For more than 80 years, Louisianians have trusted their health insurance needs to Blue Cross and Blue Shield of Louisiana. 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 employees’ health and that of their loved ones — and provide peace of mind. With eight 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.
If there is any discrepancy between the information in this brochure and the policy, the policy prevails. Premium will vary with the level of benefits chosen. For complete information, please refer to the policy.

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

Notice: 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.bcbsla.com/hbp or by calling the customer service phone number on your ID card.
Healthcare Reform:
What Does It Mean to Large Groups?

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.

The Healthcare Law Requires Employers to Count Their Workforce Two Different Ways:

1. **Medical Loss Ratio (MLR) Counts**
   - MLR counts are submitted to your insurance carrier at least once a year and are used to determine what products we may legally offer your group. They also determine the percentage of each healthcare premium dollar that must be spent on applicable medical expenses, before rebates apply.
   - Under the MLR counts (all employees are counted as “1” – FT, PT, Ownership, everyone) 2-50 is considered a “small” group, 51+ is considered “large.”
   - For MLR “large” groups, the carrier must spend at least 85% of premiums on applicable medical expenses or issue rebates to the group.

2. **Applicable Large Employer (ALE) Counts**
   - 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 size of your company.
     - 2-49 Full Time Equivalents of labor is considered “small” and the employer mandate typically does not apply. Full Time Equivalents of 50 or more are considered “large,” and the Employer Mandate applies to the group.

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 9.66% of wages reported in Box 1 of employee’s W2.)

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 employees 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 Primary Care

We work with primary care doctors around the state to help your employees get the best care possible. Through our Quality Blue Primary Care (QBPC) program, we share data and information with doctors enrolled in our program that help them deliver focused care. This program is already getting great results for patients, particularly those with chronic conditions.

What is better with Quality Blue Primary Care?

- **Health coaching**
  If your employees have a condition such as high blood pressure, diabetes, heart disease or chronic kidney disease, they can receive helpful calls and extra attention from our Blue Cross nurses between doctor’s appointments to help them stay healthy.

- **Lower or free copays!**
  If your or your employee’s doctor is in the Quality Blue Primary Care program and the selected health plan has a copayment for primary care doctor visits, the copayment could be reduced or waived for office visits with doctors/nurse practitioners.

QBPC is part of any Blue Cross member’s benefits. Check out [www.bcbsla.com/myQBPC](http://www.bcbsla.com/myQBPC) to learn more about how this program helps your employees.

Which doctors participate in Quality Blue Primary Care?

QBPC participants currently include major health systems such as Baton Rouge General Physicians Group, The Baton Rouge Clinic, Ochsner Health System, Gulf South Quality Network, Shreveport Family Doctors and others. Look up doctors’ names in our directory at [www.bcbsla.com/findcare](http://www.bcbsla.com/findcare). QBPC doctors have a blue Q next to their names.
Care Management

We offer care management programs to help members with chronic conditions or serious injuries such as diabetes, heart disease and chronic lung conditions like asthma. If you or your employees have any of these conditions, these programs help you move through the medical system and get the best possible care in a timely manner.

BlueCare: Greater Access Through Telemedicine

BlueCare makes it easy and convenient to get care with virtual, online doctor visits through a partnership with American Well*. Your employees can “meet” with a doctor anytime and anywhere, without having to drive to a clinic.

- BlueCare appointments take place using a home or office computer, smartphone, tablet or other internet-accessible device.
- A doctor or clinician can review medical information, speak with and see patients and even prescribe certain medications if needed.

Download the BlueCare app to mobile devices by visiting www.BlueCareLA.com.

*American Well is an independent company providing telehealth services to Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. members.
Blue365®
Blue365® offers discounts on health and wellness resources, 365 days a year. Blue Cross and HMO members enjoy special discounts on many services, such as:

- Gym memberships
- Diet programs
- Sports clothing and shoes
- Eye care
- Elective procedures (ex. LASIK)
- Hearing aids

Register for an online account at www.blue365deals.com/BCBSLA to access these exclusive discounts!
Ancillary Solutions

We offer a full suite of employee benefits that are among the best in the market today. We will work with you to develop complete and competitive benefit packages, which can include Life Insurance, Disability Insurance, Vision and Dental Insurance. You have the option to bundle ancillary employee benefits with your high-quality health and wellness benefits.

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 employees 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.

• With GroupCare PPO, BlueSaver and Premier Blue plans, if your employee 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, HMO plans and Select Network plans, unless it is emergency care, care obtained outside your Louisiana HMO network will be paid at the out-of-network benefit level.

GeoBlue®: Products for the Unique Needs of International Travelers

GeoBlue products are international health plans designed to help business and leisure travelers access trusted doctors and hospitals across 180 countries. Group plans are available for U.S. citizens who live or travel abroad.

GeoBlue offers 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 to 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.

To view all of the GeoBlue plans visit www.bcbsla.com/geoblue.
How Your Plan Works

Your Employee’s Cost Share

These commonly used terms may be helpful to share with your employees 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 will be a lower amount for a primary care doctor 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 your employees 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-max will apply for services received out of the network.

Your Plan’s Network Coverage

Blue Cross and Blue Shield of Louisiana has one of the largest doctor and hospital networks in the region. This means your employees 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 employees get care from a provider in the network.

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

Prescription drug benefits are included in all plans. How much your employee pays depends on the plan chosen and the drug purchased. The plan may also have a separate drug deductible. Prescription drug benefits are managed by Express Scripts.* A mail order program is also available.

Some health plans have a four-tier copayment structure for prescription drugs.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Depending on the plan you buy, the amount employees will pay for a 30-day supply will be either:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Value Drugs</strong> - Primarily generic drugs (and certain brand-name drugs)</td>
<td>-OR-</td>
</tr>
<tr>
<td>2</td>
<td><strong>Preferred Brand Drugs</strong> - Selected for this tier based on clinical effectiveness and safety</td>
<td>$7</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. Covered compounded drugs are included in this tier</td>
<td>$70</td>
</tr>
<tr>
<td>4</td>
<td><strong>Specialty Drugs</strong> - High-cost brand-name or generic drugs and biotechnology drugs that are identified as specialty drugs</td>
<td>10% of cost of drug, up to a $150 max, per fill</td>
</tr>
</tbody>
</table>

Other plans have a two-tier structure, where a coinsurance amount will apply once the medical deductible is met.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Depending on the plan you buy, the amount employees will pay for a 30-day supply after deductible will be either:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Generic Drugs</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>Brand-name Drugs</td>
<td>20%</td>
</tr>
</tbody>
</table>

*Express Scripts is an independent company that provides pharmacy benefit management services to Blue Cross and Blue Shield of Louisiana.
Your Choice of Products

**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 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 Preferred Care PPO network.

**BlueSaver**

- A qualified high-deductible health plan, which means you can put tax-free money in a Health Savings Account (HSA) that will help you pay your deductible and your share of covered medical expenses.

- **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 coinsurance depends on the plan you buy.

- Accesses the Preferred Care PPO network.

- We recommend a MySmartSaver HSA for your group. MySmartSaver is provided by Health Equity* and offers preferred rates and great resources to help you and your employees successfully manage your HSA. Visit [http://healthequity.com/partners/employers](http://healthequity.com/partners/employers) or call Employer Services at 1-866-382-3510 to learn more.

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*Health Equity, Inc. is an independent company that administers Health Savings Accounts to Blue Cross members enrolled in BlueSaver, our high-deductible health plans. Members who qualify may open a HSA with any HSA administrator and should seek guidance from a tax professional or financial advisor. Blue Cross and Blue Shield of Louisiana is not engaged in rendering tax, legal or investment advice.*
Premier Blue

- Premier Blue is the broadest coverage offered by the Cross and Shield.
- Several copayment, coinsurance and deductible plan options to meet your needs.
- A four-tier copayment 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 Preferred Care PPO network.

HMO Plans

- HMO plans feature healthcare delivery to your employees from their individual primary care doctor, who coordinates most of the healthcare needs of the member.
- All plans offer office visit copays for primary care physicians 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 structure will apply for prescription drugs. Some plans may also have a separate drug deductible.
- Accesses the statewide HMO Louisiana network.

Blue Point of Service

- Offered through our subsidiary, HMO Louisiana, Inc. These plans are now available statewide.
- All plans offer office visit copays for primary care physicians and specialists, along with several deductible and coinsurance options.
- A four-tier copayment 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 network.
Select Network Plans (Community Blue, Blue Connect and Blue Connect Acadiana)*

- Our select network plans may be a good fit for you if you want to pay less each month for your premium, have reviewed the provider directory and are willing to see doctors, clinics, and hospitals in your network, and want waived copays for your office visits with a Quality Blue Primary Care doctor.
- Several copayment, coinsurance and deductible plan options to meet your needs.
- A four-tier copayment 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 Community Blue (Baton Rouge and Shreveport communities), Blue Connect (New Orleans communities) and Blue Connect Acadiana (Lafayette communities) networks.

*Please refer to our separate Community Blue, Blue Connect and/or Blue Connect Acadiana brochures for more information.

2017 Products by Area
Find the Products Available to You

<table>
<thead>
<tr>
<th>PPO + HMO</th>
<th>PPO + HMO + Select Network (HMO)</th>
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</thead>
<tbody>
<tr>
<td>Blue Max</td>
<td>Blue Max</td>
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<tr>
<td>BlueSaver</td>
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<tr>
<td>Blue POS</td>
<td>Blue Connect</td>
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<tr>
<td></td>
<td>Community Blue</td>
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<tr>
<td></td>
<td>Blue Connect Acadiana</td>
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</tbody>
</table>
Small Business Funding Solutions
Self-funded coverage ideal for groups with up to 250 enrolled contracts

Simplified • Aggregate Protection • Self-funded
Blue Cross’ 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 aggregate surplus
• Monthly accommodation
• Terminal liability
• Unlimited maximums available
• Standard 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
• Federal ERISA preemption of state mandates

Contact your broker or regional office representative if you’re interested in Small Business Funding Solutions.
Members can log in or register for an online account at www.bcbsla.com, where they can:

- **Take a Personal Health Assessment**
  Learn risks, get access to a personalized action plan, and plan for a lifetime of good health.

- **Get Wellness Discounts**
  Find Blue365® discounts on gym memberships, workout clothes, diet programs, Lasik surgery and more.

- **Manage Their Account**
  Request an ID card, change contact information, view claims data and more.

- **Get Their Personal Health Record**
  Store and organize important health information in a secure, password-protected online record.

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**Mobile Is the Way to Go**

Downloading our app on an iPhone or Android 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**
  See all of your important health information, like your costs and balances and benefits.

- **Contact Us**
  Submit a question about claims or benefits on our mobile app. You can also get maps and directions to any of our local offices, or talk to a Customer Service representative.
We’re Here to Help

With Blue Cross and Blue Shield of Louisiana, you’ll have the support you need to protect every day.

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 www.bcbsla.com and click on AccessBlue to get started.

By Phone
8 a.m. - 5 p.m., Monday through Friday
1-800-495-BLUE (2583)
Large Employer Notices

Change in Premium Amount

Premiums for this Benefit Plan may increase after the Group’s first twelve (12) months of coverage except when premiums may increase more frequently as described in the following paragraph. We will give Group forty-five (45) days written notice of any change in premium rates. 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. Continued payment of premium will constitute acceptance of the change.

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.

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 policy Benefit level 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.
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 to be rated according to the following factors within a benefit plan design:
- Geographic location
- Family composition
- Age
- Tobacco use

Renewability of Coverage
Company 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 the Company or in the area for which the Company is authorized to do business.
- Group’s coverage is provided through a bona fide association and the employer’s membership in the association ends.
- Company ceases to offer this product or coverage in the market.
Nondiscrimination Notice
Discrimination is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc., does not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

Blue Cross and Blue Shield of Louisiana and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (audio, accessible electronic formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, you can call the Customer Service number on the back of your ID card or email MeaningfulAccessLanguageTranslation@bcbsla.com. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Blue Cross, one of its subsidiaries or your employer-insured health plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps;

1. If you are fully insured through Blue Cross, file a grievance with Blue Cross by mail, fax, or email.

   Section 1557 Coordinator
   P. O. Box 98012
   Baton Rouge, LA 70898-9012
   225-298-7238 or 1-800-711-5519 (TTY 711)
   Fax: 225-298-7240
   Email: Section1557Coordinator@bcbsla.com

2. If your employer owns your health plan and Blue Cross administers the plan, contact your employer or your company’s Human Resources Department. To determine if your plan is fully insured by Blue Cross or owned by your employer, go to www.bcbsla.com/checkmyplan.

Whether Blue Cross or your employer owns your plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Or

Free language services are available. If needed, please call the Customer Service number on the back of your ID card. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios lingüísticos gratuitos. De necesario, llame al número del Servicio de Atención al Cliente que aparece en el reverso de su tarjeta de identificación. Clientes con dificultades auditivas, llamen al 1-800-711-5519 (TTY 711).

Des services linguistiques gratuits sont disponibles. Si nécessaire, veuillez appeler le numéro du Service clientèle figurant au verso de votre carte d’identification. Si vous souffrez d’une déficience auditive, veuillez appeler le 1-800-711-5519 (TTY 711).


Oferecemos serviços linguísticos grátis. Caso necessário, ligue para o número de Atendimento ao Cliente indicado no verso de seu cartão de identificação. Caso tenha uma deficiência auditiva, ligue para 1-800-711-5519 (TTY 711).


 무료 언어 서비스를 이용하실 수 있습니다. 필요한 경우 귀하의 ID 카드 뒤에 기재되어 있는 고객 서비스 번호로 연락하시기 바랍니다. 청각 장애가 있는 분은 1-800-711-5519 (TTY 711)로 연락하십시오.


Zبان سی متعلق مفت خدمات دستیاب بین. اگر ضرورت بو تو، براه كرم ابی آنی ذی کارذ کی ہیں ہر موجود کئی سروس نمبر پر کال کریں. سمعی نقص والی کئی سروسز (TTY 711) 1-800-711-5519-800-1 پر کال کریں.

Предлагаются бесплатные переводческие услуги. При необходимости, пожалуйста, позвоните по номеру Отдела обслуживания клиентов, указанному на оборотной стороне Вашей идентификационной карты. Клиенты с нарушениями слуха могут позвонить по номеру 1-800-711-5519 (Телефон с текстовым выходом: 711).

Information on the most current rating is available at www.standardandpoors.com or by calling Standard & Poor’s at 212-438-2400.

Regional Offices

Alexandria
318-442-8107
4508 Coliseum Boulevard, Suite A
Alexandria, LA 71303

Baton Rouge
225-295-2527
5525 Reitz Avenue
Baton Rouge, LA 70809-3802

Houma
985-853-5965
1437 St. Charles Street, Suite 135
Houma, LA 70360

Lafayette
337-593-5727
5501 Johnston Street
Lafayette, LA 70503

Lake Charles
337-480-5315
219 West Prien Lake Road
Lake Charles, LA 70601-8450

Monroe
318-398-4955
2360 Tower Drive, Suite 102
Monroe, LA 71201

New Orleans
504-832-5800
3501 North Causeway Boulevard, Suite 600
Metairie, LA 70002

Shreveport
318-795-4911
411 Ashley Ridge Boulevard
Shreveport, LA 71106