Louisiana

Summary of Benefits

Blue Advantage (HMO) - Medicare Advantage for Employers

2019

Office of Group Benefits

Blue Advantage (HMO) is a product of HMO Louisiana, Inc., a subsidiary of Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Co.

Blue Advantage from HMO Louisiana, Inc. is an HMO plan with a Medicare contract. Enrollment in Blue Advantage depends on contract renewal.

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BLUE ADVANTAGE (HMO) - MEDICARE ADVANTAGE FOR EMPLOYERS - SUMMARY OF BENEFITS

This is a summary of drug and health services covered by Blue Advantage (HMO).

January 1, 2019 – December 31, 2019

Blue Advantage from HMO Louisiana, Inc. is an HMO plan with a Medicare contract. Enrollment in Blue Advantage depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage".

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan, such as **Blue Advantage (HMO)**.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Blue Advantage (HMO) covers and what you pay**.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling 1 (800) MEDICARE (1 (800) 633-4227), 24 hours a day, 7 days a week. TTY users should call 1 (877) 486-2048.

Sections in this booklet

- Things to Know About **Blue Advantage (HMO)**
- Table of Contents
- Monthly Premium, Deductible and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1 (866) 508-7145, TTY 711, 8 a.m - 8 p.m., 7 days a week.

Blue Advantage from HMO Louisiana, Inc. is an HMO plan with a Medicare contract. Enrollment in Blue Advantage depends on contract renewal.

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THINGS TO KNOW ABOUT BLUE ADVANTAGE

Hours of Operation

You can call us 7 days a week from 8 a.m. to 8 p.m. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.

Blue Advantage (HMO) Phone Numbers and Website

- If you have questions, call toll-free 1 (800) 363-9152 TTY: 711.
- Our website: https://member.blueadvantage.bcbsla.com/blueadvantagegroup/

Who can join?

To join **Blue Advantage (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes all Louisiana parishes.

Which doctors, hospitals, and pharmacies can I use?

Blue Advantage (HMO) has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider directory at our website (www.bcbsla.com/blueadvantage). Or, call us and we will send you a copy of the provider directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - *and more*.

- **Our plan members get *all of the benefits covered* by Original Medicare.** For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- **Our plan members also get *more than what is covered* by Original Medicare.** Some of the extra benefits are outlined in this booklet.

What drugs do we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, http://www.bcbsla.com/blueadvantage
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage. If you have questions about the different benefit stages, please contact the Plan for more information or access the Evidence of Coverage on our website.

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Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

	Blue Advantage (HMO)
How much is the monthly premium?	For information concerning the actual premiums you will pay, please contact your employer group.
How much is the deductible?	This plan does not have a medical deductible.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: $2,000 for services you receive from in-network providers, excluding Part D prescription drugs. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs even after you reach your max out-of-pocket.

Covered Medical and Hospital Benefits

Note: Prior authorization may be required for services with a [1].

	Blue Advantage (HMO)
Inpatient Hospital Coverage	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in an SNF) for 60 days in a row. If you go into a hospital or an SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods. Our plan covers an unlimited number of days for an inpatient hospital stay. • $50 copay per day for days 1 through 10 • You pay nothing per day for days 11+ Authorization rules apply to inpatient hospital benefits.
Outpatient Hospital Coverage[1]	Outpatient Hospital Services: $0 copay Observation Services: $0 copay Prior authorization may be required.

Blue Advantage (HMO)	
Doctor Visits	Primary care provider: $5 copay Specialist: $20 copay
Preventive Care	You pay nothing Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • Glaucoma screening • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	$50 copay If you are admitted to a hospital in the United States within 3 days, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs. Emergency coverage is worldwide, but the copay is not waived if admitted to a hospital outside of the United States.
Urgently Needed Services	$10 copay inside of the United States $50 copay outside of the United States

	Blue Advantage (HMO)
Diagnostic Services/Labs/ Imaging[1] (Costs for these services may vary based on place of service)	Diagnostic radiology services (such as MRIs, CT scans): $0 - $100 copay, depending on the service Diagnostic tests and procedures: $0 copay Lab services: $0 copay Outpatient x-rays: $0 copay Therapeutic radiology services (such as radiation treatment for cancer): $40 copay Authorization rules may apply for certain outpatient diagnostic procedures, x-rays or tests. There is no copay for abdominal aneurysm screening, diabetes screening or prostate cancer screening when they are ordered as a preventive service.
Hearing Services	Exam to diagnose and treat hearing and balance issues: $0 copay Routine hearing exam (up to 1 every year): $0 copay Hearing aid fitting/evaluation (up to 1 every year): $0 copay Our plan pays up to $500 every year for hearing aids.
Dental Services	Basic Dental Services: • 50% coinsurance • Limited to $1,000 per year Preventive dental services: • Cleaning (up to 1 every year): $0 copay • Dental x-ray(s) (up to 1 every three years): $0 copay • Fluoride treatment (up to 1 every year): $0 copay • Oral exam (up to 1 every year): $0 copay The preventive dental x-ray coverage is for horizontal bite-wing x-rays only.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye: $20 copay Routine eye exam (up to 1 every year): $0 copay Contact lenses (up to 1 pair every year): $0 copay Eyeglass frames (up to 1 every year): $0 copay Eyeglass lenses (up to 1 every year): $0 copay Eyeglasses or contact lenses after cataract surgery: $0 copay Our plan pays up to $130 every year for contact lenses or eyeglass frames/lenses.

Blue Advantage (HMO)	
Mental Health Services[1]	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in an SNF) for 60 days in a row. If you go into a hospital or an SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods. Our plan covers 90 days of an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. • $25 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90 Outpatient group therapy visit: $10 copay Outpatient individual therapy visit: $10 copay Prior authorization may be required.
Skilled Nursing Facility (SNF)[1]	Our plan covers up to 100 days in an SNF. • You pay nothing per day for days 1 through 20 • $25 per day for days 21 through 100 No inpatient hospital stay is required prior to SNF admission. Prior authorization may be required.
Physical Therapy[1]	Physical therapy visit: $0 copay Prior authorization may be required. A separate copayment for Occupational Therapy will apply if other outpatient therapy services are rendered on the same day.
Ambulance[1]	$50 copay per trip Prior authorization may be required.
Transportation	Not Provided

Prescription Drug Benefits

Note: Prior authorization may be required for services with a [1].

Blue Advantage (HMO)			
Medicare Part B Drugs[1]	For Part B drugs such as chemotherapy drugs: $0 copay Other Part B drugs: $0 copay Prior authorization may be required.		
Deductible	This plan does not have a Rx deductible.		
Initial Coverage	You pay the following until your true out-of-pocket costs total $5,100.		
Retail Cost Sharing*			
Tier	**One-Month Supply**	**Two-Month Supply**	**Three-Month Supply**
Tier 1 (Preferred Generics)	$5 copay	$10 copay	$0 copay
Tier 2 (Generics)	$10 copay	$20 copay	$0 copay
Tier 3 (Preferred Brand)	$25 copay	$50 copay	$50 copay
Tier 4 (Non-Preferred Drug)	$50 copay	$100 copay	$100 copay
Tier 5 (Specialty Tier)	20% coinsurance	20% coinsurance	20% coinsurance
*If you reside in a long-term care facility, you pay the same as at a retail pharmacy.			
Mail-Order Cost Sharing			
Tier	**One-Month Supply**	**Two-Month Supply**	**Three-Month Supply**
Tier 1 (Preferred Generics)	$5 copay	$10 copay	$0 copay
Tier 2 (Generics)	$10 copay	$20 copay	$0 copay
Tier 3 (Preferred Brand)	$25 copay	$50 copay	$50 copay
Tier 4 (Non-Preferred Drug)	$50 copay	$100 copay	$100 copay
Tier 5 (Specialty Tier)	20% coinsurance	20% coinsurance	20% coinsurance
If an in-network pharmacy is not available, you may get drugs from an out-of-network pharmacy. Your prescription cost may be more at an out-of-network pharmacy than at an in-network pharmacy.			

	Blue Advantage (HMO)
Coverage Gap	Most Medicare drug plans have a coverage gap (also called the "donut hole"). This does not apply to your plan. You will continue to pay your regular copay or coinsurance until your true out-of-pocket costs total $5,100.
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $5,100, you pay the greater of: • 5% coinsurance, or • $3.40 copay for generic (including brand drugs treated as generic) and an $8.50 copay for all other drugs.

Other Covered Benefits

Note: Prior authorization may be required for services with a [1].

	Blue Advantage (HMO)
Cardiac (Heart) Rehab Services[1]	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): $20 copay per visit Prior authorization may be required.
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): $20 copay per visit
Diabetes Supplies and Services[1]	Diabetes monitoring supplies: You pay nothing. Diabetes self-management training: You pay nothing. Therapeutic shoes or inserts: You pay nothing. Authorization is required for diabetic shoes and inserts.
Durable Medical Equipment[1] (wheelchairs, oxygen, etc.)	5% coinsurance Prior authorization may be required.
Foot Care (podiatry services)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: $20 copay
Home Health Care[1]	You pay nothing. Prior authorization may be required.
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

Blue Advantage (HMO)	
Occupational Therapy[1]	Occupational therapy visit: $0 copay Prior authorization may be required.
Outpatient Substance Abuse[1]	Group therapy visit: $20 copay Individual therapy visit: $20 copay
Outpatient Surgery[1]	Ambulatory surgical center: $0 copay Outpatient Hospital Surgery: $0 copay Prior authorization may be required.
Prosthetic Devices[1] (braces, artificial limbs, etc.)	Prosthetic devices: 5% coinsurance Related medical supplies: 5% coinsurance Prior authorization may be required.
Renal Dialysis	20% coinsurance per visit
Speech and language[1]	Speech and language therapy visit: $0 copay Prior authorization may be required.
Wellness Programs	Health Club Membership/Fitness classes: $0 copay

This information is not a complete description of benefits. Call 1 (866) 508-7145, TTY 711 for more information.

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NOTES

Louisiana

Notice of Non-Discriminatory Practices

Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc., comply with applicable federal civil rights laws and do not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex.

Blue Cross and Blue Shield of Louisiana and its subsidiary:

- 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 (large print, audio, accessible electronic formats, other 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, contact Customer Service at 1-866-508-7145 (TTY 711). Our telephone lines are open 7 days a week from 8:00 a.m. to 8:00 p.m. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.

If you believe that Blue Cross or its subsidiary has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in person or by mail, fax or email.

In person: 5525 Reitz Avenue • Baton Rouge, LA 70809
By mail: Section 1557 Coordinator • P. O. Box 98012 • Baton Rouge, LA 70898-9012
225-295-2300
1-800-711-5519 (TTY 711)
Fax: 225-298-7240 (Attention: Government Programs)
Email: Section1557Coordinator@bcbsla.com

If you need help filing a grievance, our Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or 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)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

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Multi-Language Interpreter Services

ENGLISH: ATTENTION: If you speak a non-Engligh language, language assistance services, free of charge, are available to you. Call 1-866-508-7145 (TTY: 711).

SPANISH: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-508-7145 (TTY: 711).

FRENCH: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-508-7145 (ATS : 711).

FRENCH CREOLE: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-508-7145 (TTY: 711).

VIETNAMESE: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-508-7145 (TTY: 711).

CHINESE: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-508-7145 (TTY: 711)。

ARABIC: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-508-7145 (رقم هاتف الصم والبكم: 117).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-508-7145 (TTY: 711).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-508-7145 (TTY: 711)번으로 전화해 주십시오.

PORTUGUESE: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-508-7145 (TTY: 711).

LAOTIAN: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການ ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-508-7145 (TTY: 711).

JAPANESE: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-508-7145 (TTY: 711）まで、お電話にてご連絡ください。

URDU: خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-866-508-7145 (TTY: 711).

GERMAN: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-508-7145 (TTY: 711).

PERSIAN (FARSI): **توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-508-7145 (TTY: 711) تماس بگیرید.

RUSSIAN: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-508-7145 (телетайп: 711).

THAI: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-508-7145 (TTY: 711).