



2025 Member Quick-Start Guide

A resource for understanding and making the most of your 2025 Medicare Advantage plan.

Includes the 2025 Flex Card Guide starting on page 21.

THANK YOU FOR BEING A BLUE ADVANTAGE MEMBER.

We've designed this quick-start guide to help you learn how to use your benefits and find the answers to some common questions you may have about your plan.

You should save this booklet to refer to throughout the year. As always, if you have any questions or need additional information, don't hesitate to call us at the number on the back of your ID card or visit us at www.bcbsla.com/blueadvantage.

LOUISIANA **BLUE** 

**WE LOOK FORWARD TO SERVING YOU IN
2025 AND FOR MANY YEARS TO COME.**

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BLUE ADVANTAGE OVERVIEW



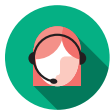
What to Expect as a Blue Advantage Member

At Blue Cross and Blue Shield of Louisiana, our members are at the center of everything we do. That's why our Blue Advantage members can expect to hear from us regularly. We want to make sure they are getting the most value from their plan and that we are meeting their unique needs.

Here are just some of the times Blue Advantage members can expect to hear from us:



After enrolling, members may receive a **customer service welcome call** to let them know when to expect their member ID card and other plan materials. We also use this call to verify their account information.



Members may also receive **customer service courtesy calls** throughout the year just to check in to see if they have any questions about their plan or to let them know about benefits for the upcoming plan year.



Eligible members may hear from us about programs we offer in partnership with providers. One such opportunity is our **in-home population health visit**, which is provided at no cost for our members. During the visit, a nurse practitioner or physician's assistant will discuss the member's health history, review their medicines, check their vital signs and discuss important screenings.



We provide complimentary **disease management** and **quality improvement programs** to ensure that our members get the care that best meets their needs.



We may also reach out to members to learn about any problems they have with taking their **prescription medications** and to help them find ways to stay on track and stay healthy.



Each year, we send out **surveys** that ask about members' experience with their Blue Advantage plan and the care that they receive from their providers. These surveys, which go out from March through September, are anonymous and are used to help us make plan decisions based on the needs of our members.



While these are just some of the times we reach out to members, members are always welcome to call us at the number on the back of their ID card to speak to one of our local customer service representatives to get their questions answered. You may also call this number if you choose to opt out of receiving phone calls regarding plan business at any time.

Your Plan Year at a Glance

Health and wellness is a journey. Louisiana Blue walks beside you with Blue Advantage benefits and programs. Here's your plan year at a glance to help guide you.

GET READY!

Learn about your healthcare coverage and plan benefits.



We may call to check in with you after you enroll, plus **you can always call us** with any questions.



Be sure to carry your **Blue Advantage ID Card** with you at all times!



GET SET!

Start tracking your wellness journey and scheduling provider visits, such as your annual wellness visit.



Don't forget to register for your **online account**, where you can easily manage your plan any time. Turn to page 10 for easy sign-up instructions.



Once you receive your **Blue Advantage Flex Card** be sure to activate it right away!



PRO TIP: Read the *Flex Card* guide on page 21 for all the details.

We've enclosed a **Personal Health Journal** you can use to track your health, organize important info and keep notes at doctor visits.

PRO TIP: Use this journal to remind yourself of important preventive care, like flu shots or vision screenings.



Be sure to schedule your **Annual Wellness Visit**. Make a list of items to discuss with your doctor.

PRO TIP: Bring your *Personal Health Journal* to your visit!

GO!

Make the most of your plan by using your benefits and added features, such as your Flex Card.

Start using your **Flex Card**. It's pre-loaded with funds for items like prescription hearing aids, eyewear and certain over-the-counter items.

***PRO TIP:** Check out the Flex Card guide on page 21 if you have any questions.*

Make the most of your **prescription benefits**. Get a 3-month supply of most medications at most retail pharmacies or by mail order.



KEEP ON GOING!

We look forward to serving you now and in the years to come as you continue on your health and wellness journey.

Get moving to feel your best! Turn to page 19 to learn more about your **fitness benefits**.

Blue Advantage brings you so much more! Read through this booklet for all the details on your **dental, hearing and vision coverage**.



Each fall, we'll send you an **Annual Notice of Changes** to keep you informed of our plan changes for the coming year. If you're happy with your plan, there is no action needed, and we would be honored to continue your coverage.



We appreciate you putting your trust in the Cross and Shield and look forward to serving you for many years to come.

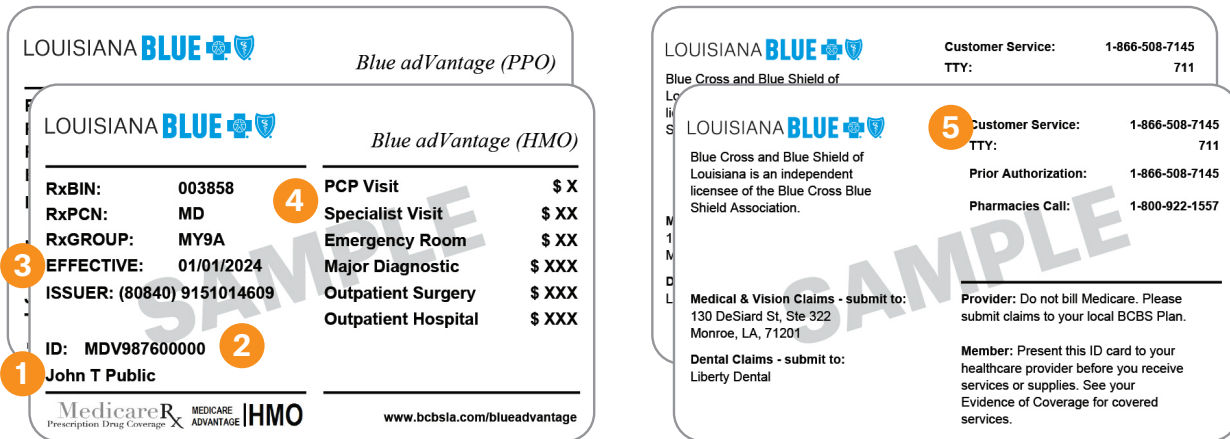
Have questions about your plan? We have Medicare experts standing by to help. Just call the Customer Service number on the back of your ID card.

BLUE ADVANTAGE BASICS



Understanding Your Insurance Card

It's important to carry your Blue Advantage insurance card (ID card) with you at all times. As long as you are a member of Blue Advantage, you should **NOT** use your red, white and blue Medicare card to get covered medical services (with the exception of routine clinical research studies). Keep your Medicare card in a safe place in case you need it later. Your Blue Advantage ID card includes your name, group number and information about your plan. It also includes the phone number of your health plan on the back of the card. Call this number if you have questions about finding a provider or what your coverage includes. Make sure you bring your card with you when you visit a doctor.



- 1 **Member Name** - your name will appear here
- 2 **Member ID Number** - used to identify you so your provider knows how to bill your health plan
- 3 This is where you will find your plan's effective date, which is the date your new plan begins
- 4 This is where you will find some of your copays, which are the fixed amounts you pay for covered services
- 5 This is where you will find important contact information for your plan

Registering for Your Member Portal

Your Member Portal is a valuable and convenient resource for all the information you need about your plan. It is also where you go to opt into your member rewards program and to access your Flex Card account.

By signing up, you get quick and easy access to your account, where you can:

- See how much you've spent out of pocket each month
- Find out how close you are to reaching your maximum out-of-pocket amount
- Get an overview of your claims
- Find a new doctor
- Set up premium payments
- Print a temporary ID card
- Access your Flex Card account
- Opt into your member rewards program
- And much more!

To sign up:

- 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

Write down your ID and password below so you don't forget it:

ID: _____

Password: _____

Understanding Important Plan Documents

Summary of Benefits

Your Blue Advantage coverage pays for provider services, medications and hospital care when you need it. Your plan also includes some wellness benefits and screenings at no additional cost. Your Summary of Benefits outlines the details of your coverage. It includes information about what services are covered, what's not covered and how much it will cost you in and out of the network. You can find the Summary of Benefits for your plan by visiting www.bcbsla.com/blueadvantage.

Your Summary of Benefits

Extra Benefits			
Fitness benefit	Your plan provides a membership to FitOn Health, a fitness and health platform that provides access to a nationwide network of gyms, local fitness studios, and community centers. Monthly subsidies can be used to cover a variety of options - monthly gym membership with unlimited visits, fitness studio classes, and at-home fitness accessories and equipment. FitOn Health also includes unlimited access to a digital library of at-home workouts, nutrition and meal planning guidance, lifestyle advice, condition management courses, challenges and more.		
Over-the-counter benefit	You are eligible for a \$85 maximum benefit coverage amount loaded to your Blue Advantage Flex Card every three months to be used toward the purchase of over-the-counter (OTC) health-related items.	You are eligible for \$50 maximum benefit coverage amount loaded to your Blue Advantage Flex Card every three months to be used toward the purchase of over-the-counter (OTC) health-related items.	You are eligible for \$50 maximum benefit coverage amount loaded to your Blue Advantage Flex Card every three months to be used toward the purchase of over-the-counter (OTC) health-related items.
BlueCare Telehealth (online doctor visits)	\$0 copay Available 24/7 through BlueCare on a computer, tablet or smartphone. Primary Care Provider services only. Network restrictions may apply.		
Personal emergency response system (PERS)	\$0 copay	<u>Not</u> covered	<u>Not</u> covered
Additional Telehealth	Includes qualifying appointments with primary care providers, physician specialists, podiatrists, other healthcare professionals, dieticians, behavioral health providers, and occupational/physical/speech therapists.		

Explanation of Benefits

We will send you an Explanation of Benefits for each month when you use your benefits. It is a summary of the charges for the care or services you received. It is not a bill, but it will show you what you owe. You may receive a separate bill from your provider.

Details for claims processed in January 2025

<p>Look over the information about your claims -- does it seem correct?</p> <ul style="list-style-type: none"> If you have questions or think there might be a mistake, start by calling the doctor's office or other service provider. Ask them to explain the claim. If you still have questions, call Blue Advantage Customer Service (phone numbers are in a box on page 1). 	<p>You have the right to make an appeal or complaint</p> <ul style="list-style-type: none"> Making an appeal is a formal way of asking us to <i>change our decision</i> about your coverage. You can make an appeal if we deny a claim. You can also make an appeal if we approve a claim but you disagree with how much you are paying for the item or services. For information about making an appeal, call Blue Advantage Customer Service (phone numbers are in the box on page 1). 	<p>Remember, this report is NOT A BILL:</p> <ul style="list-style-type: none"> If you have not already paid the amount shown for "your share," wait until <i>you get a bill</i> from the provider. If you get a bill that is <i>higher</i> than the amount shown for "your share," call Blue Advantage Customer Service (phone numbers are in a box on page 1).
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Please contact us if you are asked to make any payments on claims which show \$0.00 under the "Your Share" column.

Provider: Lastname, Firstname Claim Number: XXXXXXXXXX Participating provider									
HOME VST NEW PT UNSTABLE/ SIGNI 99345	Date of Service	Amount the provider billed the plan	Total cost (amount the plan approved)	Plan's share	Your share	Denial Note			
	1/06/25	1 \$438.00	2 \$187.46	3 \$187.46	4 \$0.00	5			
TOTALS		\$438.00	\$187.46	\$187.46	\$0.00				

Denial Notes (All notes may not apply to your claims.)

1 = Note 1: We have denied all or part of this claim. However, you are not responsible for paying the billed amount because you received this service from a Blue Advantage provider or based on a referral from a Blue Advantage provider.

2 = Note 2: This service was denied, but you may be responsible for paying this amount. See insert for information on your appeal rights.

3 = Note 3: We have denied all or part of this claim. However, you are not responsible for paying the charges for these services at this time. If this claim is reprocessed, you will receive a new EOB which may reflect an amount in "Your Share" if you owe anything for these services.

REMEMBER: If one or more claims or claim lines do not have a "Denial Note" indicated in the last column, you are only responsible for "Your Share" of such claim or claim line.

- 1 Amount the provider billed the plan** - amount of money the doctor, clinic or hospital charged for medical services
- 2 Total cost (amount the plan approved)** - amount the plan approves for the services provided
- 3 Plan's share** - amount Blue Advantage paid to doctor, clinic or hospital on your behalf
- 4 Your share** - amount you owe to the doctor, clinic or hospital for medical services
- 5 Denial note** - will give more information if all or part of a claim is denied

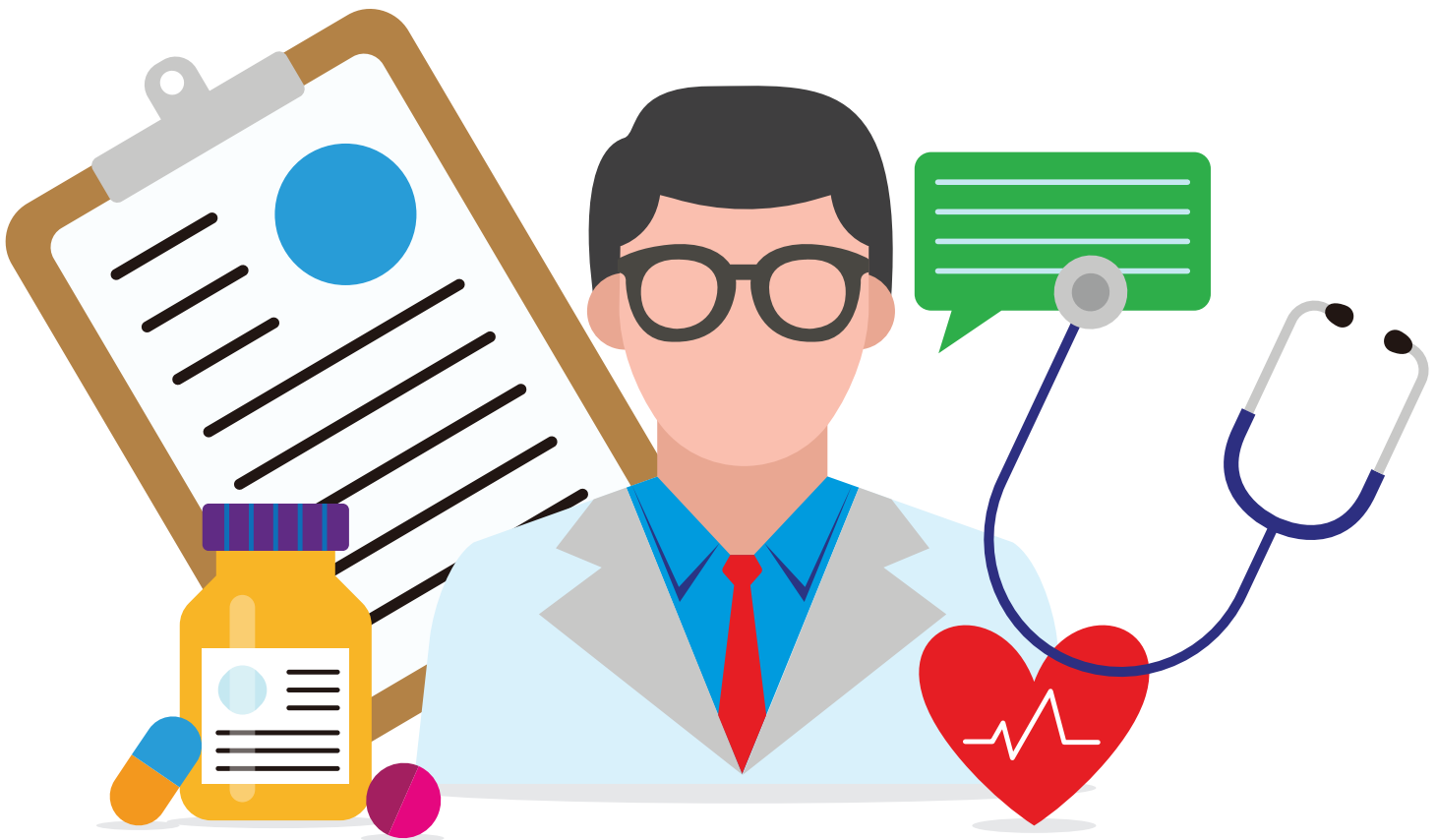
Scheduling Your Annual Wellness Visit

Annual Wellness Visit

To stay healthy, it's important to have a relationship with your primary care provider (PCP). Your PCP will work with you to manage your conditions and make sure you get the care you need. One important step is scheduling your annual wellness visit with your PCP. This visit is the perfect time to discuss any health concerns you may have. And don't forget to bring your *Personal Health Journal* to make notes so you don't forget anything. See page 17 to learn more about the Healthy Rewards program and how to opt in to begin earning rewards for your annual wellness visit and other health services.

Complimentary In-home Population Health Visit

Eligible members can also receive a complimentary in-home population health visit. We partner with providers to have a nurse practitioner or physician's assistant perform the visit from the comfort of your home, so they may reach out to you during the year to schedule it. This doesn't replace your annual wellness visit, but is an additional benefit we provide to ensure your health needs are being met.



Making the Most of Your Prescription Drug Benefits

Your Blue Advantage plan includes generous Part D prescription drug coverage to help with the costs of your medications.

To help you make the most of your prescription benefits, it's important that you understand some of the common terms we use when talking about your coverage.

Formulary – this is the list of medications that are covered by your Blue Advantage plan. You can use the formulary to find out if the medications you take are covered and at what cost to you. The formulary can also be helpful when working with your doctor to decide which medications can help treat you while also keeping your costs as low as possible.

Tier* – the drugs we cover are grouped into categories called tiers. The tiers go from preferred generics to specialty drugs, with the cost to you increasing with each tier. The drug tier also determines if you will pay a **copay** or **coinsurance** for your medication.

Deductible – this is the amount you pay for prescription drugs before your insurance starts to pay. Most Blue Advantage plans do not have a prescription drug deductible, and even those that do may pay for certain medications before the deductible is met.

Copay – this is the set amount you pay when you receive a prescription drug after paying any deductible that may apply.

Coinsurance – this is the percentage of costs you pay when you receive a prescription drug after paying any deductible that may apply.

Prior Authorization, Quantity Limits, Step Therapy – these are additional requirements or limits on coverage that may apply to some medications. You can check the formulary to see if any of these apply to your medications and to learn how they work.



**Prescription drug tiers do not apply to Dual Plus plan members.*

View the Formulary

You can view or download the formulary at www.bcbsla.com/blueadvantage by clicking **Member** at the top of the page and then **General Documents**.

Find a Participating Pharmacy

You can view the 2025 Provider & Pharmacy Directory at www.bcbsla.com/blueadvantage by clicking **Member** at the top of the page and then **Find a Provider, Hospital or Pharmacy** to search the online directory or by selecting **General Documents** to view a PDF version of the directory.

Skip the Trip!

Your plan comes with free mail-order delivery of select prescriptions right to your home.

- **Save Money:** Get a 3-month supply of Tier 1 drugs for a \$0 copay and preferred copays for drugs on Tiers 2 and 3*
- **Save Time:** Make fewer trips to the pharmacy with the convenience of mail order
- **Stay Healthier:** Have your medicine on hand and get refill reminders to avoid missing a dose

Ready to Get Started?

Go to Express-Scripts.com.

- Check to see what drugs are ready to be ordered or can be changed to home delivery.
- Select the drugs to be delivered.

Use the Express Scripts mobile app.

- Tap on **Transfer to Home Delivery** to see which drugs can be delivered.
- Select the drugs to be delivered.

Call the Express Scripts Pharmacy at **1-800-282-2881** (24 hours a day, 7 days a week. TTY users should call **1-800-759-1089**).

When you can expect delivery:

It could take a little longer for your medication to arrive when you first start using the mail-order service, so be sure to have a 30-day supply on hand before switching to mail order. Future refills will usually arrive in 1-2 weeks. You can check your order status anytime online.

Not ready to make the switch to mail?

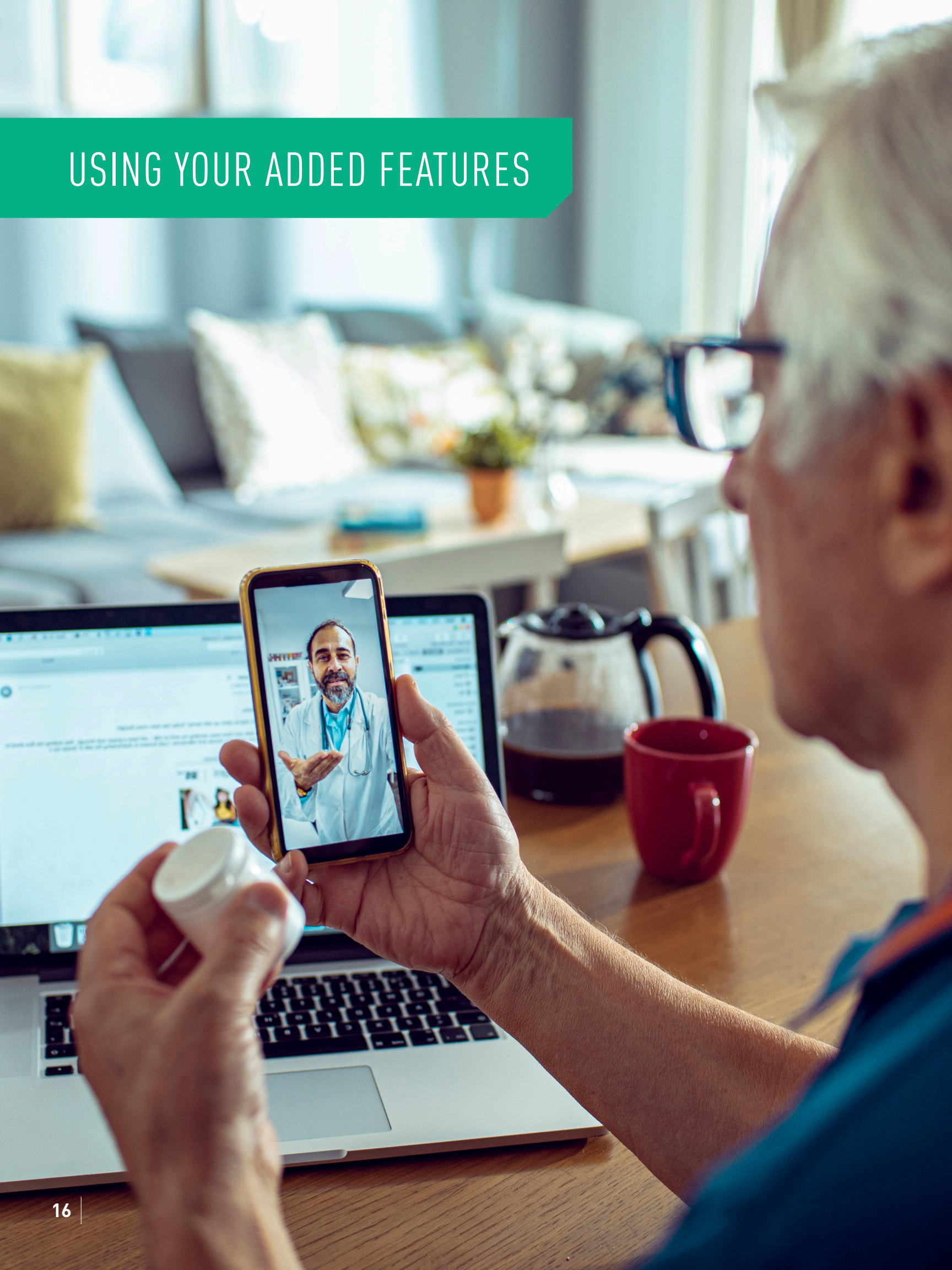
You can still get a three-month supply of most medications at most network retail pharmacies. Just ask your pharmacist.

Express Scripts is an independent company that serves as the pharmacy benefit manager for Blue Cross and Blue Shield of Louisiana.

Not all covered drugs may be filled in a 3-month supply or by mail order.

**Prescription drug tiers do not apply to Dual Plus plan members.*

USING YOUR ADDED FEATURES



Healthy Rewards Program

The Healthy Rewards program is an easy way to earn extra money on your Flex Card—just by completing preventive services such as your Annual Wellness Visit or flu shot.

You must enroll in the program each year and complete actions by Dec. 31 to receive rewards for that plan year.

For more information and to enroll, log in to your Blue Advantage member portal. From your portal, you can enroll in the program, view your eligible services and track your earnings.

Blue365 Health and Wellness Discounts

Blue365 is not a plan benefit but a free health and wellness discount program offered to you as a member of the Blue Cross System. You can get year-round discounts on fitness gear, healthy eating options and more from over 70 partners.

Joining Blue365 and redeeming deals is as easy as 1-2-3. Get started with your free registration at www.Blue365Deals.com.

Click the Join button

You'll find it at the top right of the Blue365 homepage at www.Blue365Deals.com.

Verify your membership

Enter the first three characters of your member ID to verify you are a Blue Cross member and eligible for deals.

Complete your registration

Enter your personal information, accept the Terms and get ready to enjoy the deals!

Username: _____

Password: _____

Online Medical and Behavioral Health

For those times when you can't see a doctor in person, BlueCare lets you have online visits with medical and behavioral health providers from your computer, smartphone, tablet or any device with internet and a camera.

Medical Visits - \$0 copay with a primary care provider

Use BlueCare 24/7 for minor, non-emergency illnesses like flu symptoms, sinus infections, cold or cough, bladder infections, rashes, vomiting and diarrhea. You can also use BlueCare to get a prescription, to check in with a provider if you need a follow-up visit or when traveling.

Behavioral Health Visits - Copay varies by plan

BlueCare offers online appointments for behavioral health needs, including depression, grief, stress, life transitions, anxiety, couples' counseling, substance abuse and more. Blue Advantage members can schedule a visit with a psychology or psychiatry provider who is trained and certified in telehealth care.



Creating an account is as easy as 1, 2, 3 ...

Go to www.BlueCareLA.com or download the BlueCare (one word) app from the Apple Store or Google Play for iOS or Android tablets or smartphones. To connect to BlueCare, create a login ID and password. **IMPORTANT:** Don't forget to enter your Blue Advantage information, including the **ZERODOLLAR** Service Key (this will make sure you get your \$0 copay medical visit), to be sure your benefits are applied correctly.

Create your member account with your name, a valid email and password

Complete your profile with a few details (birth date, address, etc.)

Enter your insurance information. The Service Key is **ZERODOLLAR**. This step is **VERY** important to ensure that your benefits are applied correctly.

Username: _____

Password: _____

Fitness Program

Blue Advantage members can enjoy FitOn Health benefits at no additional cost beyond your monthly premium.

Members get:

- Access to digital content and a preferred network of fitness studios and gyms
- Monthly credits for in-person fitness options outside of the preferred network or to use for at-home equipment

To register:

- Go to www.fitonhealth.com/blueadvantage, then select **SIGN UP** to register your account.
- If you need help, call FitOn Health Customer Support at **1-855-606-1139**, Monday - Friday from 7 a.m. to 8 p.m.

Username: _____

Password: _____

FitOn Health is an independent company that administers fitness benefits for Blue Cross and Blue Shield of Louisiana.

Please talk to your doctor before starting or changing your exercise routine.

Transportation Benefit Program for Dual Plus Members

Seeing your provider on a regular basis is important, and how you get there should never be a concern! Your Blue Advantage Dual Plus plan includes routine transportation for up to 84 trips every year. A trip is considered one-way transportation by van or medical transport to a plan-approved health-related location. To schedule transportation, please call **1-844-833-7506 (TTY 711)**.

Some restrictions apply. Please contact the plan for more details. Transportation benefit only available on Dual Plus Plan.

Dental

Your Blue Advantage plan comes with both preventive and comprehensive dental services covered, in-network, at no cost to you.

Preventive dental includes services such as exams, routine cleanings, bitewing X-rays and fluoride treatment.

Comprehensive dental includes basic and major dental services:

- Basic dental consists of services such as fillings and extractions
- Major dental consists of services such as periodontal scaling, crowns, dentures, root canals and bridges

Benefit amount varies by plan selected.

Vision

Helping your vision stay sharp is another one of the benefits of your Blue Advantage plan. Your Blue Advantage plan comes with routine vision benefits with the freedom to choose from hundreds of participating providers and retailers. Your vision benefit covers one annual eye examination and includes an allowance on your Flex Card to pay for eyewear such as eyeglasses and contact lenses.

Benefit amount varies by plan selected.

Hearing

Good hearing is important to your overall health and well-being. Your Blue Advantage plan includes one annual routine hearing exam at a \$0 copay, plus a \$0 copay each for exams to diagnose and treat hearing and balance issues. You also get an allowance on your Flex Card to help pay for prescription hearing aids.

Benefit amount varies by plan selected.

To find a Blue Advantage dental, vision or hearing provider, visit www.bcbsla.com/blueadvantage and click on **Find a Doctor**. If you need help finding a provider, call the Customer Service number on the back of your ID card.

FLEX CARD GUIDE



How to Use Your Blue Advantage Flex Card

Plan members receive a Flex Card (prepaid debit card) to use for certain expenses and to access rewards and incentives. Depending on your plan, this could include prescription hearing aids, eyewear, over-the-counter items, healthy foods and utilities.



STEP 1 Activate Your Flex Card

Your Flex Card will be mailed directly to you prior to the effective date of your enrollment in a plain white envelope for security purposes. Be on the lookout for this in the mail so you do not accidentally throw it away. New Flex Cards will need to be activated prior to use.

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!





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 member portal if you have not done so already. Once you are logged into your member portal, you can sign up for your Flex Card account to view your card balances, order over-the-counter items online and more!

A Sign Up for Your Blue Advantage member portal

To sign up:

- 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 member portal, 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) items
- 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

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
 <p>Quarterly Allowance</p> <ul style="list-style-type: none"> • Over-the-Counter (OTC) Items • Purchased at participating retailers, via the member portal or by using the Flex Card app on their device • Quarter 1 (January, February, March) • Quarter 2 (April, May, June) • Quarter 3 (July, August, September) • Quarter 4 (October, November, December) 	<p>Monthly Allowance</p> <ul style="list-style-type: none"> • OTC items and healthy foods • Purchased at major retailers or online via the member portal • To help pay for utilities <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 the Healthy Rewards program and Health Risk Assessments will be loaded to the Flex Card.

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!



Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

SUMMARY OF PRIVACY PRACTICES NOTICE

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

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

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

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

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

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

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

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

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

Our Legal Duty

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

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

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

Uses and Disclosures of Medical Information

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

REQUIRED DISCLOSURES OF YOUR HEALTH INFORMATION

We **must** disclose your health information:

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

PERMISSIVE DISCLOSURES OF YOUR HEALTH INFORMATION

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

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

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

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

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

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

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

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

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

Examples of our business associates include:

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

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

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

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

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

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

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

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

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

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

Individual Rights

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

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

Generally, a “designated record set” contains:

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

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

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

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

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

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

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

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

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

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

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

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

Questions and Complaints

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

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, in response to a request you made to amend, restrict the use or disclosure of, or communicate in confidence about your health information, you may complain to us using the contact information at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-877-696-6775 or visit www.hhs.gov/ocr/privacy/hipaa/complaints.

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

Contact Information

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

Telephone: (225) 298-1751
Toll free 1-855-258-3746
Fax: (225) 298-1590

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



Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

Member Data Protection Statement

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

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

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

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

Spoken Data

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

Written Data

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

Electronic Data

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

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



Notice of Non-Discriminatory Practices

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

Louisiana Blue 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 Louisiana Blue 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.

If you would like to file a complaint directly with Blue Advantage, you can reach us in person, by mail, by fax, or by email at the addresses below:

Blue adVantage
Attention: Civil Rights Coordinator
130 Desiard Street, Suite 322, Monroe, LA 71201
Phone: 1-318-998-4018 (TTY 711)
Fax: 1-318-361-2165
Email: civilrightscordinator@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 is an independent licensee of the Blue Cross Blue Shield Association.

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 panggagamot. 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 Arzneimittelpfen. 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 Italiani 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、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。



Have questions or need additional information about your Blue Advantage plan? We are here to help!

**Call us at the number on the back of your ID card
or visit www.bcbsla.com/blueadvantage**

LOUISIANA **BLUE**  

Blue adVantage (HMO) | Blue adVantage (PPO)

Be Your **BEST** with Blue



2025 Personal Health Journal Tracking Your Wellness Journey

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

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Personal Health Journal

Name: _____

Now is the perfect time to BE YOUR BEST!

This personal health organizer can help guide and support you on your health journey. It includes tips on staying strong along with journal entries for keeping track.

Life is about balance. Life is full of friends, family and community plus finding the time to dedicate to your wellness. So, this journal is designed to help you balance your healthcare with your day-to-day life.



When you visit your doctor or healthcare provider, bring this journal along with your medications. By taking notes in your journal, you'll be able to track your screenings and tests while having the details at your fingertips to share when needed.

Health Goals to Discuss with Your Provider

List your goals here and be sure to discuss with your doctor at each visit to help you be your best.



Stay Healthy: There are many pieces to staying healthy, and your Primary Care Provider (PCP) is your dedicated resource to help.

- Visit Primary Care Provider
 - Get flu shot each year
 - Discuss current medications, sleep and nutrition
 - Find out about other tests or vaccines
 -
-



Feel Good: When discussing health, you can't forget your mind.

- Learn ways to improve memory
 - Share any changes in memory or mood
 -
-



Get Moving: Regular exercise can offer a wealth of physical and mental benefits.

- Visit a fitness center or do a fitness video from home
 - Find ways to move and be active each day
 -
-



Take Control: Bladder control can be a problem and leakage can happen.

- Discover if an infection or medicine is making bladder control difficult
 - Find ways to improve bladder control
 -
-

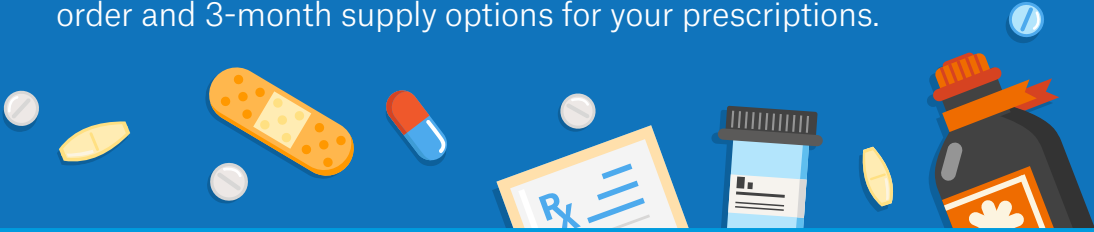


Avoid Falls: Accidental falls can break bones and cause brain damage.

- Discuss ways to minimize the risk of falls
 - Have hearing and eyesight checked regularly
 -
-

Bring this booklet with you to your appointments to make it easier to talk to your doctor about any concerns you may have.

Because your doctor wants to keep you healthy, you should let your doctor know right away if you experience any side effects from your medication. If costs are a concern, you can talk to your doctor to see if there are lower-cost drugs that can treat your condition. You can also contact Blue Advantage customer service at the number on the back of your ID card to learn about mail-order and 3-month supply options for your prescriptions.



Reasons for Use

Start/Stop Dates

Doctor/ Pharmacy

Side Effects

diabetes

*March 1
(no stop date)*

*Dr. Smith/
Walgreens*

upset stomach

Wellness & Preventive Care

Appointment	Date Completed	Doctor/Location Performed	Follow up?
Annual Wellness Visit			
Blood Cholesterol Check			
Blood Glucose Test			
Blood Pressure Check			
Colorectal Cancer Screening			
Flu Vaccine			
Hearing Check			
Pneumonia Vaccine			
Routine Eye Exam			
Weight/BMI			
Other Vaccines			

Appointment	Date Completed	Doctor/Location Performed	Follow up?
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Additional Appointments, Tests & Screenings

Diabetes

A1C

Diabetic Eye Exam
(Retinal/Dilated Eye Exam)

Kidney Function Test (Diabetic Urinalysis)

For Women

Bone Density Test (Osteoporosis)

Breast Cancer Screening (Mammogram)

