Blue Cross and Blue Shield of Louisiana Multi-State Plan

High-Quality, Affordable Health Insurance Options for Louisiana Residents

Blue Cross and Blue Shield of Louisiana is a Qualified Health Plan Issuer on the Health Insurance Marketplace
What’s Inside
This information is presented to help you choose an insurance plan. It is not a contract, nor is it intended to be construed as a contract.

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If there is any discrepancy between the information in this brochure and the policy, the policy will prevail. 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 as the maximum amount allowed for all provider services covered under the terms of the policy.

Notice: Healthcare services may be provided to you at a network healthcare facility by facility-based physicians who are not in your health plan. You may be responsible for payment of all or part of those 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 Blue Cross and Blue Shield of Louisiana. We are part of the oldest, most trusted brand in the industry. We have been around since 1929 and provide service to over 100 million members. You can be confident in your choice and coverage with Blue Cross! We offer two different Blue Cross and Blue Shield of Louisiana Multi-State Plan options to meet your coverage needs. Our plans offer the advantages of:

- A large network of doctors and hospitals
- Direct access to specialty care without a referral
- Preventive and wellness services
- Local customer service
- Online tools to help you get the most from your health plan
- An ID card recognized around the world
- Exclusive member discounts and savings through Blue365®
- No lifetime maximum

Blue Cross and Blue Shield of Louisiana Multi-State Plans are Qualified Health Plans. This means that they meet the rules set by the healthcare reform laws (The Patient Protection and Affordable Care Act or ACA).

Multi-State Plans are sold on the government’s Health Insurance Marketplace. Marketplace plans are divided into levels of coverage: platinum, gold, silver and bronze. Our multi-state plans can be found in the silver and gold levels.

Each plan’s level is set by its actuarial value, or how much of your total health costs a plan pays for each year.

You may be eligible for premium assistance and/or cost share reductions on the Health Insurance Marketplace. To find out if you qualify, go to www.bcbsla.com/whatyoupay.
Blue Cross and Blue Shield Multi-State Plan

Blue Cross and Blue Shield Multi-State Plan is a full-coverage plan using the biggest network of doctors and hospitals in Louisiana. This plan is available only to residents of Louisiana and is jointly regulated by the Louisiana Department of Insurance and the Federal Office of Personnel Management.

Your Blue Cross and Blue Shield Multi-State Plan covers:

- Doctor visits
- Urgent care and emergency visits
- Hospital stays
- Surgeries
- Preventive and wellness services, like annual checkup
- Prescription drugs
- Maternity care
- Mental health and substance abuse treatment
- Contraceptive coverage

How your Blue Cross and Blue Shield Multi-State Plan pays for your healthcare.

1. Copayments - Both Blue Cross and Blue Shield Multi-State plans have a copayment benefit. This means that you will 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. When you pay a copayment, the deductible does not apply.

2. Deductible - Your deductible is the amount you must pay up front before your insurance pays for your care.

   If you have a plan with three or more covered family members, you only have to meet three individual deductibles.

3. 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.

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

To find a provider in the Preferred Care PPO Network, go to www.bcbsla.com/findcare

Blue Cross MSP refers to policy #97176MSP-033 R01/16. For complete information including limitations and exclusions, please refer to the policy.
Quality Blue Primary Care

As a Blue Cross and Blue Shield of Louisiana member, your health is important to us. And through our Quality Blue Primary Care (QBPC) program, we are working with your primary doctor to help you get advice or address your healthcare needs at any time – not just when you are at the doctor’s office.

Because you are a Blue Cross member, QBPC is part of your benefits. You do not need to take any action to be part of QBPC – if you are seeing a doctor who is in the program, you are in! Check out www.bcbsla.com/MyQBPC to learn more about how this program helps you.

How do I know if my doctor is in QBPC?

General practice, family practice and internal medicine doctors can be in QBPC. If your doctor is in one of these specialties, look up your doctor’s name in our directory at www.bcbsla.com/FindCare. QBPC doctors have a blue Next to their names.

Keep in mind that if your doctor is not in QBPC now, s/he could be soon. Blue Cross is enrolling more doctors around the state in this program, so check back soon!

What will you notice that is better with QBPC?

• Health Coaching - If you have a condition like high blood pressure, diabetes, heart disease or chronic kidney disease, you may receive calls from our Blue Cross nurses between your doctor’s appointments to help you stay healthy.

• Focused Appointments - Your doctor will now have more information about your health history when you go in for an appointment, saving you time. You may receive notices from your doctor about screenings or shots you should have.

• Lower or free copays! If your doctor is in QBPC and your health plan has a copayment for primary care doctor visits, your copayment could be reduced or waived for office visits with your doctor/nurse practitioner*. Please see the benefit grid located in this brochure for your particular plan information.

*The reduced or waived copayment is for office visits with a primary care doctor/nurse practitioner in QBPC only. If you have lab work, X-rays or other things done during your visit, your regular copayments would apply.
## Blue Cross and Blue Shield Multi-State Plan Comparison Chart

<table>
<thead>
<tr>
<th>METAL LEVEL</th>
<th>GOLD</th>
<th>SILVER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your covered benefits are:</strong></td>
<td>Blue Cross and Blue Shield, $1,900, a Multi-State Plan 100/80</td>
<td>Blue Cross and Blue Shield, $2,250, a Multi-State Plan 60/40</td>
</tr>
<tr>
<td>Deductible options for benefit period in-network</td>
<td>Single</td>
<td>$1,900</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$5,700</td>
</tr>
<tr>
<td>The most you pay out-of-pocket</td>
<td>Single</td>
<td>$6,000</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$12,000</td>
</tr>
<tr>
<td>Coinsurance in-network</td>
<td>We pay</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>You pay</td>
<td>0%</td>
</tr>
<tr>
<td>Coinsurance out-of-network</td>
<td>We pay</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>You pay</td>
<td>20%</td>
</tr>
<tr>
<td>If you go to a doctor’s office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care physician</td>
<td>Deductible</td>
<td>$40</td>
</tr>
<tr>
<td>QPBC</td>
<td>Deductible</td>
<td>$25</td>
</tr>
<tr>
<td>Specialist</td>
<td>Deductible</td>
<td>$55</td>
</tr>
<tr>
<td>Urgent care</td>
<td>Copay</td>
<td>Deductible</td>
</tr>
<tr>
<td>If you go to an outpatient ambulatory surgical center</td>
<td>Deductible</td>
<td>Deductible then 40% coinsurance</td>
</tr>
<tr>
<td>If you go to an emergency room</td>
<td>Deductible</td>
<td>Deductible then 40% coinsurance</td>
</tr>
<tr>
<td>If you are admitted as an inpatient to a hospital</td>
<td>Deductible</td>
<td>Deductible then 40% coinsurance</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>Generic $0 after deductible</td>
<td>$15</td>
</tr>
<tr>
<td></td>
<td>Brand 20% after deductible</td>
<td>10% of drug cost, up to $150 max per fill</td>
</tr>
<tr>
<td>Preventive care services</td>
<td>We pay 100% in-network</td>
<td></td>
</tr>
<tr>
<td>Pregnancy care office visit</td>
<td>Deductible</td>
<td>$55 Copay</td>
</tr>
<tr>
<td>Physical, occupational, speech therapy rehabilitation services</td>
<td>Deductible</td>
<td>Deductible then 40% coinsurance</td>
</tr>
<tr>
<td>Pediatric dental and vision</td>
<td>You will pay $0 for diagnostic and preventative dental and routine eye exams and hardware when received from a network provider</td>
<td></td>
</tr>
<tr>
<td>Mental health and substance abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient services</td>
<td>Deductible</td>
<td>Deductible then 40% coinsurance</td>
</tr>
<tr>
<td>Outpatient services</td>
<td>Deductible</td>
<td>Deductible then 40% coinsurance</td>
</tr>
</tbody>
</table>

*This is only a partial list of benefits and services covered. Separate in- and out-of-network deductibles and maximum out-of-pocket will apply. Please see your subscriber contract (policy) for a complete list of services covered, as well as limitations and exclusions.*
Essential Health Benefits

The Affordable Care Act (ACA) ensures that individual health plans offer a comprehensive package of items and services, known as essential health benefits. Essential health benefits must include items and services within at least the following categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care
- Contraceptive coverage
- Coverage for clinical trials

Vision and Dental Health is Essential

Blue Cross and Blue Shield of Louisiana’s new Pediatric Vision and Dental benefits satisfy the minimum essential benefits required under the ACA and provide additional coverage to your medical plan for members up to age 19.

Essential Benefit: Pediatric Vision*

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Frequency</th>
<th>You pay (In-network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye exam</td>
<td>12 months</td>
<td>$0</td>
</tr>
<tr>
<td>Spectacle lenses</td>
<td>12 months</td>
<td>$0</td>
</tr>
<tr>
<td>Frames within Davis Vision collection *options to buy-up</td>
<td>12 months</td>
<td>$0</td>
</tr>
<tr>
<td>Contact lens (in lieu of eyeglasses)</td>
<td>12 months</td>
<td>$0</td>
</tr>
<tr>
<td>Contact lens evaluation, fitting and follow up</td>
<td>12 months</td>
<td>$0</td>
</tr>
</tbody>
</table>

*Pediatric Vision benefits and network are administered by Davis Vision, which is an independent company providing pediatric vision benefits to Blue Cross and Blue Shield of Louisiana. For a full list of benefits, please refer to your medical policy. To find a pediatric vision provider go to www.bcbsla.com/findcare.
## Essential Benefit: Pediatric Dental**

<table>
<thead>
<tr>
<th>Contract year deductible</th>
<th>You pay (in-network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per insured person (not applied to diagnostic and preventive services)</td>
<td>$50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits</th>
<th>You pay (in-network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine oral exams, oral cleanings, fluoride treatments, sealants</td>
<td>0%</td>
</tr>
<tr>
<td>Oral x-rays, emergency palliative treatment</td>
<td>50%</td>
</tr>
<tr>
<td>Space maintainers, simple extractions, basic restorative, crown repairs, prefabricated stainless steel crowns</td>
<td>50%</td>
</tr>
<tr>
<td>Endodontic, endodontic therapy, root canal, surgical periodontics, non-surgical periodontics, periodontal maintenance, surgical extractions, oral surgery, general anesthesia/sedation</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthetics, dentures, inlays, onlays and crowns, prosthodontic services, adjustments and repairs of prosthetics, other prosthetic services, dental implants</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Medically necessary orthodontic services  
(No benefits for cosmetic orthodontia)**

50%

**Pediatric Dental Benefits are administered by United Concordia through the Advantage Plus Network. United Concordia is an independent company providing pediatric dental benefits to Blue Cross Blue Shield of Louisiana and HMO Louisiana, Inc. For a full list of benefits, please refer to your medical policy. To find a pediatric dental provider, go to [www.bcbsla.com/findcare](http://www.bcbsla.com/findcare).**
Prescription Drug Program

Convenience, Simplicity

Prescription drugs are a regular medical expense for many people, and are the most-used part of any health insurance plan. Our prescription benefits are managed by Express Scripts.*

Your Pharmacy Network

We have a broad nationwide pharmacy network. However, if you choose to go out-of-network, you must pay for the drug at the point of sale and may be required to file a claim to get benefits. We will reimburse our in-network amount and you will owe the difference.

Prior Authorization

We may ask you to get authorization from us or our pharmacy benefit manager before you fill certain prescriptions. You can find a complete list of drugs that need prior authorization online at www.bcbsla.com/pharmacy.

Lead With Generics and Step Therapy

In some cases, we may ask you to try a generic or generic equivalent of the drug your doctor prescribed.

If this drug doesn’t work to treat your condition, we’ll then cover the drug your doctor prescribed.

Quantity Per Dispensing Limitations and Allowances

You may get a 30-day supply of your drug (or a 90-day supply of maintenance medications). These are available at retail pharmacies or by mail.

We base these limits on the manufacturer’s recommended dosage and duration of therapy; common usage for episodic or intermittent treatment; FDA-approved recommendations and/or clinical studies; and/or as determined by our Pharmacy and Therapeutics Committee.

*Express Scripts, Inc. is an independent company that provides pharmacy benefit management service to Blue Cross and Blue Shield of Louisiana.
Specialty Pharmacy Network

We maintain a specialty pharmacy network to administer drugs that require special ordering, handling, customer service or patient education. Specialty drugs require an authorization.**

If you fill prescriptions for these drugs outside of the specialty pharmacy network, you may be required to pay for the drug at the point of sale and file a claim to get benefits. Your producer, agent, or our customer service department can provide you with a list of specialty drugs.

Mail Service

You may use the Express Scripts mail-order system to order a 90-day supply of your maintenance drugs. Mail service provides:

• Rapid at-home prescription delivery
• Toll-free 24-hour access to registered pharmacists
• A toll-free drug information line

Refills can be ordered by mail, phone or online at www.express-scripts.com.

Limitations and Exclusions

We exclude certain prescription drugs from coverage, including, but not limited to:

• Drugs used for cosmetic purposes
• Fertility drugs
• Weight reduction drugs
• Impotence drugs
• Brand-name contraceptive drugs

**The specialty drugs are limited to a 30-day supply per fill and may require authorization.
Prescription Drug Benefits

Our Blue Cross and Blue Shield $1,900 Multi-State Plan has a four-tier copayment structure for prescription drugs.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>The amount you pay for a 30-day supply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Value Drugs:</strong> Primarily generic drugs, although some brand-name drugs fall into this category.</td>
<td>$15</td>
</tr>
<tr>
<td>2</td>
<td><strong>Preferred Brand Drugs:</strong> Selected for this tier based on clinical effectiveness and safety.</td>
<td>$40</td>
</tr>
<tr>
<td>3</td>
<td><strong>Non-Preferred Brand/Generic Drugs:</strong> Primarily brand-name drugs that may have therapeutic alternatives as a Tier 1 or Tier 2 drug, although some generic drugs may fall into this category.</td>
<td>$70</td>
</tr>
<tr>
<td>4</td>
<td><strong>Specialty Drugs:</strong> High-cost brand-name, generic drugs, or biotechnology drugs that are identified as specialty drugs.**</td>
<td>10% of cost of drug up to $150 max, per fill</td>
</tr>
</tbody>
</table>

Our Blue Cross and Blue Shield $2,250 Multi-State Plan has a two-tier coinsurance structure for prescription drugs.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>The amount you pay for a 30-day supply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Generic Drugs</td>
<td>Deductible, then $0 once deductible is met</td>
</tr>
<tr>
<td>2</td>
<td>Brand Drugs</td>
<td>Deductible, then 20% once deductible is met</td>
</tr>
</tbody>
</table>

**The specialty drugs are limited to a 30-day supply per fill and may require authorization.
Preventive and Wellness Services

Our plans offer several preventive and wellness services to keep you and your covered family members healthy. Listed below is a sample of the preventive services available at no cost when obtained from a network provider. For a full list of preventive and wellness services, including age limits and frequency limits, please visit www.bcbsla.com/preventive.

<table>
<thead>
<tr>
<th>Services for Children</th>
<th>Services for Women</th>
<th>Services for Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine wellness physical examination</td>
<td>Routine wellness physical examination</td>
<td>Routine wellness physical examination</td>
</tr>
<tr>
<td>Immunizations that a doctor recommends</td>
<td>Colorectal cancer screening</td>
<td>Colorectal cancer screening</td>
</tr>
<tr>
<td>Seasonal flu and H1N1 immunizations</td>
<td>Routine gynecologist or obstetrician visits</td>
<td>Prostate cancer screening</td>
</tr>
<tr>
<td>Depression screening</td>
<td>Immunizations that a doctor recommends</td>
<td>Immunizations that a doctor recommends</td>
</tr>
<tr>
<td>Skin cancer counseling</td>
<td>Seasonal flu and H1N1 immunizations</td>
<td>Seasonal flu and H1N1 immunizations</td>
</tr>
<tr>
<td>Alcohol and drug use assessments</td>
<td>Chlamydia, gonorrhea and syphilis screening</td>
<td>Abdominal aortic aneurysm screening</td>
</tr>
<tr>
<td>Autism screening</td>
<td>HIV screening and counseling</td>
<td>Alcohol misuse screening and counseling</td>
</tr>
<tr>
<td>Behavioral assessments</td>
<td>Human Papillomavirus (HPV) DNA testing</td>
<td>Blood pressure and cholesterol screening</td>
</tr>
<tr>
<td>Developmental screening</td>
<td>Anemia screening</td>
<td>Depression screening</td>
</tr>
<tr>
<td>Hearing screening</td>
<td>Breast feeding intervention</td>
<td>Hepatitis C screening</td>
</tr>
<tr>
<td>Height, weight and body mass index measurements</td>
<td>Gestational diabetes testing and screening</td>
<td>HIV screening and counseling</td>
</tr>
<tr>
<td>Hematocrit or hemoglobin screening</td>
<td>Mammography examination</td>
<td>Obesity screening and counseling</td>
</tr>
<tr>
<td>Iron supplement</td>
<td>Osteoporosis screening</td>
<td>Sexually transmitted infection counseling</td>
</tr>
<tr>
<td>Lead screening</td>
<td>Routine pap smear</td>
<td>Skin cancer counseling</td>
</tr>
<tr>
<td>Obesity screening and counseling</td>
<td>Blood pressure and cholesterol screening</td>
<td>Tobacco use screening and counseling</td>
</tr>
<tr>
<td>Phenylketonuria (PKU)</td>
<td>Depression screening</td>
<td>Type 2 diabetes screening</td>
</tr>
<tr>
<td>Sickle cell screening for newborns</td>
<td>Intimate partner violence screening</td>
<td>Violence and domestic abuse counseling</td>
</tr>
<tr>
<td>Tuberculosis screening</td>
<td>Skin cancer counseling</td>
<td></td>
</tr>
<tr>
<td>Vision screening</td>
<td>Tobacco use screening and counseling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type 2 diabetes screening</td>
<td></td>
</tr>
</tbody>
</table>

This outline is presented for general information only. It is not a contract, nor intended to be a contract. If there is any discrepancy between this document and the policy, the provisions of the policy will govern. Please refer to the benefit policy for more details.
Wellness

My Health, My Way

Good health begins by registering for your online account and joining the My Health, My Way wellness program. This program is included in all plans at no extra cost. With My Health, My Way you can find:

- A Personalized Health Assessment (PHA) to help you learn more about your health status and ways to address health risks.
- Interactive tools that let you track your weight, exercise and food intake.
- Fitness and nutrition plans that can be customized for you and your family.
- Online videos on topics such as back care, nutrition, smoking cessation, stress management and weight management.
- Exclusive access to a national program, Blue 365®, providing discounts and savings on fitness club memberships, nutrition programs and products, financial well-being services, family care services and healthy travel. You can even save on elective procedures for vision and hearing.
- It’s all secure, confidential and at no extra charge to you!

Find out more at www.bcbsla.com.

Security and Confidentiality: If your Personal Health Assessment identifies you as someone who may benefit from Care Management services, your information may be shared with medical personnel, and you may be contacted by a Care Management nurse.

The information you provide in the PHA will be used as described above and as permitted by law. Your responses will not affect your enrollment in a health plan or your premiums.

Care Management Programs

Blue Cross and Blue Shield of Louisiana offers case management programs to help our members with chronic conditions or serious injuries. These programs help our members navigate the medical system and get appropriate and timely care. Our disease management programs are designed to prevent and manage specific diseases such as asthma, diabetes and heart disease.
Blue365®

Living well means having healthy options every day. That’s why we offer Blue365 to take our members beyond health insurance and give them access to trusted health and wellness resources 365 days a year. Blue Cross members enjoy special discounts on many services.

Blue365 is a national program that’s part of every plan, offering exclusive access to information, discounts and savings, making it easier and more affordable to make healthy choices.

Health and Wellness

- **Fitness** – Discounts on local health club memberships and free access to online tools.
- **Diet/Weight Control** – Savings on programs, products and consultations at Jenny Craig and NutriSystem.
- **Vision** – Discounts up to 40% off exams, frames and contact lenses from Davis Vision.
- **LASIK** – Discounts 40-50% off LASIK surgery from QualSight.
- **Dental** – Discounts up to 50% off checkups, cleanings, fillings, root canals and more from DenteMax.

Members have access to more than 30,000 providers nationwide, including optometrists, ophthalmologists and many retail centers. Members can also save 40 to 50 percent off the overall national average price for LASIK surgery through QualSight LASIK.

Family Care

- **Senior Care** – discounts on care advisory services
- **Child Safety** – access to child safety and consumer product information
- **Long-Term Insurance** – free guidelines and information
- **Managing Medicare** – resources to understand coverage options from Medicare

Travel

- **Healthy Getaways** – special discounts on hotel programs and services
- **Travel Tips** – a wealth of online travel tips and resources

Register for your online account to access these exclusive discounts!
Benefits for Better Living

The BlueCard® Program

When our members travel, they take their healthcare benefits with them – across the country and around the world. BlueCard® is a national program that allows our members to receive healthcare services while traveling or living in another Blue Plan’s service area. The program links participating healthcare providers with the independent Blue Plans across the country and in more than 200 countries and territories worldwide through a single electronic network. To access a provider outside of your service area, visit the BlueCard Doctor and Hospital Finder website at www.bcbs.com/coverage/bluecard or call the BlueCard Access line at 1-800-495-BLUE. Our members have peace of mind knowing they’ll find the care they need if they get sick or injured on the road. If you go to a PPO provider in another state or country, your Multi-State Plan will pay in-network as if you were at home.

Blue National Doctor and Hospital Finder

This mobile app allows you to search a national network of doctors, urgent care centers and hospitals by specialty or name. Some features include:

- A comprehensive listing of providers in Blue networks nationwide
- GPS navigation search
- Map links and directions
- SMS text messaging
- Click-to-call with one tap of your phone screen
- Find the Doctor and Hospital Finder in the Apple App Store, or scan this barcode to download.

When You Need Care

1. If it’s a true emergency, go to the nearest emergency room.
2. If it’s not an emergency, find a doctor in your network. Use the mobile phone app, search online at provider.bcbs.com, or call 1-800-810-BLUE (2583).
3. Either way, give us a call. When you can, call Customer Service at the number on your ID card. A five-minute phone call can save you a big, unexpected bill from an out-of-network doctor or hospital.
GeoBlue: Products for the Unique Needs of Expatriates and International Travelers

GeoBlue products are international health plans designed to help expatriates, business travelers and leisure travelers access trusted doctors and hospitals across the globe. Group and individual plans are available for US citizens who live or travel abroad. These plans also cover inbound foreign employees coming into the US when coverage on the group’s domestic plan is not an appropriate alternative.

GeoBlue offers unsurpassed service such as:

- Live customer service open 24 hours a day/seven days a week/365 days a year
- Worldwide community of English-speaking physicians trained in western medicine
- A GeoBlue global health coordinator who will schedule doctor appointments, guarantee payments for cashless access to care, and arrange for any necessary follow-up treatment.
- Mobile tools to help members decide what level of care to seek and help quickly identify the best and most convenient options.

Manage Your Online Account*

By Phone
8 a.m.-5 p.m.
Monday through Friday
1-800-392-4087

On the Web www.bcbsla.com

Our members want more ways to manage their health information. That’s why we offer password-protected online tools that allow you to review and manage your healthcare information 24 hours a day, seven days a week.

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*You will not have the ability to update certain account information on www.bcbsla.com since you purchased your plan on the Health Insurance Marketplace.
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318-398-4955
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337-593-5727
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