

# 2025 Summary of Benefits

## Blue adVantage Dual Plus (HMO-POS D-SNP)

H6453 - 019

Our plan and service areas:

H6453-019 Blue adVantage Dual Plus (HMO-POS D-SNP) is available statewide in Louisiana.

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. Enrollment in Blue Advantage depends on contract renewal.

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## **This is a summary of drug and health services covered by Blue adVantage Dual Plus (HMO-POS D-SNP) from January 1, 2025 - December 31, 2025.**

Blue Cross and Blue Shield of Louisiana (Blue Advantage) is an HMO with a Medicare contract. Enrollment in Blue Advantage depends on contract renewal. This plan is available to anyone who has both medical assistance from Medicare and Louisiana Medicaid.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call Customer Service and request the *Evidence of Coverage*.

### **You have choices about how to get your Medicare benefits**

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare Advantage health plan, such as Blue adVantage.

### **Tips for comparing your Medicare choices:**

This Summary of Benefits booklet gives you a summary of what Blue adVantage covers and what you pay.

- If you want to compare our plan with other Medicare Advantage health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).
- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Contact us**

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 also visit our website at [www.bcbsla.com/blueadvantage](http://www.bcbsla.com/blueadvantage).

### **Who can join?**

To join Blue adVantage Dual Plus (HMO-POS D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be classified as a QMB, QMB+, SLMB+, or FBDE beneficiary by Louisiana Medicaid, and live in our service area.

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## Which doctors, hospitals, and pharmacies can I use?

Blue adVantage Dual Plus (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at [www.bcbsla.com/blueadvantage](http://www.bcbsla.com/blueadvantage). Because our plan is an HMO-POS plan, you can use Point-of-Service (POS) providers that are outside our network for an additional cost. The maximum benefit for services rendered by POS providers is \$5,000.

## What do we cover?

Like all Medicare Advantage health plans, we cover everything that Original Medicare covers - *and more*.

- **Our plan members get *all of the benefits covered by Original Medicare*.** For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

## What drugs do we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as most oral chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary and any restrictions on our website, [www.bcbsla.com/blueadvantage](http://www.bcbsla.com/blueadvantage).
- Or call us and we will send you a copy of the formulary.

## How will I determine my drug costs?

Blue adVantage Dual Plus (HMO-POS D-SNP) is participating in the Value-Based Insurance Design (VBID) Model to offer elimination of Part D cost sharing for members with low-income subsidy. All covered prescription drugs in all drug payment stages for prescriptions filled at in-network pharmacies will be covered with a \$0 copay. If you are no longer eligible for Louisiana Medicaid while enrolled in this plan, your cost share will be Original Medicare cost share amounts.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. 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 also visit our website at [www.bcbsla.com/blueadvantage](http://www.bcbsla.com/blueadvantage).

	<b>Blue adVantage Dual Plus (HMO-POS D-SNP) 019</b>
<b>Monthly plan premium</b> <i>(includes Part C and D)</i>	\$0 or \$38 per month.
<b>Part B Premium Reduction</b>	This plan offers a \$2 giveback every month in your Social Security check.
<b>Medical Deductible</b>	For in-network Medicare-covered services: Your yearly deductible is \$257 for Part B services and \$1,676 for Part A services. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 deductible amount.  For out-of-network services: \$500 per year for point-of-service (POS) benefits
<b>Maximum out-of-pocket amount</b> <i>(does not include Part D prescription drugs)</i>	For in-network providers: \$9,350 per year
<b>Inpatient Hospital coverage</b>	<b>In-Network</b> You pay the 2025 Original Medicare cost-sharing amounts. \$1,676 deductible; \$0 copay each day for days 1-60; \$419 copay each day for days 61 to 90; \$838 copay each day for days 91 to 150 (lifetime reserve days). If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i>  <b>Out-of-Network</b> 50% coinsurance for each Medicare-covered hospital stay. <i>Prior Authorization is required.</i>

	<b>Blue adVantage Dual Plus (HMO-POS D-SNP)</b> 019
<p><b>Outpatient Hospital coverage</b></p> <p>Outpatient hospital services</p> <p>Outpatient hospital observation services</p>	<p>Observation Services coverage applies only if you are under Observation status.</p> <p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p> <p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>
<p><b>Ambulatory Surgical Center (ASC)</b></p>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>
<p><b>Doctor Visits</b></p> <p>Primary Care Provider visit</p>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>

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	<b>Blue adVantage Dual Plus (HMO-POS D-SNP)</b> 019
Specialist visit	<b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.  <b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i>

	<b>Blue adVantage Dual Plus (HMO-POS D-SNP)</b> 019
<p><b>Preventive Care</b>  Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cervical and vaginal cancer screening</li> <li>• Cologuard or FOBT colorectal screenings</li> <li>• Colonoscopy and all other colorectal screenings</li> <li>• Diabetes screenings</li> <li>• Glaucoma screenings</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• "Welcome to Medicare" preventive visit (one-time)</li> </ul> <p>Other preventive services are available. Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p><b>In-Network</b>  \$0 copay</p> <p><b>Out-of-Network</b>  50% coinsurance  <i>Prior Authorization is required.</i></p>
<p><b>Emergency care</b></p>	<p>\$0 or 20% coinsurance up to \$100  If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.  Coinsurance is waived if you are admitted to a hospital within 72 hours.</p>

	<b>Blue adVantage Dual Plus (HMO-POS D-SNP)</b> 019
<b>Urgently Needed Services (Urgent Care)</b>	\$0 or 20% coinsurance up to \$45 If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.
<b>Diagnostic Services/Labs/Imaging</b>	Authorization rules may apply for certain outpatient diagnostic procedures, X-rays, or tests.
Diagnostic tests and procedures	<b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization may be required.</i>
Diagnostic radiology services (e.g. MRI, CT Scan)	<b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i> <b>In-Network</b> \$0 or 20% coinsurance for all other diagnostic radiology services If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. \$40 copay for Holter Monitors <i>Prior Authorization may be required.</i>
Lab services	<b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i> <b>In-Network</b> \$0 copay <i>Prior Authorization may be required.</i>
Outpatient X-rays	<b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i> <b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization may be required.</i> <b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i>



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Therapeutic Radiology	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization may be required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>
<p><b>Hearing services</b></p> <p>Exam to diagnose and treat hearing and balance issues</p> <p>Routine hearing exam</p> <p>Fitting-evaluation(s) for hearing aids</p> <p><b>Hearing aids</b></p>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p> <p>Limited to 1 visit(s) every year</p> <p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 copay</p> <p>Limited to 1 visit(s) every year</p> <p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 copay</p> <p>\$0 copay up to a \$1,500 maximum benefit coverage amount loaded to your Blue Advantage Flex Card for both ears combined every year for hearing aids. Hearing aid fitting is included in the maximum benefit coverage amount. Retailer restrictions apply.</p>

	<b>Blue adVantage Dual Plus (HMO-POS D-SNP) 019</b>
<b>Dental services</b>	Up to a \$4,000 combined maximum benefit coverage amount every year for all preventive and comprehensive dental services.
<b>Preventive dental services</b>	
Oral Exams	Limited to 2 oral exam(s) every year <b>In-Network</b> \$0 copay  <b>Out-of-Network</b> \$0 copay
Prophylaxis (Cleaning)	Limited to 2 cleaning(s) every year <b>In-Network</b> \$0 copay  <b>Out-of-Network</b> \$0 copay
Fluoride Treatment	Limited to 2 fluoride treatment(s) every year <b>In-Network</b> \$0 copay  <b>Out-of-Network</b> \$0 copay
Dental X-rays	One bitewing x-ray per year or one full mouth x-ray every three years. <b>In-Network</b> \$0 copay  <b>Out-of-Network</b> \$0 copay

	<b>Blue adVantage Dual Plus (HMO-POS D-SNP)</b> 019
<p><b>Comprehensive dental services</b></p> <p><b>Limited Medicare-covered Dental Services</b></p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 copay</p> <p><b>In-Network</b> \$0 or 20% coinsurance for each Medicare-covered service. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>
<p><b>Vision care</b></p> <p>Exam to diagnose and treat diseases and conditions of the eye</p> <p>Diabetic eye exams</p> <p>Eyeglasses or contact lenses after cataract surgery</p>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p> <p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p> <p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>

	<b>Blue adVantage Dual Plus (HMO-POS D-SNP)</b> 019
Glaucoma screening	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>
Routine eye exam	<p>Limited to 1 visit(s) every year</p> <p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> 50% coinsurance</p>
Supplemental eyewear Contact lenses Eyeglass lenses Eyeglass frames Eyeglasses (lenses and frames) Upgrades	<p>\$0 copay up to a \$300 combined maximum benefit coverage amount loaded to your Blue Advantage Flex Card every year. Retailer restrictions may apply.</p>
<b>Mental Health Services</b>	
Inpatient stay	<p><b>In-Network</b> You pay the 2025 Original Medicare cost-sharing amounts. \$1,676 deductible; \$0 copay each day for days 1-60; \$419 copay each day for days 61 to 90; \$838 copay each day for days 91 to 150 (lifetime reserve days). If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance for each Medicare-covered hospital stay. <i>Prior Authorization is required.</i></p>

	<b>Blue adVantage Dual Plus (HMO-POS D-SNP) 019</b>
<p>Outpatient group therapy visit</p> <p>Outpatient individual therapy visit</p>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p> <p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>
<p><b>Skilled nursing facility (SNF) care</b> Our plan covers up to 100 days in a Skilled Nursing Facility. Three-day prior hospital stay is required.</p>	<p><b>In-Network</b> You pay the 2025 Original Medicare cost-sharing amounts. \$0 copay each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$209.50 copay each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay. If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance for each Medicare-covered skilled nursing facility stay. <i>Prior Authorization is required.</i></p>
<p><b>Physical Therapy</b></p>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>

	<b>Blue adVantage Dual Plus (HMO-POS D-SNP)</b> 019
<p><b>Ambulance services</b> Ground Ambulance</p> <p>Air Ambulance</p>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization may be required.</i></p> <p><b>Out-of-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. for emergent ambulance 50% coinsurance for non-emergent ambulance <i>Prior Authorization may be required.</i></p> <p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>
<b>Transportation</b>	<p><b>In-Network</b> \$0 copay 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.</p> <p><b>Out-of-Network</b> <u>Not covered</u></p>
<p><b>Medicare Part B prescription drugs</b> Chemotherapy/Radiation drugs</p>	<p><b>In-Network</b> \$0 or 0% - 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 0% - 50% coinsurance <i>Prior Authorization is required.</i></p>

	<p><b>Blue adVantage Dual Plus (HMO-POS D-SNP) 019</b></p>
<p>Other Part B drugs</p>	<p><b>In-Network</b>                  \$0 or 0% - 20% coinsurance                  If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.  <i>Prior Authorization may be required.</i></p> <p><b>Out-of-Network</b>                  0% - 50% coinsurance  <i>Prior Authorization is required.</i></p>
<p>Insulin drugs</p>	<p><b>In-Network</b>                  \$0 or \$35 copay                  If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.  <i>Prior Authorization may be required.</i></p> <p><b>Out-of-Network</b>                  \$35 copay  <i>Prior Authorization is required.</i></p>

<b>Prescription Drug Coverage</b>		<b>Blue adVantage Dual Plus (HMO-POS D-SNP)</b>	
<b>Stage 1: Annual Prescription Deductible</b>			
<b>Deductible</b>	\$0 prescription drug deductible		
<b>Stage 2: Initial Coverage (after you meet your deductible, if applicable)</b>			
You pay the following cost share until your yearly out-of-pocket drug costs total <b>\$2,000</b> . If you are no longer eligible for Louisiana Medicaid while enrolled in this plan, your cost share will be Original Medicare cost share amounts.			
<b>LICS Level</b>	1	2	3
Generic:	\$0 copay	\$0 copay	\$0 copay
Brand:	\$0 copay	\$0 copay	\$0 copay
You can get your drugs at network retail pharmacies, specialty pharmacies, and mail order pharmacies. If an in-network pharmacy is not available, you may get drugs from an out-of-network pharmacy. Your prescription cost may be more at an out-of-network pharmacy than at an in-network pharmacy. You pay retail pharmacy prices while staying in a long term facility.			
<b>Stage 3: Catastrophic Coverage</b>			
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,000, you pay nothing.			

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (1-month supply) or long-term (3-month supply).



**Other Covered Benefits**

	<p><b>Blue adVantage Dual Plus (HMO-POS D-SNP)</b> 019</p>
<p><b>Cardiac (Heart) Rehabilitation Services</b></p>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>
<p><b>Chiropractic services</b></p>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>
<p><b>Diabetic monitoring supplies</b></p>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization may be required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>
<p><b>Diabetes Self-Management Training</b></p>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>

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<b>Diabetic therapeutic shoes or inserts</b>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>
<b>Durable medical equipment (DME) and related supplies</b>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>
<b>Podiatry services (foot care)</b>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>
<b>Home health agency care</b>	<p><b>In-Network</b> \$0 copay <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>

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<b>Outpatient rehabilitation services</b> Services provided by an occupational therapist.	<p><b>In-Network</b>            \$0 or 20% coinsurance            If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.  <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b>            50% coinsurance  <i>Prior Authorization is required.</i></p>
<b>Outpatient substance use disorder services</b>	<p><b>In-Network</b>            \$0 or 20% coinsurance .            If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.  <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b>            50% coinsurance  <i>Prior Authorization is required.</i></p>
<b>Prosthetic and orthotic devices and related supplies</b>	<p><b>In-Network</b>            \$0 or 20% coinsurance            If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.  <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b>            50% coinsurance  <i>Prior Authorization is required.</i></p>
<b>Renal Dialysis Services</b>	<p><b>In-Network</b>            \$0 or 20% coinsurance            If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p> <p><b>Out-of-Network</b>            20% coinsurance  <i>Prior Authorization is required.</i></p>

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<b>Speech and Language Therapy</b>	<p><b>In-Network</b> \$0 or 20% coinsurance If you are eligible for full Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount. <i>Prior Authorization is required.</i></p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>
<b>Annual routine physical exam</b>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> 50% coinsurance <i>Prior Authorization is required.</i></p>

**Extra Benefits**

	<b>Blue adVantage Dual Plus (HMO-POS D-SNP)</b> 019
<b>Fitness benefit</b>	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.
<b>Over-the-counter and healthy foods and produce benefit</b>	You are eligible for a \$100 maximum benefit coverage amount loaded to your Blue Advantage Flex Card every month to be used toward the purchase of over-the-counter (OTC) health-related items and healthy foods and produce.
<b>Utilities benefit</b>	\$100 maximum benefit coverage amount loaded to your Blue Advantage Flex Card every month to be used toward approved utility services, such as phone, gas, electric, water, internet, cable or satellite television.
<b>BlueCare Telehealth</b> (online doctor visits)	\$0 copay Available 24/7 through BlueCare on a computer, tablet or smartphone. Primary Care Provider services only. Network restrictions may apply.
<b>Personal emergency response system (PERS)</b>	\$0 copay
<b>Additional Telehealth</b>	Includes qualifying appointments with primary care providers, physician specialists, podiatrists, other healthcare professionals, dieticians, behavioral health providers, and occupational/physical/speech therapists.

# Medicaid Coverage Comparison

The benefits described in the Summary of Benefits above are covered by Blue Advantage Dual Plus (HMO-POS D-SNP). Our plan will coordinate with Louisiana Medicaid for covered services, but our plan does not provide Medicaid services. Your Medicaid eligibility status may affect your cost share at any point you are enrolled in this plan.

The following is a list of covered services you may be eligible to receive through Medicaid and a list of covered services under Blue Advantage Dual Plus (HMO-POS D-SNP). Services provided by Medicaid may have benefit limitations that are not listed on page 29 and 30, including limitations on number of visits and age limits/requirements for certain benefits. You may contact Louisiana Medicaid for more information about Medicaid eligibility requirements and covered services. You may also visit [www.myplan.healthy.la.gov/en/learn](http://www.myplan.healthy.la.gov/en/learn) for additional information.

Benefit	LA Medicaid Covers	DSNP Covers
Inpatient Hospital Coverage	✓	✓
Outpatient Hospital Coverage	✓	✓
Primary Care Provider Visits	✓	✓
Specialist Visit	✓	✓
Preventive Care	✓	✓
Emergency Care	✓	✓
Urgently Needed Services	✓	✓
Diagnostic Services/Labs/Imaging	✓	✓
Hearing Exam	✓	✓
Hearing Aids	✓	✓
Dental Services	✓	✓
Vision Services	✓	✓
Vision - Eyewear	✓	✓
Mental Health Services	✓	✓

# Medicaid Coverage Comparison (Continued)

Benefit	LA Medicaid Covers	DSNP Covers
Skilled Nursing Facility	✓	✓
Physical Therapy	✓	✓
Speech and Language Therapy Visit	✓	✓
Ambulance Services	✓	✓
Transportation	✓	✓
Chemotherapy	✓	✓
Cardiac (Heart) Rehabilitation Services	✗	✓
Part D Prescription Drugs	✓	✓
Chiropractic Care	✓	✓
Diabetic Supplies and Services	✓	✓
Podiatry Services	✓	✓
Home Health Care	✓	✓
Durable Medical Equipment and Supplies	✓	✓
Outpatient Rehabilitation Services	✓	✓
Outpatient Substance Abuse	✓	✓
Healthy Foods and Produce	✗	✓
Over-the-Counter Items	✗	✓
Utilities	✗	✓
Personal Emergency Response System	✗	✓
Renal Dialysis	✓	✓

## **Pre-Enrollment Checklist**

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-800-363-9152 (TTY users should call 711).

### **Understanding the Benefits**

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [www.bcbsla.com/blueadvantage](http://www.bcbsla.com/blueadvantage) or call 1-866-508-7145 (TTY users should call 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

### **Understanding Important Rules**

- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.