



**2025**

## Solutions for Groups

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





*For 90 years, Louisianians have trusted their health insurance needs to Blue Cross and Blue Shield of Louisiana (Louisiana Blue) and HMO Louisiana, Inc. As the leading health insurer in the state, we take our mission of improving the health and lives of Louisianians to heart.*

*We are here to help you protect your members' health and that of their loved ones—and provide peace of mind. With multiple offices located around the state, we're always ready to serve you. The best employees consistently rate health insurance as one of the most influential factors in deciding where to work. Let us help you attract and keep the best employees.*

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

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

NOTICE: HEALTHCARE SERVICES MAY BE PROVIDED TO YOU AT A NETWORK HEALTHCARE FACILITY BY FACILITY-BASED PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF ANY FEES FOR THOSE OUT-OF-NETWORK SERVICES, IN ADDITION TO APPLICABLE AMOUNTS DUE FOR COPAYMENTS, COINSURANCE, DEDUCTIBLES AND NON-COVERED SERVICES.

SPECIFIC INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK FACILITY-BASED PHYSICIANS CAN BE FOUND AT **[WWW.LABLUE.COM/HBP](http://WWW.LABLUE.COM/HBP)** OR BY CALLING THE CUSTOMER SERVICE PHONE NUMBER ON YOUR ID CARD.

Utilization Management decision-making is based only on appropriateness of care and service and existence of coverage. Practitioners or other individuals are not specifically rewarded for issuing denials of coverage. Financial incentives for Utilization Management decision makers do not encourage decisions that result in underutilization.

# Healthcare Reform: What Does It Mean to You?

Healthcare changed when the Affordable Care Act (ACA)—also known as healthcare reform—went into effect in 2010. Here's what you need to know.

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

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

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

## 2. The Employer Mandate may apply to you

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

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

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

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

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

1. Does your plan provide minimum essential coverage? (Typically 95% of full-time employees at 30 hours/week must get an offer.)
2. Does your plan provide minimum value? (At least 60% Actuarial Value to the members.)
3. Is the coverage affordable? (Employee premium contributions are less than 8.39% (for 2024) of wages reported in Box 1 of the employee's W2. This percentage is subject to adjustment by the IRS.)

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

# Why Choose Blue?

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

## Quality Blue Program

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

### How does the Quality Blue program work for your members?

Through our Quality Blue program, Louisiana Blue makes your members' health claims information available in a secure manner to their Quality Blue provider. This helps the provider learn more about a member's health history and anything that's happened since their last visit. This is to make sure your member gets what they need to stay on top of their health.

### What do your members get out of seeing a Quality Blue provider?

- **Keeping Up with Care**

Getting regular care from a Quality Blue provider can help your members stay healthy and catch any problems early when they are easier to treat. If you have a member with a long-term condition, their provider may recommend more frequent visits.

- **Reminders**

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

- **Lower Copays**

If your members are on a Louisiana Blue health plan that has copayments for primary care office visits, they may get lower copayments for office visits with a Quality Blue provider.

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

Our Quality Blue program currently includes general practice, family practice, internal medicine, pediatrics and geriatrics providers. Your members can ask their provider if they are in the Quality Blue program or look them up in our directory at [www.lablue.com/findcare](http://www.lablue.com/findcare). Quality Blue providers have an indicator as shown below:

**QUALITY BLUE PROVIDER**

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



## Care Management

Members become STRONGER THAN EVER with our Care Management programs working for them. We offer care management programs with health coaching, education and hands-on support to help members with chronic conditions or serious illnesses. With a team of clinical professionals, including doctors, nurses, dietitians, pharmacists and social health coaches, we share personalized information to encourage members on their journey to optimal health. If your members have diabetes, heart disease, other chronic conditions, traumatic injuries or serious illnesses, these programs help guide them through the healthcare system and get the services they need in a timely manner. Members do not pay anything to work with a health coach. Visit [www.lablue.com/managingcare](http://www.lablue.com/managingcare) to learn more.

## Preventive and Wellness Benefits

Many preventive and wellness services are covered at 100% when your members go to a provider in their network. These covered services include annual exams, colonoscopies, mammograms and more. See [www.lablue.com/preventive](http://www.lablue.com/preventive) for a full list of services that are covered.

## Telehealth for Convenient, Affordable Care

### What is telehealth?

Telehealth, also called virtual care, is an easy and convenient way to be treated for routine, nonemergency health conditions or to access behavioral health services and other forms of care through an online connection. For those with telehealth benefits, virtual care is a great way to access and stay connected with a network provider. Some providers volunteer to be recognized and searchable in the online Louisiana Blue provider directory as providers of telehealth services. We recommend members reach out directly to their network provider for details on how to connect using telehealth. Louisiana Blue members can call the Customer Service number on their ID card to learn about their telehealth benefits.

If a member's regular provider does not offer telehealth options or is not available, Louisiana Blue offers members access to BlueCare, our online virtual care platform with virtual medical care 24/7 and scheduled behavioral health appointments.

### BlueCare: Get Care From Anywhere!

Louisiana Blue members and any dependents who are covered on their plans can access online medical and behavioral health visits. BlueCare providers are U.S.-trained and board-certified. BlueCare providers are available in all 50 states. BlueCare meets state and federal healthcare services laws, is HIPAA-compliant and is as valid as an in-person visit.

#### Medical Visits

- BlueCare costs less than the emergency room and urgent care centers.
- BlueCare lets your members see a medical provider online, 24/7, to treat routine, nonemergency health conditions. Your visit cost will depend on your plan type and benefits.

#### Behavioral Health Visits

- Online appointments for behavioral health needs are available with BlueCare. Members can simply log in and schedule a visit with a psychology or psychiatry provider.
- BlueCare behavioral health appointments can be a good service for members who may be experiencing depression, grief, stress or anxiety, who are dealing with life transitions ... and more.

Prescription drugs may be prescribed if needed. Prescription availability is defined by physician judgment; certain types of medication may not be prescribed. Visit cost will depend on the plan type and benefits. Members can use any major credit card and even HSA, HRA or FSA cards to pay for BlueCare. Their card will not be charged until their visit is over.

To sign up, visit [www.BlueCareLA.com](http://www.BlueCareLA.com) or download the free "BlueCare" app on your Apple or Android device.



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



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

Blue365® offers you discounts on health and wellness resources, 365 days a year. Louisiana Blue and HMO members enjoy special discounts on many services, such as:

- Fitness memberships (in-person and virtual) and workout gear
- Wearable devices
- Meal delivery and nutrition programs
- Mental well-being resources
- Pet health resources
- Eye care
- Athletic footwear
- Hearing aids

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

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

## FREE Identity Protection Services

The Cross and Shield is here to protect your members, in good times and in challenging times. That's why we offer free identity protection services, in partnership with Experian, to all of our eligible customers. And the identity protection applies to all parts of life, not just healthcare.

- **Complete Identity Repair and Restoration**

If you are a victim of identity theft, an investigator will act as your guide and advocate until the issue is resolved and your identity is restored. This includes contacting creditors and other institutions involved.

- **Fraud Alerts With Credit Monitoring—Enrollment Required**

This service offers additional layers of protection, including credit monitoring, \$1 million identity theft insurance, an annual credit score and credit report and ChildScan services for minors. You can also renew and remove fraud alerts on your credit file to help protect you from credit fraud.

Learn more at [www.lablue.com/idprotection](http://www.lablue.com/idprotection).

## The BlueCard® Program

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

- With GroupCare PPO, BlueSaver and Premier Blue plans, if your member goes to a PPO provider in another state or country, the plan will pay in-network as if he or she were at home.
- With Blue Point of Service and Select Network plans, unless it is emergency care, care obtained outside your member's Louisiana HMO network will be paid at the out-of-network benefit level.
- With HMO Network plans, care obtained outside your member's Louisiana HMO network is not covered unless it is emergency care.

## How Your Plan Works

### Your Member's Cost Share

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

- **Copayments**

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

- **Deductibles**

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

- **Coinsurance**

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

- **Maximum Out-of-Pocket**

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

- **Coordination of Benefits**

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

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

## **Your Plan’s Network Coverage**

Louisiana Blue has one of the largest doctor and hospital networks in the region. This means your members have access to the care needed at a lower price. In order to get the most out of their health plan and keep costs as low as possible, it’s important that your members get care from a provider in the network.

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

## **Selecting a Primary Care Provider**

With HMO, Blue POS and Select Network plans, your members must pick a primary care provider (PCP) in their network to handle most of their medical needs when sick or injured. This is a doctor practicing in general practice, family practice, internal medicine or geriatrics for adults, or pediatrics for children. They may also select a nurse practitioner (NP) or physician assistant (PA) as their PCP if he or she is set up in our system as a network primary care provider. Your members must choose a PCP. If they do not choose a PCP, one will be chosen for them. They can change their PCP at any time by logging into their account at [www.lablue.com/login](http://www.lablue.com/login) or by calling the Customer Service number on the back of their ID card.

## **Your Prescription Drug Coverage**

Prescription drug benefits are included in all plans. Your plan may have a separate drug deductible. Drug benefits are managed by Express Scripts.\* To get the most out of your drug benefits, you should take a drug that is covered under your plan.

*\*Express Scripts is an independent company that serves as the pharmacy benefit manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

## Covered Drug List

Your plan has a covered drug list, or formulary, that includes thousands of generic and brand drugs, but not every drug is covered. How much you pay for the drugs on the list depends on the plan you choose and the drug you buy. If you fill a drug that is not on the covered drug list, you could have to pay the full cost of the drug.

### Two things a covered drug list can tell you:

1. If there are other drugs you can take for your health problem that cost you less.
2. If there are any rules that you must follow before a drug may be covered.

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

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

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

## Zero Dollar Drug Copay Program

Our \$0 Drug Copay Program offers \$0 copay for certain drugs used to treat certain chronic conditions. Members do not have to meet a deductible before getting program drugs for \$0. Drugs in this program are regularly recommended to treat asthma, chronic obstructive pulmonary disease (COPD), coronary heart disease, diabetes, heart failure, depression and other common chronic conditions. The \$0 Drug Copay Program is available for copay-based pharmacy benefits. The program is not available for coinsurance-only pharmacy benefits. Go to [www.lablue.com/covereddrugs](http://www.lablue.com/covereddrugs) for a list of drugs in the program.

### Find out if your drugs are covered before you fill

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

# Your Choice of Products

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

## Group Care PPO

- A comprehensive health plan offered statewide, with extensive coverage for your peace of mind.
- **Several copayment, coinsurance and deductible plan options to meet your needs.**
- A four-tier copayment and coinsurance structure or a two-tier coinsurance structure will apply for prescription drugs, depending on the plan you buy. Some plans may also have a separate drug deductible.
- Accesses the statewide **Preferred Care PPO network**.

## BlueSaver

- **Several deductible and coinsurance options are available to meet your needs; no copayments apply.**
- A two-tier coinsurance structure applies for prescription drugs. Once your medical deductible is met, the amount of your pharmacy coinsurance depends on the plan you buy.
- Accesses the statewide **Preferred Care PPO network**.
- When members choose an eligible BlueSaver high-deductible health plan, they can put money in a Health Savings Account (HSA) that will help them pay their deductible and their share of covered medical expenses. An HSA may have tax benefits for your group and your members.
- We recommend a *MySmartSaver* HSA for your group. *MySmartSaver* is provided by HealthEquity\* to help you and your members successfully save for qualified medical expenses now and into retirement. Visit <https://sales.healthequity.com/mysmartsaver> or call Employer Services at 1-866-382-3510 to learn more.
- Several embedded and non-embedded deductible options available to meet your needs.

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

# Understanding Deductibles: Embedded vs. Aggregate

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

**Meet the Smith Family**



Joe Dependents

**Subscriber: Joe**

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

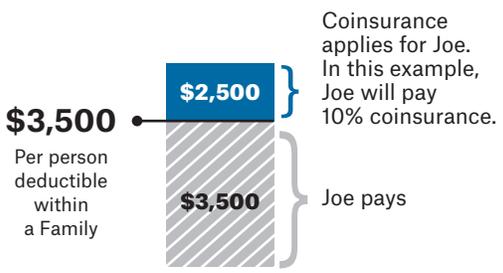
|                   |                                       |         |
|-------------------|---------------------------------------|---------|
| <b>SCENARIO 1</b> | <b>Plan:</b> BlueSaver 90/70 \$3,500  |         |
|                   | Per person deductible within a family | \$3,500 |
|           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

**PLAN WITH EMBEDDED DEDUCTIBLE:**

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

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

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



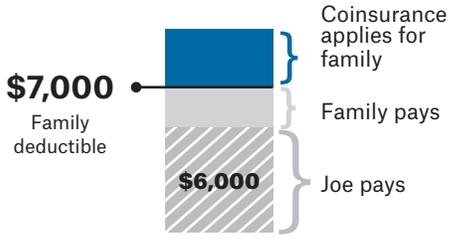
|                   |                                       |         |
|-------------------|---------------------------------------|---------|
| <b>SCENARIO 2</b> | <b>Plan:</b> BlueSaver 90/70 \$3,500  |         |
|                   | Per person deductible within a Family | \$7,000 |
|           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

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

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

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

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



## Premier Blue

- Premier Blue is the broadest coverage offered by the Cross and Shield.
- **Several copayment, coinsurance and deductible plan options are available to meet your needs.**
- A four-tier copayment and coinsurance structure or a two-tier coinsurance structure will apply for prescription drugs, depending on the plan you buy. Some plans may also have a separate drug deductible.
- Accesses the statewide **Preferred Care PPO network**.

## HMO Plans\*

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

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

## Blue Point of Service

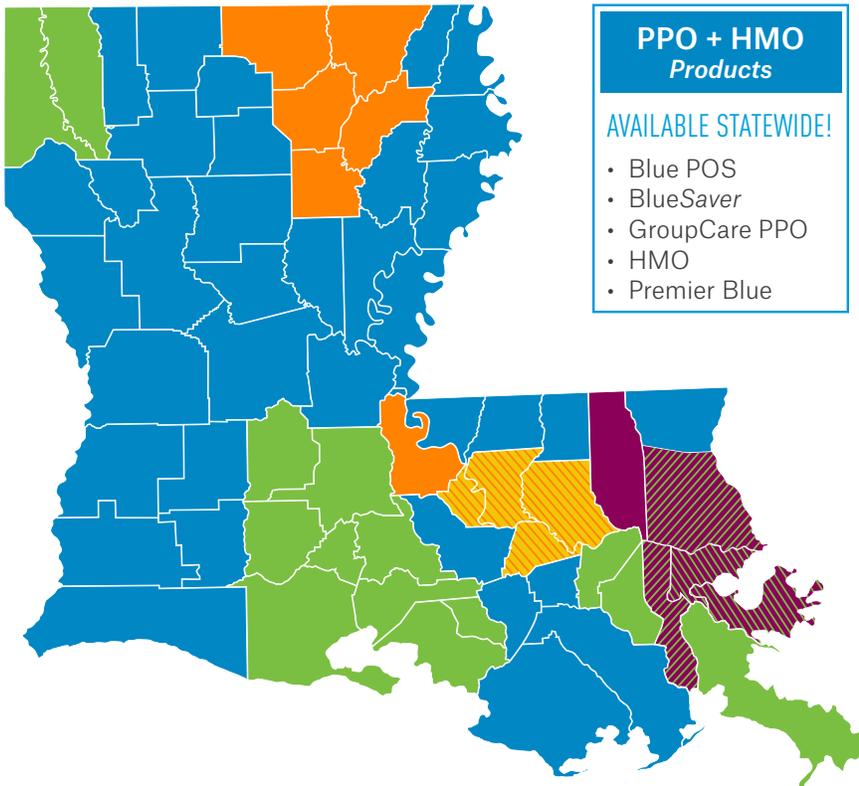
- Offered through our subsidiary, HMO Louisiana, Inc. These plans are available statewide.
- **Most plans offer office visit copays for primary care providers and specialists, along with several deductible and coinsurance options.**
- A four-tier copayment and coinsurance structure or a two-tier coinsurance structure will apply for prescription drugs, depending on the plan you buy. Some plans may also have a separate drug deductible.
- Accesses the statewide **HMO Louisiana HMO/POS network**.
- Members must choose a primary care provider (PCP) to handle most of their medical needs when sick or injured.

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

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

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

## 2025 Products by Area Find the Products Available to You



### BLUE CONNECT + PPO and HMO Products

**Parishes:**

**Greater New Orleans/Northshore**

Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany

**Lafayette/Acadiana**

Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion

**Shreveport/Bossier**

Bossier and Caddo

### COMMUNITY BLUE + PPO and HMO Products

**Parishes:** Ascension, East Baton Rouge, Livingston, West Baton Rouge

### PRECISION BLUE + PPO and HMO Products

**Parishes:**

**Greater Baton Rouge**

Ascension, East Baton Rouge, Livingston, Pointe Coupee, West Baton Rouge

**Greater Monroe/West Monroe**

Caldwell, Morehouse, Ouachita, Richland, Union

### SIGNATURE BLUE + PPO and HMO Products

**Parishes:** Jefferson, Orleans, St. Bernard (NEW), St. Tammany, Tangipahoa (NEW)

# Small Business Funding Solutions

## Self-funded coverage ideal for groups with 25 up to 250 enrolled contracts

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

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

### **Features**

- No separate specific stop-loss
- Fully funded monthly
- Client retains 100% of aggregate (claims fund) surplus
- Monthly accommodation
- Unlimited maximums available
- Standard Large Group plan designs

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

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

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

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

# Trust Louisiana Blue With More Than Medical Benefits for Whole-body Health

**IMPROVING OVERALL HEALTH:** Regular visits to the dentist and eye doctor can help identify and prevent future dental, vision and overall health problems.

Offering DENTAL and VISION group benefits with MEDICAL from Louisiana Blue can improve your members' overall health and lower their medical costs.

- **Blue Dental Plans**

Oral health is about more than a good smile. Having regular dental exams can help find dental problems and other health conditions in the body like diabetes, heart disease, osteoporosis and cancer. Our Blue Dental Traditional plan covered services include diagnostic and preventive, basic, endodontics and periodontics when visiting an Advantage Plus 2.0 network provider.\* The Advantage Plus 2.0 network is a large nationwide network of dental providers with over 4,200 provider locations in Louisiana. Contact your broker or visit <https://employers.lablue.com/dental> for more information.

*\*Advantage Plus 2.0 is a dental network of providers of United Concordia Companies, Inc., an independent company that administers dental benefits on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

- **Blue Vision Plans**

Regular eye exams are important for good vision health. They can also detect risk factors for heart disease such as high cholesterol, high blood pressure and diabetes. Our Blue Vision plans come with low monthly premiums, an expansive network\*\* of providers and retailers including Walmart®, Costco® and Visionworks®, and special features and discounts.

Each of our Blue Vision plans is packed with features such as eyeglass and contact lens benefits, a replacement contact lens program, expanded progressive lens options and blue light coating for digital screen protection, discounts on services not covered by their plan, laser vision correction discounts and more. Contact your broker or visit <https://employers.lablue.com/vision> for more information.

*\*\*Davis Vision is an independent company that provides an extensive network of vision care providers on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

- **Blue Cross Blue Shield Global® International Health Plans**

Blue Cross Blue Shield Global® international health solutions are brought to you by GeoBlue®, Blue Cross Blue Shield's international health insurance partner. Part of the Blue Cross® Blue Shield® family, GeoBlue provides unparalleled global access and reliability with coverage for every community in the United States and over 190 countries around the world, making it the broadest global network available. Blue Cross Blue Shield Global plans are available to groups of 2+ employees for business travelers, expatriates on long-term assignments, and third-country nationals. Find out more about what Blue Cross Blue Shield Global products can do for your business. Contact your Louisiana Blue representative or visit <https://employers.lablue.com/travel-health-plans>.

*Blue Cross Blue Shield Global is a Brand owned by Blue Cross Blue Shield Association. GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross Blue Shield Association and is made available in cooperation with Blue Cross and Blue Shield companies in select service areas. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL, NAIC #80985. 4 Ever Life Insurance Company is an independent licensee of the Blue Cross Blue Shield Association.*

## Online Convenience for Members

As a member, you can log in or register for an online member account at [www.lablue.com/login](http://www.lablue.com/login), where you can:\*



- **Manage Your Account**

View an ID card, view statements and claims, access forms, look up their plan benefits and cost share and more—all from a secure, password-protected online account.

- **Find Providers in Your Network and Estimate Costs**

Search your network to find a provider for the care you need. When you see a provider in your plan's network, you save money and get the most out of your benefits. You can search common medical procedures to see cost estimates based on your benefits. You can also get drug cost information based on your pharmacy benefits.

- **Take a Health Assessment**

Learn risks, get access to a personalized action plan and be set for a lifetime of good health.

- **Get Wellness Discounts**

Find Blue365® discounts on fitness memberships (in-person and virtual), workout gear, wearable devices, meal delivery and nutrition programs, mental well-being resources, pet health resources, eye care, athletic footwear, hearing aids and more.

- **Choose to Go Paperless**

Access your plan-related information conveniently through your online account. Any time a document that is part of the Paperless program becomes available, we will send you an email notification.

- **Read About Our Language Access Services**

You can request this brochure in a language other than English. Check the bottom of any page at [www.lablue.com](http://www.lablue.com) and click the language of your choice for this and other services. You can also call the Customer Service number on your ID card. If you are hearing impaired, call 1-800-711-5519 (TTY 711).

## Mobile Is the Way to Go

Downloading our Louisiana Blue app on an Apple or Android device will provide healthcare information at your fingertips!



- **Find a Doctor**

Find urgent care, locate a doctor or hospital, get directions and save locations to any doctor or hospital.

- **View Your Claims and Digital ID Card**

See all of your important health information, like claims, costs, balances, benefits and medical ID card from your mobile device.

- **Contact Us**

You can get maps and directions to any of our local offices or get phone numbers to talk to a Customer Service representative.

*\*This is not an inclusive list of online account features, and options may vary based on the plan(s) you have.*



## We're Here to Help

With Louisiana Blue, you'll have the support and protection you deserve.



### Your Broker

Get personal assistance from your broker, who can answer your questions, help you choose the plan that's right for you and guide you through the enrollment process—at no cost to you! Don't have a broker? Give us a call and we can connect you with someone to help.



### Online Solutions Through AccessBlue

AccessBlue, our secure online portal, lets you manage your group plan with the click of a mouse. Simply visit <https://employers.lablue.com> and click on AccessBlue to get started.



### Your Regional Office Representative

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

If you have questions about how Louisiana Blue will protect and may use or disclose your confidential/protected health information and individually identifiable health information, please visit [www.lablue.com/privacy](http://www.lablue.com/privacy).

# Employer Notices

## Change in Premium Amount

Premiums for this Benefit Plan may increase after the group's first twelve (12) months of coverage and every six (6) months thereafter, except when premiums may increase more frequently as described herein. We will give the group forty-five (45) days written notice of any change in premium rates ((ninety (90) days written notice for employer groups with more than 100 enrolled employees)). We will send notice to the group's latest address shown in our records. Any increase in premium is effective on the date specified in the rate change notice.

Your premiums are subject to change if any of the following events occur, including but not limited to: (1) the addition of a newly covered person; (2) the addition of a newly covered entity; (3) a change in age or geographic location of any individual insured or policyholder; (4) or a change in the benefit level of the benefit plan from that which was in force at the time of the last rate determination. An increase in premium will become effective on the next billing date following the effective date of the requested change. Continued payment of premium will constitute acceptance of the change.

### **Applicable to Large Groups (51+ MLR):**

We reserve the right to increase the premiums more often than stated above due to a change in the extent or nature of the risk that was not previously considered in the rate determination process at any time during the life of the Benefit Plan.



## **Group Rates**

As of Jan. 1, 2014, the Affordable Care Act imposed new government taxes and fees, new benefits and new rating calculations.

Federal law only allows members in the small group market to be rated according to the following factors within a benefit plan design:

- Geographic location
- Family composition
- Age
- Tobacco use

## **Renewability of Coverage**

Louisiana Blue may terminate this Benefit Plan if any one of the following occurs:

- Group commits fraud or makes an intentional misrepresentation.
- Group fails to comply with a material plan provision, including but not limited to provisions relating to eligibility, employer contributions or group participation rules. Termination for a reason addressed in this paragraph will be effective after group receives sixty (60) days written notice as described below.
- In the case of network plans, there is no longer any enrollee under the group benefit plan that lives, resides or works in the service area of Louisiana Blue or in the area for which Louisiana Blue is authorized to do business.
- Group's coverage is provided through a bona fide association and the employer's membership in the association ends.
- Louisiana Blue ceases to offer this product or coverage in the market.

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## Regional Offices

### Alexandria

**(318) 448-1660**

4508 Coliseum Boulevard, Suite A  
Alexandria, LA 71303

### Baton Rouge

**(225) 295-2556**

5525 Reitz Avenue  
Baton Rouge, LA 70809

### Houma

**(985) 223-3499**

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

### Lafayette

**(337) 232-7527**

5501 Johnston Street  
Lafayette, LA 70503

### Lake Charles

**(337) 562-0595**

219 West Prien Lake Road  
Lake Charles, LA 70601

### Monroe

**(318) 323-1479**

122 St. John Street  
Monroe, LA 71201

### New Orleans

**(504) 832-5800**

3235 North Causeway Boulevard  
Metairie, LA 70002

Or

**(504) 518-7364**

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

### Shreveport

**(318) 795-0573**

411 Ashley Ridge Boulevard  
Shreveport, LA 71106

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### Customer Service—Baton Rouge

**1-800-392-4087**

5525 Reitz Avenue  
Baton Rouge, LA 70809-3802

[www.lablue.com](http://www.lablue.com)

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LOUISIANA **BLUE** 