



# 2021

## Summary of Benefits

### Blue Advantage (HMO) | Group Medicare Advantage

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.

Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Enrollment in Blue Advantage depends on contract renewal.

## Medicare Advantage Coverage Backed by Blue!

When you choose a Medicare Advantage plan from the Cross and Shield, you are getting the home-grown coverage Louisiana families have come to rely on for more than 85 years.

*We're Louisiana True*, with a Medicare Advantage plan that fits your needs.

Our strength and stability give you peace of mind that you've made the right choice.

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# Blue Advantage (HMO) Plan Features

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**100%** coverage for Medicare-covered preventive and wellness care



**\$0** deductible for in-network medical services



**\$0** deductible for prescription drugs



Specialist visits without a referral



Dental benefits including two dental cleanings per year



Vision and hearing benefits



No-cost fitness center membership (including many YMCA locations) or home fitness kits



**50 credits**, equal to a retail value of \$50 per quarter to use for over-the-counter (OTC) benefits (includes OTC drugs, incontinence supplies and other medical and first-aid supplies)



**\$0 copay** for online primary care provider visits (available on a computer, tablet or smartphone 24 hours a day, 7 days a week)



2 meals per day, up to 5 days (after each discharge from inpatient hospital stay)



Up to **\$50 per year** in gift cards for completing approved wellness exams and/or screenings



Wondering if your doctors and  
prescription drugs are covered?

Call us at **1-800-824-4567**,  
**TTY 711**, Monday to Friday,  
8 a.m. to 4:30 p.m. to find out.

# Get Extra Benefits at No Additional Cost

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With Blue Advantage, you'll get the coverage you expect, plus a whole lot more! Added to your doctor visits, hospital stays, prescription drugs, dental, vision, hearing and fitness benefits, you'll also get extras like:



## Over-the-counter Supplies

Get 200 credits a year, equal to a retail value of \$200 for over-the-counter (OTC) supplies. This includes pain relievers, first aid, vitamins, personal care items and more! You'll receive a catalog to order up to 50 credits worth of OTC items online, by mail or by phone every quarter. Then your selected items will be mailed directly to you.



## Online Primary Care

With BlueCare, the doctor will see you anywhere, anytime. Through any computer, tablet or smartphone with internet and a camera, you can see a primary care provider for a \$0 copay.

BlueCare is available 24/7 and is a quicker and a simpler way to attend to non-emergency conditions like sinus infections, allergies, rashes, cough or cold. BlueCare healthcare providers can help you get a prescription and are accessible from all 50 states, even while you're traveling.



## Member Wellness Rewards

You can get up to \$50 per year in gift cards for completing approved wellness exams, screenings or preventive measures. These include but aren't limited to completing your annual wellness visit, getting your flu shot or having a colorectal cancer screening. Members can receive gift cards for their first two completed activities.



## Post-discharge Meal Delivery

Rest easy after your hospital visit. After discharge from your inpatient stay, you can receive 2 frozen home-delivered meals per day for 5 days to help support your recovery. Each meal includes an entrée, two sides and more. We'll contact you to coordinate the meal delivery that will help nourish and recharge you.

# Blue Advantage (HMO) Summary of Benefits

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This is a summary of drug and health services covered by Blue Advantage (HMO) from **January 1, 2021 – December 31, 2021**.

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.

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)**
- Monthly Premium, Deductible and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits
- Extra 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 Customer Service at 1-866-508-7145 (TTY 711). Our phone lines are open 8 a.m. to 8 p.m., 7 days a week from October – March and 8 a.m. to 8 p.m., Monday – Friday from April – September.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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# Things to Know about Blue Advantage (HMO)

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## 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 from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day.

## Blue Advantage Phone Numbers and Website

- If you have questions, call toll-free 1-800-363-9152 TTY 711.
- Our website: <http://www.bcbsla.com/blueadvantage>

## 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](http://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 most oral 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 prescription drug into one of five "tiers." You will need to use our 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.



## Blue Advantage (HMO)

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

|                                                                              |                                                                                                                                                        |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly Plan Premium</b>                                                  | For information concerning the actual premiums you will pay, please contact your employer group.<br>You must keep paying your Medicare Part B premium. |
| <b>Medical Deductible</b>                                                    | \$0 per year                                                                                                                                           |
| <b>Maximum Out-of-Pocket Limit*</b><br>(does not include prescription drugs) | \$2,000 per year                                                                                                                                       |
|                                                                              | This is the most you pay for copays, coinsurance and other costs for Medicare covered services for the year.                                           |

### Covered Medical and Hospital Benefits

|                                                |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| <b>Inpatient Hospital Coverage<sup>1</sup></b> | \$50 copay per day for days 1-10<br>\$0 copay for days 11+<br>Per admit |
|                                                | Authorization rules may apply.                                          |

**Note: Prior authorization may be required for services with a <sup>1</sup>.**

|                                                 | Blue Advantage (HMO)                                                                                                                                                                                                                                                                        |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outpatient Hospital Coverage<sup>1</sup></b> | <p>Services/Procedures include any non-surgical procedure such as wound care, casts/splints, transfusions, hyperbaric oxygen therapy, or other services offered at a hospital outpatient center.</p> <p>Observation Services coverage applies only if you are under Observation status.</p> |
| + Ambulatory surgical center                    | \$0 copay                                                                                                                                                                                                                                                                                   |
| + Outpatient hospital surgery                   | \$0 copay                                                                                                                                                                                                                                                                                   |
| + Services/Procedures                           | \$0 copay                                                                                                                                                                                                                                                                                   |
| + Observation services                          | \$0 copay                                                                                                                                                                                                                                                                                   |
| <b>Doctor Visits</b>                            |                                                                                                                                                                                                                                                                                             |
| + Primary Care Provider                         | \$5 copay                                                                                                                                                                                                                                                                                   |
| + Specialist                                    | \$20 copay                                                                                                                                                                                                                                                                                  |

**Note: Prior authorization may be required for services with a<sup>1</sup>.**

| <b>Blue Advantage (HMO)</b>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Preventive Care</b>                        | \$0 copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                               | <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• Glaucoma screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Select vaccines: flu, pneumonia, and Hepatitis B (with certain risk factors)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Yearly “Wellness” visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> |
| <b>Emergency Care</b>                         | \$50 copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                               | <p>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. Emergency coverage is worldwide, but the copay is not waived if you are admitted to a hospital outside of the United States.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Urgently Needed Services</b> (Urgent Care) | \$10 copay inside of the United States<br>\$50 copay outside of the United States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

**Note: Prior authorization may be required for services with a<sup>1</sup>.**

|                                                                                         | Blue Advantage (HMO)                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Diagnostic Services/<br/>Labs/Imaging<sup>1</sup></b>                                | <p>Authorization rules may apply for certain outpatient diagnostic procedures, X-rays or tests.</p> <p>There is no copay for abdominal aneurysm screening, diabetes screening or prostate cancer screening when they are ordered as a preventive service.</p> |
| + Diagnostic radiology services (such as mammograms, MRI, CT scan)                      | \$0 - \$100 copay, depending on the service                                                                                                                                                                                                                   |
| + Lab services (routine labs and monitoring, Medicare-covered services)                 | \$0 copay                                                                                                                                                                                                                                                     |
| + Diagnostic tests and procedures (tissue samples, simple procedures for testing, etc.) | \$0 copay                                                                                                                                                                                                                                                     |
| + Outpatient X-rays (flat film X-rays)                                                  | \$0 copay                                                                                                                                                                                                                                                     |
| + Therapeutic radiology services (such as radiation treatment for cancer)               | \$40 copay                                                                                                                                                                                                                                                    |

**Note: Prior authorization may be required for services with a<sup>1</sup>.**

|                                                                                               | Blue Advantage (HMO)                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hearing Services</b>                                                                       |                                                                                                                                                                                                                                                  |
| + Diagnostic hearing exam to diagnose and treat hearing and balance issues (Medicare-covered) | \$0 copay                                                                                                                                                                                                                                        |
| + Hearing exam (routine hearing exam)                                                         | \$0 copay (up to 1 every year)                                                                                                                                                                                                                   |
| + Hearing aid                                                                                 | Our plan pays up to \$500 every year for hearing aids (total for both ears).                                                                                                                                                                     |
| <b>Dental Services</b>                                                                        | The preventive dental X-ray coverage is for horizontal bite-wing X-rays only.<br>Coverage is limited to \$1,000 per year, for all dental services combined, preventive and basic.                                                                |
| + Preventive                                                                                  | \$0 copay for: <ul style="list-style-type: none"> <li>• Cleaning (up to 2 every year)</li> <li>• Oral exam (up to 1 every year)</li> <li>• Fluoride treatment (up to 1 every year)</li> <li>• Dental X-ray(s) (up to 1 every 3 years)</li> </ul> |
| + Basic                                                                                       | 50% coinsurance                                                                                                                                                                                                                                  |

**Note: Prior authorization may be required for services with a<sup>1</sup>.**

|                                                                          | Blue Advantage (HMO)                                                                                               |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Vision Services</b>                                                   | Our plan pays up to \$130 every year for contact lenses or eyeglass frames/lenses when you use a network provider. |
| + Exam to diagnose and treat diseases and conditions of the eye          | \$20 copay                                                                                                         |
| + Routine eye exam                                                       | \$0 copay (up to 1 every year)                                                                                     |
| + Eyeglasses or contact lenses after cataract surgery (Medicare-covered) | \$0 copay                                                                                                          |
| + Eyeglass frames                                                        | \$0 copay (up to 1 every year)                                                                                     |
| + Contact lenses                                                         | \$0 copay                                                                                                          |
| + Eyeglass lenses                                                        | \$0 copay (up to 1 every year)                                                                                     |

**Note: Prior authorization may be required for services with a<sup>1</sup>.**

| Blue Advantage (HMO)                              |                                                                                                         |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Mental Health Services<sup>1</sup></b>         |                                                                                                         |
| + Inpatient stay                                  | \$25 copay for days 1-5<br>\$0 copay for days 6-90<br>Per admit                                         |
| + Outpatient group therapy visit                  | \$10 copay                                                                                              |
| + Outpatient individual therapy visit             | \$10 copay                                                                                              |
| <b>Skilled Nursing Facility (SNF)<sup>1</sup></b> | \$0 copay for days 1-20<br>\$25 copay for days 21-100                                                   |
|                                                   | Our plan covers up to 100 days in a SNF. No inpatient hospital stay is required prior to SNF admission. |

**Note: Prior authorization may be required for services with a<sup>1</sup>.**

| <b>Blue Advantage (HMO)</b>               |                                                                                                                                         |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Physical Therapy<sup>1</sup></b>       | \$0 copay per visit                                                                                                                     |
|                                           | A separate copayment/coinsurance for Occupational Therapy will apply if other outpatient therapy services are rendered on the same day. |
| <b>Ambulance<sup>1</sup></b>              | \$50 copay per trip                                                                                                                     |
| <b>Transportation</b>                     | Not covered                                                                                                                             |
| <b>Prescription Drug Benefits</b>         |                                                                                                                                         |
| <b>Medicare Part B Drugs<sup>1</sup></b>  | Prior authorization may be required.                                                                                                    |
| + Part B drugs such as chemotherapy drugs | \$0 copay                                                                                                                               |
| + Other Part B drugs                      | \$0 copay                                                                                                                               |
| <b>Deductible</b>                         | \$0. This plan does not have a prescription deductible.                                                                                 |

**Note: Prior authorization may be required for services with a<sup>1</sup>.**



## Blue Advantage (HMO)

| Initial Coverage                    |                                                                                                                                                                                                 |                 |                 |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| <b>Standard Retail Cost Sharing</b> | 30-Day Supply                                                                                                                                                                                   | 60-Day Supply   | 90-Day 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)                | 20% coinsurance                                                                                                                                                                                 | 20% coinsurance | 20% coinsurance |
| <b>Mail-Order Cost-Sharing</b>      | 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. |                 |                 |
|                                     | 30-Day Supply                                                                                                                                                                                   | 60-Day Supply   | 90-Day 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)                | 20% coinsurance                                                                                                                                                                                 | 20% coinsurance | 20% coinsurance |

## 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 \$6,550.

### Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:

- 5% coinsurance, or
- \$3.70 copay for generic (including brand drugs treated as generic) and an \$9.20 copay for all other drugs.

**Blue Advantage (HMO)**

**Other Covered Benefits**

|                                                                                     |                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Cardiac (Heart) Rehab Services<sup>1</sup></b></p>                            | <p>\$20 copay per visit</p>                                                                                                                                                                       |
|                                                                                     | <p>Coverage is for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks.</p>                                                                                             |
| <p><b>Chiropractic Care</b></p>                                                     | <p>\$20 copay per visit</p>                                                                                                                                                                       |
| <p><b>Diabetes Supplies and Services<sup>1</sup></b></p>                            | <p>You pay nothing for:</p> <ul style="list-style-type: none"> <li>• Diabetes monitoring supplies</li> <li>• Diabetes self-management training</li> <li>• Therapeutic shoes or inserts</li> </ul> |
|                                                                                     | <p>Authorization is required for therapeutic shoes and inserts.</p>                                                                                                                               |
| <p><b>Durable Medical Equipment<sup>1</sup></b><br/>(wheelchairs, oxygen, etc.)</p> | <p>5% coinsurance</p>                                                                                                                                                                             |
| <p><b>Foot Care</b><br/>(podiatry services)</p>                                     | <p>\$20 copay</p>                                                                                                                                                                                 |

**Note: Prior authorization may be required for services with a<sup>1</sup>.**

|                                                                           | Blue Advantage (HMO)                                                                                                                                                                                   |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Home Health Care<sup>1</sup></b>                                       | You pay nothing.                                                                                                                                                                                       |
| <b>Hospice</b>                                                            | 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 our plan. Contact us for more details. |
| <b>Occupational Therapy<sup>1</sup></b>                                   | \$0 copay per visit                                                                                                                                                                                    |
| <b>Outpatient Substance Abuse<sup>1</sup></b>                             | \$20 copay for group or individual therapy visit                                                                                                                                                       |
| <b>Prosthetic Devices<sup>1</sup></b><br>(braces, artificial limbs, etc.) | 5% coinsurance<br><br>Coverage includes prosthetic devices and related medical supplies.                                                                                                               |
| <b>Renal Dialysis</b>                                                     | 20% coinsurance                                                                                                                                                                                        |
| <b>Speech and Language Therapy<sup>1</sup></b>                            | \$0 copay per therapy visit<br><br>A separate copayment/coinsurance for Occupational Therapy will apply if other outpatient therapy services are rendered on the same day.                             |

**Note: Prior authorization may be required for services with a<sup>1</sup>.**

**Blue Advantage (HMO)**

| <b>Extra Benefits</b>                    |                                                                                                                                                              |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Meal Benefit</b>                      | Receive 2 meals per day, up to 5 days (after each discharge from inpatient hospital stay)                                                                    |
| <b>Member Rewards</b>                    | Receive up to \$50 per year                                                                                                                                  |
|                                          | Receive gift cards for completing approved wellness exams and/or screenings.                                                                                 |
| <b>Over-the-counter (OTC) Benefits</b>   | Receive 50 credits per quarter (200 credits, retail value of \$200, per year)                                                                                |
|                                          | This includes, but is not limited to, over-the-counter drugs, incontinence supplies and other medical and first-aid supplies.                                |
| <b>Telehealth</b> (online doctor visits) | \$0 copay                                                                                                                                                    |
|                                          | Available 24/7 through BlueCare on a computer, tablet or smartphone. Primary Care Provider services only. Network restrictions may apply.                    |
| <b>Wellness Programs</b>                 | \$0 copay                                                                                                                                                    |
|                                          | This includes fitness center membership/classes with home fitness program option, plus fitness tracker and online resources. Network restrictions may apply. |

# Pre-enrollment Checklist

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Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can speak to your Group Leader.

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [www.bcbsla.com/blueadvantage](http://www.bcbsla.com/blueadvantage) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.**
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- If selecting Blue Advantage (HMO):**  
Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- If selecting Blue Advantage (PPO):**  
Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.



## SUMMARY OF PRIVACY PRACTICES NOTICE

Blue Cross and Blue Shield of Louisiana and its affiliate, HMO Louisiana, Inc., believe that privacy and confidentiality regarding personal medical information is important to every customer. And securely protecting our customers' privacy is a responsibility we take very seriously.

We want you to know there is a federal regulation that governs the privacy of your medical information and how we use and share that information in the course of our regular business activities. This federal regulation requires us to provide you with a detailed description – or “Notice” – of how we use your medical information.

The attached Notice goes into detail on how we may use and share your medical information in the course of treatment, payment and health care (business) operations. In general, unless it is described in the accompanying Notice, we will **not** use or disclose your medical information **without** your written authorization. For example, we may use and disclose your medical information to:

- Enroll you in our plan
- Determine your eligibility for benefits
- Pay your claims
- Underwrite your contract/certificate of coverage
- Share data with your Quality Blue doctor
- Give your healthcare providers updates that help them treat you
- Connect you with Blue Cross health coaches
- Audit our business practices
- Conduct medical reviews
- Conduct quality improvement activities
- Bill you or your employer for your premiums
- Develop strategic business plans
- Remind you about important screenings, shots or tests
- Participate in research, if appropriate regulations are followed
- Improve our services

Your information may be shared with the physicians or other providers who treat you, with other insurance companies, with your employer (following specific guidelines), or with a company we hire to help us do our work. We may also disclose your medical information to your family members, friends and others you choose to involve in your health care or in the payment of your health care.

Although this occurs rarely, we may also use and disclose your medical information when required by law for various public interest activities, including regulatory oversight of our company (by the Department of Insurance, for example), law enforcement, disaster relief, and certain other public benefit functions.

The federal privacy rules also give you certain rights. Please review this entire Notice to learn about your rights and how to put them to use for you, as well as the procedure to voice complaints regarding our privacy practices.

Maintaining your trust and confidence is our highest priority, and we value your business. Thank you for being our customer.

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**BLUE CROSS AND BLUE SHIELD OF LOUISIANA & HMO LOUISIANA, INC.**  
**NOTICE OF PRIVACY PRACTICES**  
**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND**  
**DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**  
**PLEASE REVIEW IT CAREFULLY.**  
**THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

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**Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This Notice takes effect September 23, 2013, and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and send the new Notice to our health plan subscribers at the time of the change.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information at the end of this Notice.

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**Uses and Disclosures of Medical Information**

We will refer to your “health information” throughout this Notice. When we say “health information,” we mean what the federal privacy rules (“the HIPAA privacy regulations”) call “Protected Health Information.” This is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or a health care clearinghouse and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; (iii) the past, present, or future payment for the provision of health care to you. Any terms not defined in this Notice should have the same meaning as they have in the HIPAA Privacy Regulations as set out in 45 C.F.R. § 164.501.

**REQUIRED DISCLOSURES OF YOUR HEALTH INFORMATION**

We **must** disclose your health information:

- To you or someone who has the legal right to act for you (your personal representative), if the information you seek is contained in a designated record set, and
- The Secretary of the Department of Health and Human Services, if necessary, to investigate or determine our compliance with the HIPAA Privacy Regulations.

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**PERMISSIVE DISCLOSURES OF YOUR HEALTH INFORMATION**

We **have the right** to use and disclose your health information for:

**Treatment:** We may disclose your health information to a physician or other health care provider to treat you. For example, we may send a copy of a member’s medical records we maintain to a physician who needs the additional information to treat the member.

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**Payment:** We may use and disclose your health information to pay claims from physicians, hospitals and other health care providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate your benefits with other payers, to determine the medical necessity of care delivered to you, to obtain premiums for your health coverage, to issue explanations of benefits, and the like. We may disclose your health information to a health care provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.

**Health Care Operations:** We may use and disclose your health information for health care operations. Health care operations include:

- reviewing and evaluating health care provider and health plan performance, health care provider and health plan accreditation, certification, licensing and credentialing activities;
- health care quality assessment and improvement activities;
- conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention;
- underwriting and premium rating our risk for health coverage (although we are prohibited from using or disclosing any genetic information for these underwriting purposes); and
- business planning, development, management, and general administration, including customer service, grievance resolution, de-identifying health information, and creating limited data sets for health care operations, public health activities, and research;
- Sharing detailed medical claims and wellness information with your primary care physician to improve care and reduce costs.

For a full list of the activities covered by the terms in this section please consult the definitions set out in 45 C.F.R. § 164.501.

**Others Covered by the Privacy Rule:** We may disclose your health information to another health plan or to a health care provider for certain health care operations subject to federal privacy protection laws. We may do so as long as the plan or provider has or had a relationship with you and the health information is for that plan's or provider's health care quality assessment and improvement activities, evaluation, or fraud and abuse detection and prevention.

For example, we may share your information with your doctors for their licensing or credentialing activities.

**Business Associates:** We hire individuals and companies to perform various functions on our behalf or to provide certain types of services for us. In order to help us, these business associates may receive, create, maintain, use, or disclose your health information. Before they may have any contact with your health information, we require them to sign a written agreement stating they will keep your health information private and secure.

Examples of our business associates include:

- Medical experts hired to review claims;
- A pharmacy benefits management company hired to assist us in managing pharmacy claims;
- A company hired to conduct data analysis to help us determine which of our programs and services are most helpful to customers, which should be changed and others that we should start.

**Your Authorization:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. However, we will not be able to undo any action that was taken before that authorization was revoked. Unless you give us a written authorization, we will not use or disclose your health information for any purpose other than those described in this Notice. To the extent (if any) that we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization. Also, to the extent (if any) that we use or disclose your information for our fundraising practices, we will provide you with the ability to opt out of future fundraising communications. In addition, most (but not all) uses and disclosures of health information for marketing purposes, and disclosures that constitute a sale of protected health information require your authorization.

**Family, Friends, and Others Involved in Your Care or Payment for Care:** Unless you object, we may disclose your health information to a family member, friend or any other person you involve in your health care or payment for your health care. We will disclose only the health information that is related to the person's involvement.

We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your health care in appropriate situations, such as medical emergency or during disaster relief efforts (for example, to Red Cross during a natural disaster).

Before we make such a disclosure, we will provide you with an opportunity to object. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing your health information is in your best interest under the circumstances.

**Your Employer:** We may disclose to your employer whether or not you are enrolled in a health plan that your employer sponsors. We may disclose summary health information to your employer to use to obtain premium bids for the health insurance coverage offered under the group health plan in which you participate or to decide whether to modify, amend or terminate that group health plan. Summary health information is information about claims history, claims expenses or types of claims experienced by the enrollees in your group health plan. Although this summary health information does not specifically identify any individual, it still may be possible to identify you or others through review of this summary health information.

We may disclose your health information and the health information of others enrolled in your group health plan to your employer to administer your group health plan. Before we may do that, your employer must meet certain requirements. This includes amending the plan document for your group health plan to establish the limited uses and disclosures it may make of your health information. Please see your group health plan document for a full explanation of the limitations placed on your employer for the use of this information and for any disclosures that may be made to the group health plan itself.

**Health-Related Products and Services:** Where permitted by law, we may use your health information to communicate with you about health-related products, benefits and services and payment for those products, benefits and services that we provide or include in our benefits plan, and about treatment alternatives that may be of interest to you. These communications may include information about the health care providers in our network, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to, although they are not part of, our benefits plan. For example, we may contact you about a Medicare Supplemental policy when you near age 65.

**Public Health and Benefit Activities:** Although this does not occur often, we may use and disclose your health information when required by law and when authorized by law for the following kinds of public interest activities:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence;
- to avert a serious and imminent threat to health or safety;
- for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention enforcement agencies;
- for research in certain situations, such as when:
  - (1) an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the information and approved the research or
  - (2) conducting research with de-identified or limited data sets to learn more about how to help members improve their health;
- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons;
- to coroners, medical examiners, funeral directors, and organ procurement organizations;
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by state worker's compensation laws.

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## Individual Rights

The following are your rights with respect to your health information. If you would like to exercise any of the following rights, please submit your request in writing, sign your request, and mail it to the Blue Cross and Blue Shield of Louisiana Privacy Office at P.O. Box 84656, Baton Rouge, LA 70884-4656. Our contact information is provided at the end of this Notice.

**Access:** You have the right to examine and to receive a copy of your health information we maintain about you in a “designated record set,” with limited exceptions. This may include an electronic copy in certain circumstances if you make this request in writing.

Generally, a “designated record set” contains:

- claims and payment information;
- enrollment and billing information;
- other records used to make decisions about your health care benefits.

We may charge you reasonable, cost-based fees for a copy of your health information, for mailing the copy to you, and for preparing any summary or explanation of your health information you may request. Contact us using the information at the end of this Notice for information about our fees. You may withdraw your request if you do not wish to pay the fees.

In certain situations we may deny your request to inspect and obtain a copy of your health information. If we deny your request, we will notify you in writing and will inform you whether or not you have the right to have the denial reviewed.

**Disclosure Accounting:** You have the right to an accounting of certain disclosures that we make of your health information, excluding disclosures for treatment, payment, health care operations, as authorized by you, and for certain other activities.

We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than six years before the date of your request. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact us using the information at the end of this Notice for information about our fees.

**Amendment:** You have the right to request that we amend your health information that we maintain about you in your designated record set. We may deny your request for certain reasons. For example, we may deny your request if the information you want to amend was created by your doctor. If we deny your request, we will provide you a written explanation, and explain to you how you can disagree with the denial by filing a statement of disagreement with us. If we accept your request, we will make your amendment part of your designated record set, and use reasonable efforts to inform others of the amendment who we know may have relied on the unamended information to your detriment, as well as persons you tell us you want to receive the amendment.

**Restriction:** You have the right to request that we restrict our use or disclosure of your health information for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will honor our agreement, except in a medical emergency or as required or authorized by law. Any agreement we may make to a request for restriction must be in writing and agreed to by our Privacy Office.

**Confidential Communication:** If you believe that a disclosure of all or part of your health information may endanger you if sent to your current mailing address, you have the right to request that we communicate with you in confidence about your health information by a different means or to a different location that you specify. You must make your request in writing, and your request must represent that the information could endanger you if it is not communicated in confidence as you request.

We will accommodate your request if it is reasonable. You must specify the alternative means of contact or location for

confidential communication, and continue to permit us to collect premiums and pay claims under your health plan. Please note that other information that we send to the subscriber about health care benefits received may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence. If you have given someone else permission to receive health information about you, a request for confidential communications will cancel this permission unless you tell us otherwise.

**Electronic Notice:** If you receive this Notice on our website or by electronic mail (e-mail), you have the right to receive this Notice in written form. Please contact us using the information at the end of this Notice to obtain this Notice in written form.

**Potential Impact of State Privacy Laws:** The federal health care Privacy Regulations generally do not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of the protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, or disclosure of health information of minors.

**Breach Notification:** In the event of a breach of your unsecured health information, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

### Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information at the end of this Notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, in response to a request you made to amend, restrict the use or disclosure of, or communicate in confidence about your health information, you may complain to us using the contact information at the end of this Notice. You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, Region VI, 1301 Young Street, Suite 1169, Dallas, TX 75202. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

### Contact Information

By mail:  
Privacy Office  
Blue Cross and Blue Shield of Louisiana  
P.O. Box 84656  
Baton Rouge, LA 70884-4656

Telephone: (225) 298-1751  
Fax: (225) 298-1590

E-mail: [Privacy.Office@BCBSLA.com](mailto:Privacy.Office@BCBSLA.com)  
(Individual Rights requests will not be accepted via e-mail.)

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At Blue Cross and Blue Shield of Louisiana, our mission is to improve the health and lives of Louisianians – including how we store, use and protect our members’ data. Blue Cross has strong processes in place, which all of our employees must follow to protect members’ data in all forms (spoken, written and/or electronic).

Blue Cross approaches members’ data protection from three perspectives – physical security, cybersecurity and privacy. Blue Cross recruits, hires and trains qualified staff who work together to safely store our members’ information and make sure all employees are following the laws and regulations that protect it.

Blue Cross has extensive policies and procedures that outline the security and privacy standards and responsibilities for protecting members’ data. Employees are trained on Blue Cross data protection protocols as soon as they start working here, and all employees have refresher training at least once a year.

Blue Cross does not give every employee access to members’ information, and not all access is the same. How much member information any Blue Cross employee can access depends on his/her job and role within the company. Employees can only get to the information they need to do their jobs and not anything else. For example, a Customer Service adviser who needs member information to answer calls is able to see those records, but a business analyst working on internal projects would not need this access.

### ***Spoken Data***

Before Blue Cross employees give information over the phone or in person, they take steps to authenticate the identities of the people requesting information. This is to make sure the people calling are really who they say they are and that they have the right to request that information. Blue Cross has a process for our members to let us know whom they want to be an authorized delegate or legal representative. That means you are giving permission for them to contact Blue Cross and ask for information on your behalf.

### ***Written Data***

Blue Cross has strong privacy protection rules for paper documents. Employees are required to keep records in a safe place where they cannot be seen, for example in a locked file cabinet instead of lying on a desk. Blue Cross requires employees to go through their computers and securely destroy electronic files that are no longer needed. This prevents the information in these records from being stolen or accessed by the wrong people.

### ***Electronic Data***

Blue Cross IT staff uses the latest technology to keep electronic information secure by encrypting it within internal systems so that no one can get to it from outside the system. The IT staff members have processes in place to detect and prevent hackers from getting to our technical systems and monitor how employees access and use information within the organization.

If you have questions about how Blue Cross uses, stores or protects members’ data, call our Information Governance Office at (225) 298-1751.



## 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, call Customer Service at 1-866-508-7145 (TTY 711). Our phone lines are open 8 a.m. to 8 p.m., 7 days a week from October – March and 8 a.m. to 8 p.m., Monday – Friday from April – September.

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](mailto: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>.

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross and Blue Shield Association, offers Blue Advantage (PPO).

Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

## Multi-Language Interpreter Services

**ENGLISH:** ATTENTION: If you speak a non-English 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:** ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-508-7145 (رقم هاتف الصم والبكم: 711).

**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:** ໃບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການ ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີໄວ້ອມໃຫ້ທ່ານ. 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).

Wondering if your doctors and  
prescription drugs are covered?

Call us at **1-800-824-4567**,  
**TTY 711**, Monday to Friday,  
8 a.m. to 4:30 p.m. to find out.

