

10 things you need to know about your health plan



Welcome!

Please take a few minutes
to read this quick guide.

It's got great info on
getting the most out
of your health plan.

- 1 Activate Your Account at www.bcbsla.com/Activate**
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Activate Your Account at www.bcbsla.com/Activate

Your online account gives you the facts you need to get the most out of your health plan. Here are a few things you'll be able to do:


- Get the **details on your health plan costs**, like how much of your deductible has been met.
- See a list of your **most recent claims** or look up older claims.
- Learn all about **Live Better Louisiana: Our Game Plan for Better Health**—your exclusive free wellness program.
- Get wellness discounts through **Blue365®** — they're worth a lot!
- Check out **discount dental solutions** just for you from Blue365®.
- Find **tips for getting healthy** and staying well.

You have to register first, so go to www.bcbsla.com/Activate today!

You'll need to have your member ID card handy when you register.

Need Help?

If you have trouble activating your account, call 1-800-821-2753, 8 a.m. - 5 p.m., Mon-Fri. You no longer need a PIN to register for an online account.

 Louisiana

Register a New Member Account

Create your Account Complete your Registration

* All fields required.

Contact Information

First Name *

Last Name *

Email Address *

Username *



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Get to Know Your Benefits and Network

Because we offer many plans, it's a good idea to know what your own plan covers.

These details are in your benefit plan and your Schedule of Benefits. If you still have questions about coverage, please call Customer Service at 1-800-392-4089 or email us at OGBhelp@bcbsla.com.

Keep These Items Handy

- 1 Member ID Card** – This personalized card has your (or your family's, if it applies) unique contract number on it. Please carry it with you. Your doctor or the hospital will want to see it before they serve you. Your ID card will be mailed to you separately from your benefit plan.
- 2 Benefit Plan** – This document spells out your benefits and coverage. It includes what is covered and what is not, and any dollar limits that may apply.
- 3 Schedule of Benefits** – This is a specific list of services and supplies and what you can expect to pay for them, like any copayments, deductibles and coinsurance you may have.

Things to Know for Any Plan

- **Check if you need approval or authorization.** Some services require authorization from us before you receive them. Your benefit plan or Schedule of Benefits has a list of what these services are for your own plan. Note that an authorization is not a guarantee of payment.
- **Know what's covered.** Some plans have exclusions or limitations for services that are not covered. See your benefit plan for more information.

Use a network provider to get the most out of your benefits.

Your plan's network doctors, hospitals and other health care professionals have agreed to give you the care you need at the best price. To find which **doctors, hospitals, hospital-based doctors, urgent care centers** and **more** are in your network, just go to www.bcbsla.com/OGB, choose your plan type and then **Find a Doctor**.

Use the Online Directory to:

- Compare doctors. See which hospitals they use, other languages they may speak and any certifications they have. You can read any patient reviews submitted and see if your doctor participates in our Quality Blue program.
- Compare hospitals. See awards and patient survey results.
- See on a map where your doctor's office is located.
- Find out if a network hospital's anesthesiologists, ER doctors, neonatologists, pathologists, radiologists or other hospital-based providers are also in your network.
- Find a doctor while you are traveling.
- Find labs that are in your plan's network.



Network doctors, hospitals and other health care providers have agreed to give you the care you need at the best price.

Network

Here's what you can expect when you see a doctor or go to a hospital that is in your network:

- You get the highest level of benefits your health plan has to offer.
- You save money, because the provider and your health plan have agreed on a discounted rate.
- You won't be billed for the difference between what we pay (together with your cost-sharing amounts) and what the provider charges for covered services.
- You will be responsible for your coinsurance, copayments and deductible that apply with your plan. These are your cost-sharing amounts.

Out-of-Network

Here's what you can expect if you choose to see a doctor or go to a hospital that is **not** in your network:

- You could pay a higher copayment, deductible and coinsurance.
- In addition to your cost-sharing amounts, in some circumstances, the doctor or hospital could bill you for the difference between what we pay and what they charge.
- You could get a penalty or reduction in benefits, depending on your plan.

Hospital-Based Doctors

Hospital-based providers can include **anesthesiologists, emergency room doctors, neonatologists, pathologists, radiologists** and **other doctors**. Even if your hospital is in your plan's network, some of your doctors **may not be**. **In most cases, out-of-network providers who see you in a network hospital (anesthesiologists, emergency room doctors, neonatologists, pathologists, radiologists and others) cannot send you a surprise bill.** Out-of-network providers who see you in a true health emergency cannot send you a bill for more than what your plan pays.

Emergency Situations

In the case of a true emergency, seek help at the nearest health care facility regardless of network. See section #3 for your rights not to be balance billed in an emergency and #4 for what an "emergency medical condition" means.

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Your Rights and Protections Against Surprise Medical Bills

Federal law protects you from surprise or balance billing when you get emergency care or get treated by an out-of-network provider at a network hospital or ambulatory surgical center.

What is a balance or surprise bill?

Surprise or balance billing is when an out-of-network provider bills you for more than what your plan pays a network provider for the same care.

Out-of-network providers may bill you for more than what your plan pays a network provider for the same kind of care. Out-of-network providers cannot send you an unexpected bill when you cannot choose who treats you. Out-of-network providers who see you in a true health emergency cannot send you a bill for more than what your plan pays. In most cases, out-of-network providers who see you in a network hospital cannot send you a bill for more than what your plan pays without your consent.

You are protected from balance billing for:

- Emergency services: If you must get care in a true emergency from an out-of-network provider, the most the provider may bill you is your plan's copayment, coinsurance or deductible for network care. You cannot be balance billed for these emergency services. This includes care you may get after you are in stable condition unless you give written consent and give up your protections not to be balance billed.
- Certain services at a network hospital or ambulatory surgical center: When you get services from a network hospital or ambulatory surgical center, certain providers there may be out-of-network. **In most cases, out-of-network providers who see you in a network hospital (anesthesiologists, emergency room doctors, neonatologists, pathologists, radiologists and others) cannot send you a surprise bill.** These providers may not ask you to give up your protections not to be balance billed.

If you get other care at these network facilities, out-of-network providers cannot balance bill you unless you give written consent and give up your protections.

You are never required to give up your protections from balance billing. You also are not required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing is not allowed, you also have the following protections:

You are only responsible for paying any copayments, coinsurance or deductible that you would pay if the provider was in your network. Your health plan will pay the out-of-network providers and facilities. Your health plan generally must:

- Cover emergency services without requiring you to get approval for care in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay a network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your network deductible and out-of-pocket limit.

If you believe you have been wrongly billed, you may contact **1-800-985-3059** or visit **cms.gov/nosurprises** for more information about your rights under federal law.

Find more information about surprise or balance billing at **bcbsla.com/hbp**.





Get Care in the Best Setting

General and Specialist Care

If you need care, call your doctor and plan an office visit.



BlueCare

You can also try BlueCare, which lets you reach a doctor online at any time of day or night. Learn more at www.bluecarela.com. Members with telehealth benefits can also reach out to their own network physician (PCP) to ask whether their office has telehealth options.



Urgent Care

If you can't reach your doctor, urgent care or after-hours clinics are great alternatives to the emergency room when you do not have a true emergency.



Emergencies

Call 911 or go to the nearest emergency room.

An emergency medical condition, as defined by state law, is a medical condition of recent onset and severity, including severe pain, that would lead a prudent layperson, acting reasonably and possessing an average knowledge of health and medicine, to believe that the absence of immediate medical attention could reasonably be expected to result in: 1) Placing the health of the individual, or with respect to a pregnant woman the health of the woman or her unborn child, in serious jeopardy; 2) Serious impairment to bodily function; 3) Serious dysfunction of any bodily organ or part.

Lab Work

If your doctor doesn't do lab tests in-house, ask the staff to send you *or your samples* to a network lab or one of our statewide, full-service labs.

Imaging Tests

If your doctors don't or can't perform tests like CT or MRI scans in their offices, ask them to send you to a network imaging clinic.

Don't forget! You will need your member ID card for all health care services.

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Your Member ID Card

Your ID card includes the following:

- Your member number
- Your physician and specialist copayment amounts or deductible/coinsurance
- Customer Service and authorization telephone numbers
- Prescription drug information

Please remember to carry your ID card with you at all times for instant recognition from your providers.

If you lose your ID card, please call our Customer Service Department at **1-800-392-4089** for a new ID card or email us at OGBhelp@bcbsla.com.





Your EOB has important information. Claims codes are explained in clearer language than in years' past. Your deductible amount, if applicable, and other amounts that change during the year are clearly shown.

How to reach Blue Cross if you have questions

Important news from Blue Cross

CUSTOMER SERVICE
Visit [bcbsla.com/login](#) for all your claims and benefit information.
Call the number on the back of your ID card or 1-800-363-9150.
P.O. Box 98029
Baton Rouge, LA 70898-9029

ACCOUNT INFORMATION
Plan Name
Blue Saver
Your ID Number
123456789
Your Employer
Big Jim's Barber Shop
Your Group ID
AB1234CDE

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Your member ID number and other key information

Date range this EOB covers

Your financial responsibility

Hello, Kazeem! This is not a bill.

Here's your explanation of benefits from Sept. 15, 2017 - Sept. 30, 2017.

Total Charges
\$1,340.00
This is the total amount that your providers billed for the care or services you had.

Plan(s) Discounts & Payments
\$1,120.00
This is how much you saved.
Your plan works with providers in your network to save you money. This is how much your plan paid of the bill for your care.

Amount You May Owe
\$220.00
You may owe your providers more if you have a deductible to pay for part of your covered care; or received care that is not covered or out-of-network.

Blue News

Activate your member account! Your benefits are waiting.
Online account features:

- Find a doctor or hospital in your network at a moment's notice.
- See your claims and find out what we pay and what you owe for care.
- Save big by looking at your plan and learning what your insurance covers and where.

Activate your account at [bcbsla.com/activate](#).

Visit [bcbsla.com](#) or download our mobile app at [bcbsla.com/mobile](#) for claims and benefit information online.

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The date you received medical services

The amount you saved by seeing an in-network health care provider

The amount your health plans paid, split into Provider, You and Other Insurance Paid

Your share, split into Exclusions (not covered by your health plan), Deductible and Copayment/Coinsurance

Medical Claim Detail				Amount Charged	-	Plan(s) Discounts & Payments				=	Your Responsibility		
Provider Name/ Claim Number	Date of Service	Type of Service	See Notes			Member Discount	Not Covered	Plan Paid	Other Insurance Paid		Exclusions	Deductible	Copay/ Coinsurance
Smith, Kelly W. 123456789011	6/25/2015	Office Visits	B, D, E	\$180.00		\$43.80	\$0.00	\$111.20	\$0.00		\$0.00	\$0.00	\$25.00
Medeaux Urgent Care 123456789013	7/2/2015	Emergency Room	A, D, F	\$180.00		\$80.50	\$0.00	\$39.50	\$0.00		\$0.00	\$0.00	\$60.00
Smith, Kelly W. 123456789014	7/2/2015	Office Visits	D	\$160.00		\$43.80	\$0.00	\$91.20	\$0.00		\$0.00	\$0.00	\$25.00
Medeaux Urgent Care 123456789015	7/2/2015	Emergency Room	C, D	\$180.00		\$80.50	\$0.00	\$39.50	\$0.00		\$0.00	\$0.00	\$60.00
Louisiana Urgent Care 123456789016	7/2/2015	X-Ray	D	\$45.00		\$25.24	\$0.00	\$19.76	\$0.00		\$0.00	\$0.00	\$0.00
Smith, Kelly W. 123456789017	7/3/2015	Office Visits	D	\$160.00		\$43.80	\$0.00	\$91.20	\$0.00		\$0.00	\$0.00	\$25.00
Smith, Kelly W. 123456789018	7/7/2015	Office Visits	D	\$160.00		\$43.80	\$0.00	\$91.20	\$0.00		\$0.00	\$0.00	\$25.00
TOTAL				\$1,065.00		\$361.44	\$0.00	\$483.56	\$0.00		\$0.00	\$0.00	\$220.00
Amount You May Owe				\$1,065.00	-	\$845.00				=	\$220.00		
Notes A Incorrect pricing/provider information. B Benefit change/correction. C The charge exceeds the allowed amount for this service. D Plan paid provider. E This is a change to a previously processed claim. The original claim is 123456789010. Please see the Claim Before Adjustments section for more information. F This is a change to a previously processed claim. The original claim is 123456789012. Please see the Claim Before Adjustments section for more information.													

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Total amount charged by a health care provider

Any portion of the submitted charges not payable based on current information. The reason will be explained

Amount you owe providers. You may have already paid some or all of these charges

Go Paperless

You can also see your EOB by logging in to your account at www.bcbsla.com/OGB. Click **Statements**. You can view statements by year.

You can choose to go paperless and Blue Cross will notify you via email when you have new EOBs and other important documents. Log into your account at www.bcbsla.com/OGB and select **Go Paperless**. Under **Communication Preference**, select **yes** and make sure we have the email address where you want to receive notifications. You can request paper copies of certain documents or request that all documents be sent in paper form at any time.



Take Charge of Your Own Health

Take advantage of **Live Better Louisiana**—a free wellness program for Blue Cross plan members, both active employees and retirees. Live Better Louisiana is OGB's game plan for better health. Sponsored by Blue Cross and Blue Shield of Louisiana at no extra charge to OGB members, the program can help you make educated choices, keep from getting sick and manage any conditions that do appear.

And those members who take full advantage of the program are eligible for a premium credit of at least \$120 in 2024.* *So how do you take part?*

Schedule Your Preventive Health Check-up

Blue Cross works with an industry leader, Catapult Health, to bring preventive check-ups to **a site near you**. You can schedule a free check-up with a licensed nurse practitioner and health technician through the online scheduler. You'll get **lab-accurate diagnostic tests** and receive a full **Personal Health Report** with check-up results and recommendations.

Schedule your appointment online at **www.TimeConfirm.com/OGB** or call **1-877-841-3058**. Complete your clinic appointment to get the credit. If you are not able to go to a clinic, have your doctor fax a completed Primary Care Provider form, found at **www.bcbsla.com/PCPform**, to Catapult Health. Do this by Sept. 30, 2023, to earn your premium credit. Any changes to deadlines or requirements will be publicized.

Take Charge of Your Own Health with a Wealth of Resources

Live Better Louisiana gives you access to a wide range of **healthy activities** and wellness-related **deals and discounts**.

How do you get there? Explore the Save and Wellness menus at **www.bcbsla.com/OGB**.

If you got a premium credit for a prior year, you will need to earn it again for 2024. Remember, to participate in the Live Better Louisiana program and get a Catapult check-up, you must be the primary member on a 2023 OGB Blue Cross plan at the time of the check-up. **In order to receive the credit, you must be enrolled in an OGB Blue Cross plan as the primary member in 2024.*

Manage Long-term Health Conditions

Your health is important to us. Our health coaches want to support you in leading a fuller, healthier life. If you have been diagnosed with a serious or long-term health condition, our in-house team of doctors, nurses, social workers, dietitians and pharmacists offers health coaching, prescription incentives, educational materials and caring support.

As an OGB plan member, you are automatically enrolled in Population Health Management if you:

- Are enrolled in one of the Blue Cross health plans;
- Do not have Medicare as primary health coverage; and,
- Have been diagnosed with one or more of these ongoing health conditions: diabetes, coronary artery disease, heart failure, asthma and chronic obstructive pulmonary disease (COPD).

This program could help you save money on your prescriptions. Copayments for select drugs prescribed for treating diabetes, coronary artery disease, heart failure, asthma and COPD are discounted when you participate in Blue Health Services.

Ready to join? Simply call our toll-free number at **1-800-363-9159** and speak with one of our health coaches to get started.

Quit Smoking

Quitting can be easier with free, confidential support. The Louisiana Tobacco Quitline can help! Call **1-800-QUIT-NOW** or enroll for free at **www.quitwithusla.org**. Choose phone counseling, web support or both to develop a quit plan that works for you.

Prevent Type 2 Diabetes

OGB is offering eligible employees and their dependents over age 18 a new 16-week online program called **Omada**, designed to help participants **lose weight and reduce their risk of developing type 2 diabetes**. Employees and adult dependents who meet the criteria receive a personal health coach, a wireless scale and pedometer, weekly online lessons and more. Visit **omadahealth.com/OGB** to learn the criteria and to sign up, if eligible.

Omada is a program of Omada Health, an independent company that provides a diabetes prevention program to OGB members.

Get Exclusive Discounts and Deals

Blue Cross brings OGB members free deals on select health and wellness products and services through **Blue365®**. Discount offers include:

- Exclusive low-cost membership to 12,000 gyms nationwide (with three-month commitment)
- 10-35% off of namebrand fitness gear and wearable technology
- 10-40% off Davis Vision products
- Discounts on hearing aids
- Discounts of 20-50% to a network of dentists

Find out more at www.Blue365Deals.com/bcbsla.





Use Our Mobile and Online Tools

Blue Cross offers a wide range of online tools, social media accounts and a mobile app for those members who like to get their information while on the go. Activate or log in to your account at www.bcbsla.com/OGB to access any of these tools.

Mobile App: Find a doctor or urgent care, view your claims and benefits and even search your symptoms to see a suggested diagnosis—all on your mobile device, thanks to our mobile-friendly website and our mobile app for both iOS and Android. Download the BCBSLA Mobile App from the App Store or Google Play today!

See a Doctor Online: BlueCare lets you see a doctor anytime, anywhere, so you can get care outside of doctors' office hours or during the workday without leaving home, work or school. BlueCare is faster and less expensive than going to urgent care or the ER for minor health needs. No appointment is needed, and BlueCare is available on a computer, tablet or smartphone. Learn more at www.BlueCareLA.com.

Social Hub: If you follow Facebook or Twitter, check out Blue Cross' accounts on those services and many others. At www.bcbsla.com/social, you can access all of our social accounts for wellness tips, recipes, breaking health news and more—as well as a sense of community.

Compare Costs to Save on Services: Our new SmartShopper tool lets you compare the costs of common medical procedures based on price and location. With these facts, you can make the choice that's right for you. Have your member ID ready and visit bcbsla.vitalssmartshopper.com.

Personal Health Assessment: The Personal Health Assessment (PHA) is an online questionnaire that allows you to learn any health risks you might face and prioritize an action plan to address them. Log in to your account and choose **Wellness**, then click **Tools** to access your PHA.

Health Education: Visit our extensive online Wellness Library, watch educational and entertaining videos on health topics, check the latest medical guidelines for specific ages and gender and read Health Condition Guides on common illnesses and injuries. Also take advantage of multimedia self-care workbooks on asthma, diabetes, COPD, heart disease and heart failure that will help you learn more about living well with these conditions.

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Understand Health Plan Terms

Health insurance can be confusing. If you have trouble understanding a word you see in your benefit plan, on your Explanation of Benefits or on your bill, contact us through our secure online form on www.bcbsla.com/OGB or call our Customer Service Department at **1-800-392-4089**.





Know Whom to Call

Our Customer Service team—located in Louisiana—can answer a wide range of questions from members across the country. You can also find answers under *Services & Support*, linked at the bottom of our website at www.bcbsla.com/OGB.

Customer Service

For benefits, claims and other service issues, call **1-800-392-4089**, 8 a.m.-8 p.m., Monday-Friday, except holidays, or call the number on your ID card. Email **OGBhelp@bcbsla.com** (This email address is not secure for your personal health information. To send a secure message, use the secure Online Contact Form found under *Contact Us* at www.bcbsla.com/OGB.)

Secure Online Email

Your personal health information is safe and secure when you contact us through our secure Online Contact Form. Go to *Contact Us* at the bottom of any page and select Customer Service for details.

Hearing Impaired

1-800-846-5277

TTY (Text Telephone) Callers or TTD

Call Louisiana Relay Service (LRS) for help by dialing 771 for quick access or **1-888-699-6869**. Give LRS the Blue Cross toll-free number, **1-800-495-2583**, to direct your call.

Online Account Helpline

Login, registration and password Support: 1-800-821-2753, 8 a.m.-5 p.m., Monday-Friday

Authorizations (non-urgent)

1-800-523-6435, 8:30 a.m.-4 p.m., Monday-Friday

When receiving health care services outside of Louisiana

Blue Card Program Service Center & Doctor and Hospital Finder at www.bcbs.com, **1-800-810-BLUE (2583)**, 24 hours, seven days a week; Only emergency services are available to Magnolia Local members when out of state.

Pharmacy Customer Service

Call the pharmacy number on the back of your member ID card.

Send Claims to:

Blue Cross and Blue Shield of Louisiana
Claims Processing
P.O. Box 98029
Baton Rouge, LA 70898-9029