



Louisiana

Blue adVantage (HMO) | Blue adVantage (PPO)



Blue Advantage Flex Card

2024

Your Personal Prepaid Debit Card

Pay for over-the-counter health-related products, eyewear and prescription hearing aids.




Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

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About Your Blue Advantage Flex Card

Plan members receive a Flex Card (prepaid debit card) to use to pay for certain healthcare expenses, including:

Medicare Advantage Members	Dual Plus Plan Members
 Prescription hearing aids	Prescription hearing aids
 Eyewear such as glasses and contacts	Eyewear such as glasses and contacts
 A quarterly allowance for over-the-counter (OTC) health-related products. OTC items can be purchased at major retailers or online via your member portal. <ul style="list-style-type: none"> • Quarter 1 (January, February, March) • Quarter 2 (April, May, June) • Quarter 3 (July, August, September) • Quarter 4 (October, November, December) 	A monthly allowance for OTC health-related products and healthy foods. These items can be purchased at major retailers or online via your member portal. <ul style="list-style-type: none"> • January • February • March • April • May • June • July • August • September • October • November • December

- ✓ Benefit restrictions/maximums apply.
- ✓ Over-the-counter allowances may be monthly or quarterly depending on your plan. All allowances must be used within the given period and will not roll over.
- ✓ Amounts are loaded into specific “benefit purses” such as for eyewear and OTC. Funds in one purse cannot be used to purchase products for another purse.
- ✓ Items covered by your health plan will be billed as a claim. Items covered by the Flex Card will be deducted from your card balances.
- ✓ Incentives from Wellness Rewards and Health Risk Assessments will be loaded to the Flex Card.

STEP 1 Activate Your Flex Card

Your Blue Advantage Flex Card will be mailed directly to you prior to the effective date of your enrollment.*

When you receive your card, call **1-833-952-2772 (TTY 711)** to activate it just like you would a credit or debit card. Our phone lines are open Monday - Friday, 7 a.m. to 7 p.m.

Once your plan is effective and your card is activated, you can start spending!



** For security purposes, the card arrives in a nondescript white envelope. Don't throw it away! Open it, then you can activate your card. Current members should keep their Flex Card to use again. The card will be reloaded for the new plan year.*



STEP 2 Register for Your Online Accounts

To get the most from your Flex Card, the next step is to sign up for your Blue Advantage online account if you have not done so already. Once you are logged into your Blue Advantage online account, you can sign up for your Flex Card account to view your card balances, order over-the-counter health-related products online and more!

A Sign Up for Your Blue Advantage Online Account

To sign up for your online account:

- Visit www.bcbsla.com/blueadvantage
- Click **Member** in the top right corner
- From the Member site, select **Member Login**

To sign up, you will need your:

- Blue Advantage Member ID number from your ID card
- Date of birth
- Phone number
- Email address

B Sign Up for Your Flex Card Online Account

Once you have signed up for your Blue Advantage online account, you will be able to sign up for your Flex Card account, where you can:

- view your card balances
- see transactions
- order over-the-counter (OTC) health-related products online
- search for participating retail locations
- and more!

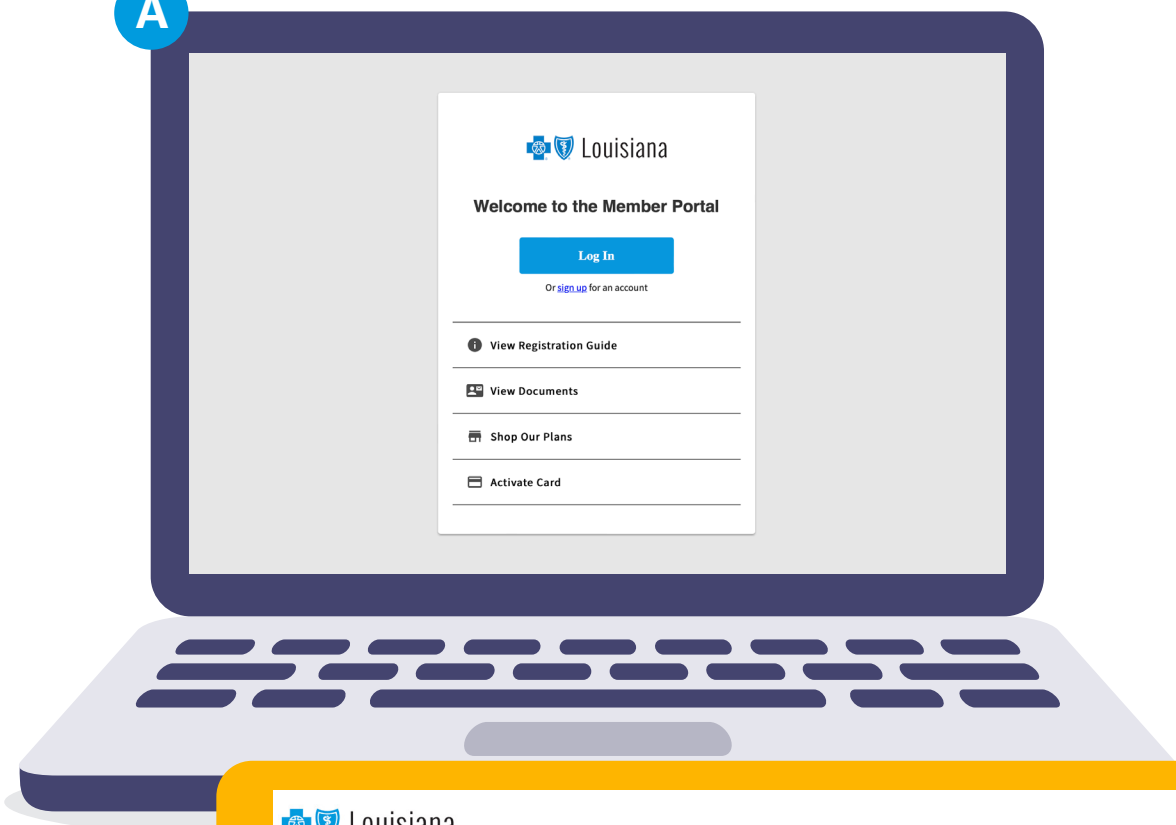
To access your Flex Card account:

- Click **Access Your Flex Card Account** from your Blue Advantage online account homepage to register and to access your account

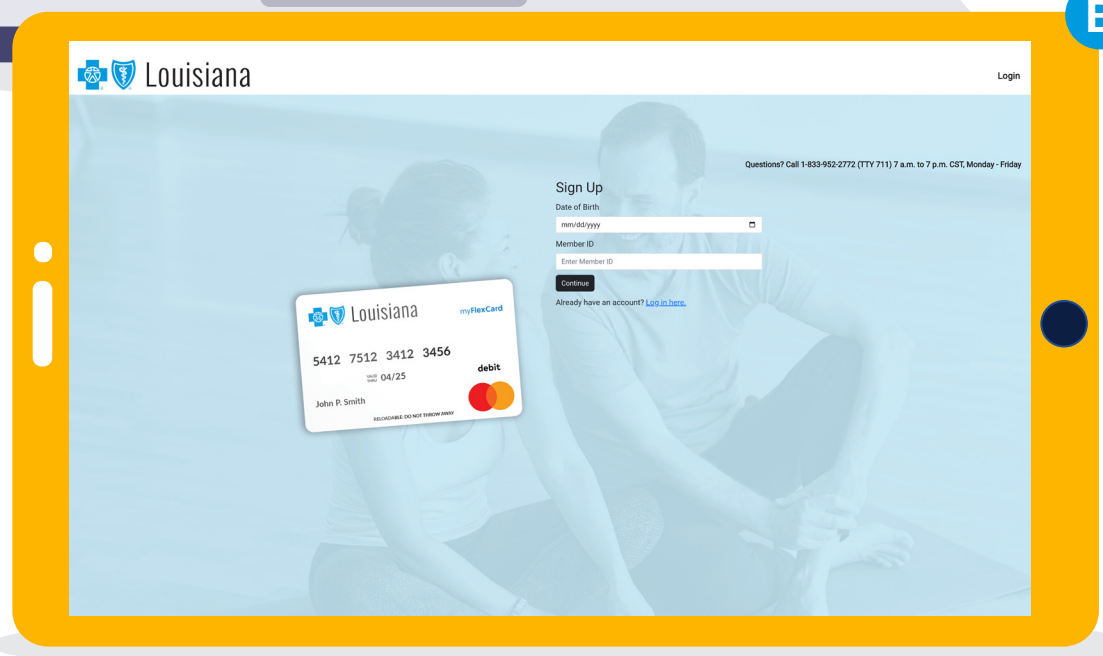
To sign up, you will need your:

- Blue Advantage Member ID number from your ID card
- Date of birth

A



B





Important Things to Remember

We want to make purchasing approved products on your Flex Card as easy as possible. Here are a few things to keep in mind when using your Flex Card:

Allowances can only be used for approved products.

This means you can only use your Flex Card for approved products. Any covered services as part of your health plan will be billed as a claim and won't affect your Flex Card balance. For example, your prescription drugs may be covered by your health plan and billed accordingly, but you can use your Flex Card to pay for over-the-counter medicines, such as pain relievers.

Allowances are not transferable.

This means that you cannot use funds from one benefit purse to pay for approved products in a different benefit purse. For example, if you have remaining funds in your prescription hearing aid allowance, you cannot use these to purchase additional over-the-counter health-related products.

Allowances do not roll over.

This means that if you do not spend your allowance within the given period, it will not roll over to the next one. Pay close attention to your allowance expiration dates! Allowances may be monthly, quarterly or annually.

You are responsible for the difference if purchase exceeds allowance amount.

This means if your approved product purchase costs more than your allowance, you are responsible for paying the difference.

Forgot to use your Flex Card for an approved product purchase?

No worries! You can request a reimbursement form by calling Customer Service or by downloading one from your Flex Card online account. Once verified, your Flex Card will be loaded with the funds to reimburse you.



Questions? Call 1-833-952-2772 (TTY 711)

Monday - Friday, 7 a.m. to 7 p.m.



Lost Your Card?

If you lose your Flex Card, please call us as soon as possible so we can prevent improper card use. We'll send you a new card quickly!



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>.

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Blue Advantage from Blue Cross and Blue Shield of Louisiana 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 Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-508-7145 (711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-508-7145 (711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费~~的~~翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-508-7145 (711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-508-7145 (711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-508-7145 (711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-508-7145 (711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-508-7145 (711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-508-7145 (711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-508-7145 (711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-508-7145 (711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (711) 1-866-508-7145. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-508-7145 (711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-508-7145 (711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-508-7145 (711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-508-7145 (711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-508-7145 (711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-508-7145 (711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。





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