended information to your detriment, as well as persons you tell us you want to receive the amendment.

Restriction: You have the right to request that we restrict our use or disclosure of your health information for treatment, payment or healthcare operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will honor our agreement, except in a medical emergency or as required or authorized by law. Any agreement we may make to a request for restriction must be in writing and agreed to by our Privacy Office.

Confidential Communication: If you believe that a disclosure of all or part of your health information may endanger you if sent to your current mailing address, you have the right to request that we communicate with you in confidence about your health information by a different means or to a different location that you specify. You must make your request in writing, and your request must represent that the information could endanger you if it is not communicated in confidence as you request.

We will accommodate your request if it is reasonable. You must specify the alternative means of contact or location for confidential communication, and continue to permit us to collect premiums and pay claims under your health plan. Please note that other information that we send to the subscriber about healthcare benefits received may contain sufficient information to reveal that you obtained healthcare for which we paid, even though you

requested that we communicate with you about that healthcare in confidence. If you have given someone else permission to receive health information about you, a request for confidential communications will cancel this permission unless you tell us otherwise.

Electronic Notice: If you receive this Notice on our website or by electronic mail (e-mail), you have the right to receive this Notice in written form. Please contact us using the information at the end of this Notice to obtain this Notice in written form.

Potential Impact of State Privacy Laws: The federal healthcare Privacy Regulations generally do not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of the protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, or disclosure of health information of minors.

Breach Notification: In the event of a breach of your unsecured health information, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information at the end of this Notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, in response to a request you made to amend, restrict the use or disclosure of, or communicate in confidence about your health information, you may complain to us using the contact information at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201. You may contact the Office for Civil Rights’ Hotline at 1-877-696-6775 or visit www.hhs.gov/ocr/privacy/hipaa/complaints.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information

By mail:

Privacy Office
Blue Cross and Blue Shield of Louisiana
P.O. Box 84656
Baton Rouge, LA 70884-4656

Telephone: (225) 298-1751

Toll free: 1-855-258-3746

Fax: (225) 298-1590

Email: Privacy.Office@BCBSLA.com

(Individual Rights requests will not be accepted via email.)

RIGHTS AND RESPONSIBILITIES

Rights

- You have the right to be provided with information on your health plan, its services, the practitioners providing care and your rights and responsibilities in clear, understandable language.
- You have the right to receive medically necessary care that is covered under your benefit plan and is provided or arranged by your healthcare provider.
- You have the right to be informed by your healthcare provider about your diagnosis, treatment options and prognosis in clear, understandable language.
- You have the right to participate with practitioners when making decisions regarding your healthcare.
- You have the right to refuse treatment.
- You have the right to be treated with respect and recognition of your dignity and privacy.
- You have the right to the confidentiality of information concerning your medical treatment.
- You have the right to express verbal or written complaints about Blue Cross/HMO Louisiana or the medical care provided, and to a timely response when appropriate.
- You have the right to a candid discussion of all appropriate, medically necessary options for your condition(s), regardless of cost or benefit coverage.
- You have the right to know how your physician and other healthcare professionals are compensated by Blue Cross/HMO Louisiana.
- You have the right to make recommendations to your health plan on its Member Rights and Responsibilities policy.

Responsibilities

- You are responsible for reading and understanding all material concerning your health benefits.
- You are responsible for complying with all terms of membership with your health plan.
- You are responsible for developing and maintaining a satisfactory physician-patient relationship.
- You are responsible for following instructions and guidelines as agreed upon by you and your healthcare provider.
- You are responsible for engaging in a healthy lifestyle and in safety practices.
- You are responsible for providing, to the extent possible, complete and accurate information that Blue Cross/HMO Louisiana and its practitioners and providers need in order to care for you.
- You are responsible for making and keeping appointments, or canceling in advance if unable to make your appointment.
- You are responsible for paying copayment and/or coinsurance amounts required under your health plan.
- You are responsible for notifying your employer or Blue Cross of any other healthcare coverage of which you are a beneficiary, and for cooperating in coordinating benefits.
- You are responsible for understanding your health conditions and participating in developing mutually agreed-upon treatment goals, to the degree possible.

01MK6155 R09/19

LLHIGA NOTICE

Summary of the Louisiana Life and Health Insurance Guaranty Association Act and Notice Concerning Coverage Limitations and Exclusions

- A. Residents of Louisiana who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Louisiana Life and Health Insurance Guaranty Association, or LLHIGA. The purpose of LLHIGA is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this happens, LLHIGA will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state, and in some cases, to keep coverage in force. However, the valuable extra protection provided by these insurers through LLHIGA is limited. As noted in the disclaimer below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

Disclaimer

The Louisiana Life and Health Insurance Guaranty Association provides coverage of certain claims under some types of policies if the insurer becomes impaired or insolvent. COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY. Even if coverage is provided, there are significant limits and exclusions. Coverage is generally conditioned upon residence in this state. Other conditions may also preclude coverage.

Insurance companies and insurance agents are prohibited by law from using the existence of the association or its coverage to sell you an insurance policy. You should not rely on the availability of coverage under the Louisiana Life and Health Insurance Guaranty Association when selecting an insurer.

The Louisiana Life and Health Insurance Guaranty Association or the Department of Insurance will respond to any questions you may have which are not answered by this document.

LLHIGA
P.O. Drawer 44126
Baton Rouge, LA 70804

LA Department of Insurance
P.O. Box 94214
Baton Rouge, LA 70804-9214

- B. The state law that provides for this safety-net coverage is called the Louisiana Life and Health Insurance Guaranty Association Law (the law), and is set forth at R.S.22:2081 et seq. The following is a brief summary of this law's coverage, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change any person's rights or obligations under the law or the rights or obligations of LLHIGA.
- C. Generally, individuals will be protected by the Louisiana Life and Health Insurance Guaranty Association if they live in this state and hold a direct non-group life, health, health maintenance organization, or annuity policy or contract, a certificate under a direct group policy or contract for a supplemental contract to any of these, or an unallocated annuity contract, issued by an insurer authorized to conduct business in Louisiana. The beneficiaries, payees or assignees of insured persons may also be protected as well, even if they live in another state; unless they are afforded coverage by the guaranty association of another state, or other circumstances described under the law are applicable.

D. Exclusions from Coverage

1. A person who holds a direct non-group life, health, health maintenance organization, or annuity policy or contract, a certificate under a direct group policy or contract for a supplemental contract to any of these, or an unallocated annuity contract is not protected by LLHIGA if:
 - a. he is eligible for protection under the laws of another state;
 - b. the insurer was not authorized to do business in this state;
 - c. his policy was issued by a profit or nonprofit hospital or medical service organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, an insurance exchange, an organization that issues charitable gift annuities as is defined by law, or any entity similar to any of these.
2. LLHIGA also does not provide coverage for:
 - a. any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
 - b. any policy of reinsurance (unless an assumption certificate was issued);
 - c. interest rate or crediting rate yields, or similar factors employed in calculating changes in value, that exceed an average rate;
 - d. dividends, premium refunds, or similar fees or allowances described under the law;
 - e. credits given in connection with the administration of a policy by a group contract holder;
 - f. employers', associations' or similar entities' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them) or uninsured;
 - g. unallocated annuity contracts (which give rights to group contract holders, not individuals), except if qualified by law;
 - h. an obligation that does not arise under the express written terms of the policy or contract issued by the insurer to the policy owner or contract owner, including but not limited to, claims described under the law;
 - i. a policy or contract providing any hospital, medical, prescription drug or other healthcare benefits pursuant to "Medicare Part A coverage", "Medicare Part B coverage", "Medicare Part C coverage", or "Medicare Part D coverage" and any regulations issued pursuant to those parts;
 - j. interest or other changes in value to be determined by the use of an index or other external references but which have not been credited to the policy or contract or as to which the policy or contract owner's rights are subject to forfeiture, as of the date the member insurer becomes an impaired or insolvent insurer, whichever is earlier.

E. Limits on Amounts of Coverage

1. The Louisiana Life and Health Insurance Guaranty Association Law also limits the amount that LLHIGA is obligated to pay out.
2. The benefits for which LLHIGA may become liable shall in no event exceed the lesser of the following:
 - a. LLHIGA cannot pay more than what the insurance company would owe under a policy or contract if it were not an impaired or an insolvent insurer.
 - b. For any one insured life, regardless of the number of policies or contracts there are with the same company, LLHIGA will pay a maximum of \$300,000 in life insurance death benefits, but not more than \$100,000 in net cash surrender and net cash withdrawal values for life insurance.
 - c. For any one insured life, regardless of the number of policies or contracts there are with the same company, LLHIGA will pay a maximum of \$500,000 in health insurance benefits, and LLHIGA will pay a maximum of \$250,000 in present value of annuities, including net cash surrender and net cash withdrawal values.
3. In no event, regardless of the number of policies and contracts there were with the same company, and no matter how many different types of coverages, LLHIGA shall not be liable to expend more than \$500,000 in the aggregate with respect to any one individual.

23XX0534 R08/18

MEMBER DATA PROTECTION STATEMENT

At Blue Cross and Blue Shield of Louisiana, our mission is to improve the health and lives of Louisianians – including how we store, use and protect our members’ data. Blue Cross has strong processes in place, which all of our employees must follow to protect members’ data in all forms (spoken, written and/or electronic).

Blue Cross approaches members’ data protection from three perspectives – physical security, cybersecurity and privacy. Blue Cross recruits, hires and trains qualified staff who work together to safely store our members’ information and make sure all employees are following the laws and regulations that protect it.

Blue Cross has extensive policies and procedures that outline the security and privacy standards and responsibilities for protecting members’ data. Employees are trained on Blue Cross data protection protocols as soon as they start working here, and all employees have refresher training at least once a year.

Blue Cross does not give every employee access to members' information, and not all access is the same. How much member information any Blue Cross employee can access depends on his/her job and role within the company. Employees can only get to the information they need to do their jobs and not anything else. For example, a Customer Service adviser who needs member information to answer calls is able to see those records, but a business analyst working on internal projects would not need this access.

Spoken Data

Before Blue Cross employees give information over the phone or in person, they take steps to authenticate the identities of the people requesting information. This is to make sure the people calling are really who they say they are and that they have the right to request that information. Blue Cross has a process for our members to let us know whom they want to be an authorized delegate or legal representative. That means you are giving permission for them to contact Blue Cross and ask for information on your behalf.

Written Data

Blue Cross has strong privacy protection rules for paper documents. Employees are required to keep records in a safe place where they cannot be seen, for example in a locked file cabinet instead of lying on a desk. Blue Cross requires employees to go through their computers and securely destroy electronic files that are no longer needed. This prevents the information in these records from being stolen or accessed by the wrong people.

Electronic Data

Blue Cross IT staff uses the latest technology to keep electronic information secure by encrypting it within internal systems so that no one can get to it from outside the system. The IT staff members have processes in place to detect and prevent hackers from getting to our technical systems and monitor how employees access and use information within the organization.

If you have questions about how Blue Cross uses, stores or protects members' data, call our Information Governance Office at (225) 298-1751.

GRAMM-LEACH-BLILEY ACT PRIVACY NOTICE

How We Collect, Share and Protect Your Information

Effective Date: July 1, 2001

Revised Date: February 1, 2020

Blue Cross and Blue Shield of Louisiana along with HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc., know that our customers expect us to keep their personal and financial information safe and private.

This notice will tell you about how we get, use, protect and share your personal information. We will share this with you when you become our customer and purchase certain insurance products. If we update this notice in the future, we will share the new version with you.

What do we collect and how do we get it?

We collect your name, address, Social Security number, health and financial information. We get these facts from forms you fill out, phone calls or in person. We may get information from your claims, payment history and other records. We may also get information about you from your agent, companies we own and other companies.

What do we share and whom do we share it with?

We may share your information with companies we own, your agent, and companies or financial institutions that we do business with to serve you. Examples include businesses we have hired to help us with marketing, benefit administration and claims processing. We may share your information after you are no longer our customer. We may also share your information as permitted or required by law.

How do we keep your information safe?

Our employees who need your information to serve you are the only ones who can get to it. We keep physical, electronic and procedural safeguards in place that follow all laws to protect your information.

We share this information with you to meet the Gramm-Leach-Bliley Act. To learn more about our privacy practices and policies, please read the "Notice of Privacy Practices Regarding Medical Information" at www.bcbsla.com.

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HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana. All three companies are independent licensees of the Blue Cross Blue Shield Association.

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1-800-495-2583

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Email: help@bcbsla.com

WWW.BCBSLA.COM



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