2022

ANNUAL NOTICE OF CHANGES

H1248-001
Baton Rouge

CONTACT CUSTOMER SERVICE
1-866-508-7145 TTY 711
www.bcbsla.com/blueadvantage

Blue Advantage (PPO)
January 1, 2022 - December 31, 2022

Service Area:
Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, West Baton Rouge and West Feliciana parishes

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

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, 2022. 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 2022.

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 **Plan Overview** to view or download the following documents:

- Evidence of Coverage – available by Oct. 15, 2021
- 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 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 (PPO) offered by Blue Cross and Blue Shield of Louisiana

Annual Notice of Changes for 2022

You are currently enrolled as a member of Blue Advantage (PPO). 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's 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 2022 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, and click the "dashboards" link in the middle of the second Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other

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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 2022* handbook.
- Look in Section 2.2 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 don't join another plan by December 7, 2021, you will be enrolled in Blue Advantage (PPO).
- 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, 2021**

- If you don't join another plan by **December 7, 2021**, you will be enrolled in Blue Advantage (PPO).
- If you join another plan by **December 7, 2021**, your new coverage will start on **January 1, 2022**. 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 plan documents, including this Annual Notice of Changes for 2022, via the Blue Advantage website instead of traditional paper booklets. You can view Blue Advantage 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 (PPO)

- Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in Blue Advantage depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Blue Cross and Blue Shield of Louisiana. When it says "plan" or "our plan," it means Blue Advantage (PPO).

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Blue Advantage (PPO) 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	2021 (this year)	2022 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$75	$100
Deductible	**In-Network:** $0 **Out-of-Network:** $1,000 for specified non-Medicare-covered benefits	**In-Network:** $0 **Out-of-Network:** $1,000 for specified non-Medicare-covered benefits
Maximum out-of-pocket amounts 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.)	From network providers: $3,500 From network and out-of-network providers combined: $7,000	From network providers: $4,000 From network and out-of-network providers combined: $8,000
Doctor office visits	Primary care visits: **In-Network:** $0 copay per visit **Out-of-Network:** 30% coinsurance per visit Specialist visits: **In-Network:** $25 copay per visit **Out-of-Network:** 30% coinsurance per visit	Primary care visits: **In-Network:** $0 copay per visit **Out-of-Network:** 50% coinsurance per visit Specialist visits: **In-Network:** $30 copay per visit **Out-of-Network:** 50% coinsurance per visit

Cost	2021 (this year)	2022 (next year)
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.	**In-Network:** $170 copay each day for days 1 to 10 and $0 copay each day for days 11 to 90 for Medicare-covered hospital care. $170 copay each day for days 1 to 10 and $0 copay each day for days 11 to 60 for additional Medicare-covered lifetime reserve days. $0 copay for any additional days. **Out-of-Network:** 30% coinsurance for each Medicare-covered hospital stay.	**In-Network**: $170 copay each day for days 1 to 10 and $0 copay each day for days 11 to 90 for Medicare-covered hospital care. $0 copay for an additional Medicare-covered 60 lifetime reserve days. No coverage for any additional days. **Out-of-Network:** 50% coinsurance for each Medicare-covered hospital stay.

Cost	2021 (this year)	2022 (next year)
Part D prescription drug coverage (See Section 1.6 for details.)	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: **Standard Pharmacies:** (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 Pharmacies:** (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 Pharmacies**: (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 Pharmacies:** (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

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$75	$100

- 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.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs. Please see Section 5 regarding "Extra Help" from Medicare.

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

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

Cost	2021 (this year)	2022 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays and coinsurance) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,500	$4,000 Once you have paid $4,000 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2021 (this year)	2022 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays and coinsurance) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	$7,000	$8,000 Once you have paid $8,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar 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 *Provider/Pharmacy Directory*. **Please review the 2022 *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.

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 *2022 Evidence of Coverage*.

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
Prior Authorizations	The following in-network benefit required prior authorization: • Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services The following in-network benefit did not require prior authorization: • Chiropractic office visit	The following in-network benefit does not require prior authorization: • Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services The following in-network benefit does require prior authorization: • Chiropractic office visit
Acupuncture for chronic low back pain - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Cardiac rehabilitation services - Intensive - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Cardiac rehabilitation services - Non-Intensive - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Chiropractic office visit - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Colorectal cancer screening - Medicare-covered Barium Enema Preventive Services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Dental services - Basic dental services - Periodontics - Cost-Sharing	You pay a 50% coinsurance.	Not covered

Cost	2021 (this year)	2022 (next year)
Dental services - Basic dental services - Periodontics - Periodicity	Limited to 1 periodontic service(s).	Not covered
Dental services - Preventive dental services - Dental X-rays - Periodicity	Limited to 1 x-ray(s) every three years.	Limited to 1 x-ray(s) every year.
Dental services - Preventive dental services - Fluoride Treatment - Cost-Sharing	You pay a $0 copay.	Not covered
Dental services - Preventive dental services - Fluoride Treatment - Periodicity	Limited to 1 fluoride treatment(s) every year.	Not covered
Dental services - Preventive dental services - Oral Exams - Periodicity	Limited to 1 oral exam(s) every year.	Limited to 2 oral exam(s) every year.
Diabetes self-management training, diabetic services and supplies - Diabetic monitoring supplies - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Diabetes self-management training, diabetic services and supplies - Diabetes self-management - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Diabetes self-management training, diabetic services and supplies - Diabetic therapeutic shoes or inserts - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Durable medical equipment (DME) and related supplies - Durable medical equipment - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Hearing services - Medicare-covered hearing exam - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Hearing services - Additional routine hearing exams - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance.	**Out-of-Network** You pay a 50% coinsurance.

Cost	2021 (this year)	2022 (next year)
Hearing services - Fitting-evaluation(s) for hearing aids - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance.	**Out-of-Network** You pay a 50% coinsurance.
Home health agency care - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Inpatient hospital care - Cost-Sharing	**In-Network** You pay a $170 copay each day for days 1 to 10 and $0 copay each day for days 11 to 90 for Medicare-covered hospital care. $170 copay each day for days 1 to 10 and $0 copay each day for days 11 to 60 for additional Medicare-covered lifetime reserve days. $0 copay for any additional days. Medicare hospital benefit periods do not apply. For inpatient hospital care, the cost-sharing described above applies each time you are admitted to the hospital.	**In-Network** You pay a $170 copay each day for days 1 to 10 and $0 copay each day for days 11 to 90 for Medicare-covered hospital care. $0 copay for an additional Medicare-covered 60 lifetime reserve days. No coverage for any additional days. Medicare hospital benefit periods do not apply. For inpatient hospital care, the cost-sharing described above applies each time you are admitted to the hospital.
Inpatient hospital care - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered hospital stay.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered hospital stay.

Cost	2021 (this year)	2022 (next year)
Inpatient mental health care - Cost-Sharing	**In-Network** You pay a $175 copay each day for days 1 to 7 and $0 copay each day for days 8 to 90 for Medicare-covered hospital care. $175 copay each day for days 1 to 7 and $0 copay each day for days 8 to 60 for additional Medicare-covered lifetime reserve days. Medicare hospital benefit periods do not apply. For inpatient mental health care, the cost-sharing described above applies each time you are admitted to the hospital.	**In-Network** You pay a $175 copay each day for days 1 to 7 and $0 copay each day for days 8 to 90 for Medicare-covered hospital care. $0 copay for an additional Medicare-covered 60 lifetime reserve days. Medicare hospital benefit periods do not apply. For inpatient mental health care, the cost-sharing described above applies each time you are admitted to the hospital.
Inpatient mental health care - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered hospital stay.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered hospital stay.
Medicare Part B prescription drugs - Chemotherapy/Radiation drugs - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Medicare Part B prescription drugs- Part B drugs - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Opioid treatment program services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.

Cost	2021 (this year)	2022 (next year)
Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests - Cost-Sharing	**In-Network** You pay a $11 copay for each Medicare-covered service.	**In-Network** You pay a $0 - $30 copay for each Medicare-covered service depending on the place of service.
Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services - Holter Monitor - Cost-Sharing	**In-Network** You pay a $75 copay for each Holter Monitor.	**In-Network** You pay a $40 for Holter Monitors.
Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services - Holter Monitor - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services - Cost-Sharing	**In-Network** You pay a $0 - $75 copay depending on the Medicare-covered service.	**In-Network** You pay a $0 - $170 copay per day depending on the Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Lab services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Medical supplies - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.

Cost	2021 (this year)	2022 (next year)
Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Additional outpatient blood services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance.	**Out-of-Network** You pay a 50% coinsurance.
Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Therapeutic radiological services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient mental health care - Non-psychiatric services - Group sessions - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient mental health care - Non-psychiatric services - Individual sessions - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient mental health care - Psychiatric services - Group sessions - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient mental health care - Psychiatric services - Individual sessions - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient rehabilitation services - Occupational therapy - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.

Cost	2021 (this year)	2022 (next year)
Outpatient rehabilitation services - Physical therapy and speech-language pathology - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient substance abuse services - Group sessions - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient substance abuse services - Individual sessions - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Ambulatory surgical center - Cost-Sharing	**In-Network** You pay a $175 copay for each Medicare-covered service.	**In-Network** You pay a $200 copay for each Medicare-covered service.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Ambulatory surgical center - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital services - Cost-Sharing	**In-Network** You pay a $75 - $175 copay depending on the Medicare-covered service.	**In-Network** You pay a $75 - $200 copay for each Medicare-covered service depending on the service.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.

Cost	2021 (this year)	2022 (next year)
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital observation - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Partial hospitalization services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance per day for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance per day for each Medicare-covered service.
Physician/Practitioner services, including doctor's office visits - Medicare-covered comprehensive dental - Cost-Sharing	**In-Network** You pay a $0 copay for each Medicare-covered service.	**In-Network** You pay a 50% coinsurance for each Medicare-covered service.
Physician/Practitioner services, including doctor's office visits - Medicare-covered comprehensive dental - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Physician/Practitioner services, including doctor's office visits - Primary care - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Physician/Practitioner services, including doctor's office visits - Specialist - Cost-Sharing	**In-Network** You pay a $25 copay for each Medicare-covered service.	**In-Network** You pay a $30 copay for each Medicare-covered service.
Physician/Practitioner services, including doctor's office visits - Specialist - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Physician/Practitioner services, including doctor's office visits- Other healthcare professionals - Cost-Sharing	**In-Network** You pay a $40 copay for each Medicare-covered service.	**In-Network** You pay a $0 - $30 copay depending on the Medicare-covered service.

Cost	2021 (this year)	2022 (next year)
Physician/Practitioner services, including doctor's office visits- Other healthcare professionals - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Podiatry services - Medicare-covered - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Preventive services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Prostate cancer screening exams - Digital rectal exam - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Prosthetic devices and related supplies - Prosthetic devices - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Pulmonary rehabilitation services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Services to treat kidney disease and conditions - Dialysis Services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Services to treat kidney disease and conditions - Kidney disease education services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Skilled nursing facility (SNF) care - Admission Requirement	Less than 3-day inpatient hospital stay is allowed prior to SNF admission.	Less than 3-day inpatient hospital stay is not allowed prior to SNF admission.

Cost	2021 (this year)	2022 (next year)
Skilled nursing facility (SNF) care - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered skilled nursing facility stay.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered skilled nursing facility stay.
Supervised Exercise Therapy (SET) - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Urgently needed services - Worldwide urgent care coverage - Cost-Sharing	You pay a $90 copay.	Not covered
Vision care - Glaucoma screening - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Vision care - Medicare-covered eye exam - Cost-Sharing	**In-Network** You pay a $40 copay for each Medicare-covered service.	**In-Network** You pay a $30 copay for each Medicare-covered service.
Vision care - Medicare-covered eye exam - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
Vision care - Medicare-covered eyewear - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.
"Welcome to Medicare" preventive visit - Medicare-covered EKG following Welcome Visit Preventive Services - Cost-Sharing	**Out-of-Network** You pay a 30% coinsurance for each Medicare-covered service.	**Out-of-Network** You pay a 50% coinsurance for each Medicare-covered service.

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. Because you receive "Extra Help" if you haven't 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	2021 (this year)	2022 (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	2021 (this year)	2022 (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.**	Your cost for a one-month supply filled at a network pharmacy: **Tier 1: Preferred Generic:** *Standard cost sharing:* You pay $10 per prescription. *Preferred cost sharing:* You pay $3 per prescription. **Tier 2: Generic:** *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.	Your cost for a one-month supply filled at a network pharmacy: **Tier 1: Preferred Generic:** *Standard cost sharing:* You pay $10 per prescription. *Preferred cost sharing:* You pay $3 per prescription. **Tier 2: Generic:** *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.

Stage	2021 (this year)	2022 (next year)
The costs in this row 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, at a network pharmacy that offers preferred cost sharing, 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 4: Non-Preferred Drug:** *Standard cost sharing:* You pay $100 per prescription. *Preferred cost sharing:* You pay $100 per prescription. **Tier 5: Specialty Tier:** *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).	**Tier 4: Non-Preferred Drug:** *Standard cost sharing:* You pay $100 per prescription. *Preferred cost sharing:* You pay $100 per prescription. **Tier 5: Specialty Tier:** *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 $4,430, 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 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Blue Advantage (PPO)

To stay in our plan you don't 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 Blue Advantage (PPO).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 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 the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

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, Blue Cross and Blue Shield of Louisiana 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 (PPO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Blue Advantage (PPO).
- 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 6.1 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 3 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, 2022.

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, 2022, and don't 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, 2022. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

SECTION 4 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).

Senior Health Insurance Information Program (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. Senior Health Insurance Information Program (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 Senior Health Insurance Information Program (SHIIP) at 1-800-259-5300. You can learn more about Senior Health Insurance Information Program (SHIIP) by visiting their website (http://www.ldi.la.gov/consumers/senior-health-shiip).

SECTION 5 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 don't 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 am and 7 pm, 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 (ADAP). 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 6 Questions?

Section 6.1 – Getting Help from Blue Advantage (PPO)

Questions? We're here to help. Please call Customer Service at 1-866-508-7145. (TTY only, 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 2022 *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 2022. For details, look in the 2022 *Evidence of Coverage* for Blue Advantage (PPO). 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 6.2 – 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 2022*

You can read the *Medicare & You 2022* 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 don't 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.

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 (PPO) CUSTOMER SERVICE

METHOD	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	Blue Cross and Blue Shield of Louisiana 130 DeSiard Street, Suite 322 Monroe, LA 71201
WEBSITE	www.bcbsla.com/blueadvantage

LOUISIANA SENIOR HEALTH INSURANCE INFORMATION PROGRAM

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	Contact Information
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

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1051. If you have comments or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.