Louisiana

2021

ANNUAL NOTICE OF CHANGES

H6453-009-1

Northshore

CONTACT CUSTOMER SERVICE

1-866-508-7145 TTY 711

www.bcbsla.com/blueadvantage

Blue Advantage (HMO)

January 1, 2021 - December 31, 2021

Service Area:

St. Tammany and Tangipahoa parishes

Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

NOTICE: HOW TO GET YOUR EVIDENCE OF COVERAGE, PROVIDER/PHARMACY DIRECTORY AND FORMULARY

Dear Valued Member:

Thank you for your membership in Blue Advantage. We are honored to continue to provide your Medicare Advantage coverage.

The Annual Notice of Change explains the changes to your Blue Advantage plan starting Jan. 1, 2021. If you'd like to keep your Blue Advantage plan, you don't need to do a thing - you will automatically renew as a member for 2021.

As a member, it's easy to get your Blue Advantage Evidence of Coverage, Provider/Pharmacy Directory and Formulary. Check your member ID card to see if you have an HMO or PPO plan. You will need to know this to find these plan documents.

Go to **www.bcbsla.com/blueadvantage**, click **Member** on the top right corner and click on **Group Retirees Only** to login and download the following documents:

- Evidence of Coverage
- Provider/Pharmacy Directory
- Formulary (list of covered drugs)

If you are unable to access the website, we can help!

Request a printed copy

- Call **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.
- Email **customerservice@blueadvantage.bcbsla.com**.

Find a provider, hospital or pharmacy

- Call **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.

Blue Advantage (HMO) offered by HMO Louisiana, Inc.

Annual Notice of Changes for 2021

You are currently enrolled as a member of Blue Advantage (HMO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- It is important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 1.1, 1.2, 1.5, and 1.6 for information about benefit and cost changes for our plan.

☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.

- Will your drugs be covered?
- Are your drugs in a different tier, with different cost sharing?
- Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
- Review the 2021 Drug List and look in Section 1.6 for information about changes to our drug coverage.
- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit *go.medicare.gov/drugprices*. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our *Provider/Pharmacy Directory*.

☐ Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at *www.medicare.gov/plan-compare* website.
- Review the list in the back of your Medicare & You handbook.
- Look in Section 3.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you do not join another plan by December 7, 2020, you will be enrolled in Blue Advantage (HMO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between **October 15** and **December 7, 2020.**

- If you do not join another plan by **December 7, 2020**, you will be enrolled in Blue Advantage (HMO).
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021.** You will be automatically disenrolled from your current plan.

Additional Resources

- Please contact our Customer Service number at 1-866-508-7145 for additional information. (TTY users should call 711.) Our phone lines are open 8 a.m. to 8 p.m. CST, 7 days a week from October – March and 8 a.m. to 8 p.m. CST, Monday – Friday from April – September.
- You may choose to access your Blue Advantage (HMO) plan documents, including this *Annual Notice of Changes for 2021*, via the Blue Advantage website instead of traditional paper booklets. You can view Blue Advantage (HMO) documents at *www.bcbsla.com/blueadvantage*, or download them from the website. You may also request copies of your documents by contacting Customer Service at the phone number on the back cover of this booklet.
- In addition to the digital format, we can also give you this information in large print, languages other than English, and other accessible formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at *www.irs.gov/Affordable-Care-Act/Individuals-and-Families* for more information.

About Blue Advantage (HMO)

- 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.
- When this booklet says "we," "us," or "our," it means HMO Louisiana, Inc. When it says "plan" or "our plan," it means Blue Advantage (HMO).

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Blue Advantage (HMO) in several important areas. **Please note this is only a summary of changes**. A copy of the *Evidence of Coverage* is located on our website at *www.bcbsla.com/blueadvantage*. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$3,900	$3,900
Doctor office visits	Primary care visits: $0 per visit. Specialist visits: $45 per visit.	Primary care visits: $0 per visit. Specialist visits: $45 per visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	$195 copay per day: Days 1-10 for each Medicare benefit period. $0 copay per day: Days 11 and beyond for each Medicare benefit period.	$195 copay per day: Days 1-10 of each admit. $0 copay per day: Days 11 and beyond of each admit.

Cost	2020 (this year)	2021 (next year)
Part D prescription drug coverage (See Section 1.6 for details.)	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: **Standard Pharmacy (30-day Supply)** • Drug Tier 1: $10 copay • Drug Tier 2: $18 copay • Drug Tier 3: $47 copay • Drug Tier 4: $100 copay • Drug Tier 5: 33% coinsurance **Preferred Pharmacy (30-day Supply)** • Drug Tier 1: $3 copay • Drug Tier 2: $12 copay • Drug Tier 3: $45 copay • Drug Tier 4: $100 copay • Drug Tier 5: 33% coinsurance	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: **Standard Pharmacy (30-day Supply)** • Drug Tier 1: $10 copay • Drug Tier 2: $18 copay • Drug Tier 3: $47 copay • Drug Tier 4: $100 copay • Drug Tier 5: 33% coinsurance **Preferred Pharmacy (30-day Supply)** • Drug Tier 1: $3 copay • Drug Tier 2: $12 copay • Drug Tier 3: $45 copay • Drug Tier 4: $100 copay • Drug Tier 5: 33% coinsurance

Annual Notice of Changes for 2021
Table of Contents

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0 **There is no premium increase for the upcoming benefit year.**

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2020 (this year)	2021 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays and coinsurance) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,900	$3,900 Once you have paid $3,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. **There is no maximum out-of-pocket change for the upcoming benefit year.**

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider/Pharmacy Directory* is located on our website at *www.bcbsla.com/blueadvantage*. You may also call Customer Service for updated provider information or to ask us to mail you a P*rovider/Pharmacy Directory*. **Please review the 2021 *Provider/Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment, you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

Our network has changed more than usual for 2021. An updated *Provider/Pharmacy Directory* is located on our website at *www.bcbsla.com/blueadvantage*. You may also call Member Services for updated provider information or to ask us to mail you a *Provider/Pharmacy Directory*. **We strongly suggest that you review our current *2021 Provider/Pharmacy Directory* to see if your pharmacy is still in our network.**

Section 1.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Acupuncture for chronic low back pain	Acupuncture for chronic low back pain is not covered.	You pay 20% coinsurance for Medicare-covered acupuncture services.
Cardiac/intensive cardiac rehabilitation services	You pay a $30 copay per day for Medicare-covered cardiac and intensive cardiac rehabilitation services.	You pay a $30 copay per session for Medicare-covered cardiac and intensive cardiac rehabilitation services.
Inpatient hospital care	You pay a $195 copay per day for days 1-10 for each Medicare benefit period. You pay a $0 copay per day for days 11 and beyond for each Medicare benefit period.	You pay a $195 copay per day for days 1-10 of each admit. You pay a $0 copay per day for days 11 and beyond of each admit.
Inpatient mental health care	You pay a $195 copay per day for days 1-8 for each Medicare benefit period. You pay a $0 copay per day for days 9-90 for each Medicare benefit period.	You pay a $195 copay per day for days 1-8 of each admit. You pay a $0 copay per day for days 9-90 of each admit.
Outpatient hospital observation	You pay 20% coinsurance for Medicare-covered outpatient hospital observation services.	You pay a $195 copay per day for each Medicare-covered outpatient hospital observation stay.
Pulmonary rehabilitation services	You pay a $30 copay per day for Medicare-covered pulmonary rehabilitation services.	You pay a $30 copay per session for Medicare-covered pulmonary rehabilitation services.

Section 1.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
    - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage* (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage.*) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Formulary exception approvals are typically valid for 12 months.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate

insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and have not received this insert, please call Customer Service and ask for the "LIS Rider."

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at *www.bcbsla.com/blueadvantage*. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-Sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2020 (this year)	2021 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** These costs are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply	Your cost for a one-month supply filled at a network pharmacy: **Tier 1 (Preferred Generics):** ***Standard cost-sharing:*** You pay $10 per prescription. ***Preferred cost-sharing:*** You pay $3 per prescription.	Your cost for a one-month supply filled at a network pharmacy: **Tier 1 (Preferred Generics):** ***Standard cost-sharing:*** You pay $10 per prescription. ***Preferred cost-sharing:*** You pay $3 per prescription.

Stage	2020 (this year)	2021 (next year)
or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. **We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.**	**Tier 2 (Generics):** ***Standard cost-sharing:*** You pay $18 per prescription. ***Preferred cost-sharing:*** You pay $12 per prescription. **Tier 3 (Preferred Brand):** ***Standard cost-sharing:*** You pay $47 per prescription. ***Preferred cost-sharing:*** You pay $45 per prescription. **Tier 4 (Non-Preferred Drug):** ***Standard cost-sharing:*** You pay $100 per prescription. ***Preferred cost-sharing:*** You pay $100 per prescription. **Tier 5 (Specialty):** ***Standard cost-sharing:*** You pay 33% of the total cost. ***Preferred cost-sharing:*** You pay 33% of the total cost. Once your total drug costs have reached $4,020, you will move to the next stage (the Coverage Gap Stage).	**Tier 2 (Generics):** ***Standard cost-sharing:*** You pay $18 per prescription. ***Preferred cost-sharing:*** You pay $12 per prescription. **Tier 3 (Preferred Brand):** ***Standard cost-sharing:*** You pay $47 per prescription. ***Preferred cost-sharing:*** You pay $45 per prescription. **Tier 4 (Non-Preferred Drug):** ***Standard cost-sharing:*** You pay $100 per prescription. ***Preferred cost-sharing:*** You pay $100 per prescription. **Tier 5 (Specialty):** ***Standard cost-sharing:*** You pay 33% of the total cost. ***Preferred cost-sharing:*** You pay 33% of the total cost. Once your total drug costs have reached $4,130, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2020 (this year)	2021 (next year)
Customer Service hours of operation	Hours are seven days a week 8:00 a.m.-8:00 p.m. You may reach a messaging service on weekends from April 1 through September 30 and holidays.	Hours are seven days a week, 8:00 a.m. – 8:00 p.m. CST from October – March and 8 a.m. to 8 p.m., Monday – Friday from April – September. You may reach a messaging service on weekends from April 1 through September 30 and holidays.
ESRD enrollment	ESRD beneficiaries are not eligible for enrollment.	ESRD beneficiaries are eligible for enrollment.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Blue Advantage (HMO)

To stay in our plan, you do not need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our plan for 2021.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year, but if you want to change for 2021 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,

- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to *www.medicare.gov/plan-compare*. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, HMO Louisiana, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Blue Advantage (HMO).

- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Blue Advantage (HMO).

- To **change to Original Medicare without a prescription drug plan**, you must either:

    - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).

    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2021.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3, of the *Evidence of Coverage.*

If you enrolled in a Medicare Advantage plan for January 1, 2021, and do not like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2021. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Louisiana, the SHIP is called Senior Health Insurance Information Program (SHIIP).

SHIIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIIP at 1-225-342-5301 or toll free 1-800-259-5300 (TTY users should call 711). You can learn more about SHIIP by visiting their website (*www.ldi.la.gov/SHIIP*).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and do not even know it. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m. CST, Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
    - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Louisiana Health Access Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-504-568-7474 (TTY users should call 711).

SECTION 7 Questions?

Section 7.1 – Getting Help from Blue Advantage (HMO)

Questions? We are here to help. Please call Customer Service at 1-866-508-7145. (TTY users should call 711.) Our phone lines are open 8 a.m. to 8 p.m. CST, 7 days a week from October – March and 8 a.m. to 8 p.m. CST, Monday – Friday from April – September. Calls to these numbers are free.

Read your 2021 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for Blue Advantage (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at *www.bcbsla.com/blueadvantage*. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at *www.bcbsla.com/blueadvantage*. As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (*www.medicare.gov*). It has information about cost, coverage and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to *www.medicare.gov/plan-compare*).

Read *Medicare & You 2021*

You can read the *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you do not have a copy of this booklet, you can get it at the Medicare website (*www.medicare.gov*) or 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.

APPENDICES

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, 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

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: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການ ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 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).

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BLUE ADVANTAGE (HMO) CUSTOMER SERVICE

METHOD	BLUE ADVANTAGE CUSTOMER SERVICE CONTACT INFORMATION
CALL	Toll-free 1 (866) 508-7145 Calls to this number are free. Customer Service will operate seven (7) days a week from 8:00 a.m. – 8:00 p.m. CST from October – March. After March, Customer Service will operate five (5) days a week, Monday – Friday, 8:00 a.m. – 8:00 p.m. CST. An answering service will operate on weekends and holidays. When leaving a message, please leave your name, number and the time you called, and a representative will return your call. Customer Service also has free language interpreter services available for non-English speakers.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Customer Service will operate seven (7) days a week from 8:00 a.m. – 8:00 p.m. CST from October – March. After March, Customer Service will operate five (5) days a week, Monday – Friday, 8:00 a.m. – 8:00 p.m. CST
FAX	1 (877) 528-5820
WRITE	HMO Louisiana, Inc. 130 DeSiard Street, Suite 322 Monroe, LA 71201
WEBSITE	www.bcbsla.com/blueadvantage

The Louisiana Senior Health Insurance Information Program (SHIIP) is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

METHOD	SENIOR HEALTH INSURANCE INFORMATION PROGRAM (LOUISIANA SHIIP)
CALL	1 (225) 342-5301 or toll free 1 (800) 259-5300
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	Louisiana Department of Insurance P.O. Box 94214 Baton Rouge, LA 70802
WEBSITE	www.ldi.la.gov/SHIIP