Louisiana

Summary of Benefits

Blue Advantage (HMO) and Blue Advantage (PPO)

2021

H6453-005 and H1248-005

Plan service area includes Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine and Webster parishes.

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross and Blue Shield Association, offers Blue Advantage (PPO).

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Blue Advantage (HMO) | Blue Advantage (PPO) Summary of Benefits

This is a summary of drug and health services covered by Blue Advantage (HMO) | Blue Advantage (PPO) from **January 1, 2021 – December 31, 2021**.

Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please 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 health plan, such as **Blue Advantage (HMO) | Blue Advantage (PPO)**.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Blue Advantage (HMO) | Blue Advantage (PPO) covers and what you pay**.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.
- 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 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.

Sections in this booklet

- Things to Know About **Blue Advantage (HMO) | Blue Advantage (PPO)**
- Monthly Premium, Deductible and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits
- Extra Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, 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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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Things to Know about Blue Advantage (HMO) | Blue Advantage (PPO)

Hours of Operation
You can call us 7 days a week from 8 a.m. to 8 p.m.

Blue Advantage Phone Numbers and Website
- If you have questions, call toll free 1-800-363-9152, TTY 711.
- Our website: http://www.bcbsla.com/blueadvantage

Who can join?
To join **Blue Advantage (HMO) | Blue Advantage (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes all Louisiana parishes.

Which doctors, hospitals and pharmacies can I use?
Blue Advantage (HMO) | Blue Advantage (PPO) has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider directory at our website (www.bcbsla.com/blueadvantage). Or, call us, and we will send you a copy of the provider directory.

What do we cover?
Like all Medicare 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 (list of Part D prescription drugs) and any restrictions on our website, 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?
Our plan groups each prescription drug into one of five "tiers." You will need to use our formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage. If you have questions about the different benefit stages, please contact the Plan for more information or access the Evidence of Coverage on our website.

	Blue Advantage (HMO)	Blue Advantage (PPO)	
		In-Network	Out-of-Network
Monthly Premium, Deductible and Limits on How Much You Pay for Covered Services			
Monthly Plan Premium	$0	$85	
	You must keep paying your Medicare Part B premium.		
Medical Deductible	$0 per year	$0 per year	$1,000 per year
Maximum Out-of-Pocket Limit* (does not include prescription drugs)	$6,700 per year	$3,700 per year for services you receive from in-network providers $7,400 per year combined	
	This is the most you pay for copays, coinsurance and other costs for Medicare covered services for the year.		
Covered Medical and Hospital Benefits			
Inpatient Hospital Coverage[1]	$195 copay per day for days 1-10 $0 copay for days 11+ Per stay benefit period	$175 copay per day for days 1-10 $0 copay for days 11+ Per stay benefit period	30% coinsurance
	Our plan covers an unlimited number of days for an inpatient hospital stay. Authorization rules may apply.		

Note: Prior authorization may be required for services with a [1].

	Blue Advantage (HMO)	Blue Advantage (PPO)	
		In-Network	Out-of-Network
Outpatient Hospital Coverage[1]	Services/Procedures include any non-surgical procedure such as wound care, casts/splints, transfusions, hyperbaric oxygen therapy, or other services offered at a hospital outpatient center. Observation Services coverage applies only if you are under Observation status.		
+ Ambulatory surgical center	$300 copay	$175 copay	30% coinsurance
+ Outpatient hospital surgery	$350 copay	$175 copay	30% coinsurance
+ Services/Procedures	20% coinsurance	$75 copay	30% coinsurance
+ Observation services	$195 copay	$175 copay	30% coinsurance
Doctor Visits			
+ Primary Care Provider	$0 copay	$0 copay	30% coinsurance
+ Specialist	$50 copay	$40 copay	30% coinsurance

Note: Prior authorization may be required for services with a [1].

<table>
<tr><th></th><th>Blue Advantage (HMO)</th><th colspan="2">Blue Advantage (PPO)</th></tr>
<tr><th></th><th></th><th>In-Network</th><th>Out-of-Network</th></tr>
<tr><td>Preventive Care</td><td>$0 copay</td><td>$0 copay</td><td>30% coinsurance</td></tr>
<tr><td></td><td colspan="3">Our plan covers many preventive services, including:
Abdominal aortic aneurysm screening
Alcohol misuse counseling
Bone mass measurement
Breast cancer screening (mammogram)
Cardiovascular disease (behavioral therapy)
Cardiovascular screenings
Cervical and vaginal cancer screening
Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
Depression screening
Diabetes screenings
Glaucoma screening
Medical nutrition therapy services
Obesity screening and counseling
Prostate cancer screenings (PSA)
Select vaccines: flu, pneumonia, and Hepatitis B (with certain risk factors)
Sexually transmitted infections screening and counseling
Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
“Welcome to Medicare” preventive visit (one-time)
Yearly “Wellness” visit
Any additional preventive services approved by Medicare during the contract year will be covered.</td></tr>
<tr><td>Emergency Care</td><td>$90 copay</td><td>$90 copay</td><td>$90 copay</td></tr>
<tr><td></td><td colspan="3">If you are admitted to a hospital in the United States within 3 days, you do not have to pay your share of the cost for emergency care.
Emergency coverage is worldwide, but the copay is not waived if you are admitted to a hospital outside of the United States.</td></tr>
<tr><td>Urgently Needed Services (Urgent Care)</td><td>$50 copay inside of the United States
$90 copay outside of the United States</td><td>$35 copay inside of the United States
$90 copay outside of the United States</td><td>$35 copay inside of the United States
$90 copay outside of the United States</td></tr>
</table>

	Blue Advantage (HMO)	Blue Advantage (PPO)	
		In-Network	Out-of-Network
Diagnostic Services/ Labs/Imaging[1]	Authorization rules may apply for certain outpatient diagnostic procedures, X-rays or tests. There is no copay for abdominal aneursym screening, diabetes screening or prostate cancer screening when they are ordered as a preventive service.		
+ Diagnostic radiology services (such as mammograms, MRI, CT scan)	$0 copay for mammograms $200 copay for all other diagnostic radiology services	$0 copay for mammograms $75 copay for all other diagnostic radiology services	30% coinsurance
+ Lab services (routine labs and monitoring, Medicare-covered services)	$0 copay	$0 copay	30% coinsurance
+ Diagnostic tests and procedures (tissue samples, simple procedures for testing, etc.)	$11 copay	$11 copay	30% coinsurance
+ Outpatient X-rays (flat film X-rays)	$35 copay	$75 copay	30% coinsurance
+ Therapeutic radiology services (such as radiation treatment for cancer)	$60 copay	20% coinsurance	30% coinsurance

Note: Prior authorization may be required for services with a [1].

	Blue Advantage (HMO)	Blue Advantage (PPO)	
		In-Network	Out-of-Network
Hearing Services			
+ Diagnostic hearing exam to diagnose and treat hearing and balance issues (Medicare-covered)	$10 copay	$10 copay	30% coinsurance
+ Hearing exam (routine hearing exam)	$10 copay (up to 1 every year)	$10 copay (up to 1 every year)	30% coinsurance
+ Hearing aid	Our plan pays up to $500 every year for hearing aids (total for both ears).		
Dental Services	The preventive dental X-ray coverage is for horizontal bite-wing X-rays only. Coverage is limited to $1,000 per year, for all dental services combined, preventive and basic.		
+ Preventive	$0 copay for: • Cleaning (up to 2 every year) • Oral exam (up to 1 every year) • Fluoride treatment (up to 1 every year) • Dental X-ray(s) (up to 1 every 3 years)	$0 copay for: • Cleaning (up to 2 every year) • Oral exam (up to 1 every year) • Fluoride treatment (up to 1 every year) • Dental X-ray(s) (up to 1 every 3 years)	50% coinsurance
+ Basic	50% coinsurance	50% coinsurance	50% coinsurance

	Blue Advantage (HMO)	Blue Advantage (PPO)	
		In-Network	Out-of-Network
Vision Services	Our plan pays up to $130 every year for contact lenses or eyeglass frames/lenses when you use a network provider. If you use an out-of-network provider, you will pay first and then file a claim to be reimbursed up to the amounts listed below.		
+ Exam to diagnose and treat diseases and conditions of the eye	$40 copay	$40 copay	30% coinsurance (network limitations apply)
+ Routine eye exam	$0 copay (up to 1 every year)	$0 copay (up to 1 every year)	$40 copay (up to 1 every year | network limitations apply)
+ Eyeglasses or contact lenses after cataract surgery (Medicare-covered)	$0 copay	$0 copay	Not covered
+ Eyeglass frames	$0 copay (up to 1 every year)	$0 copay (up to 1 every year)	$50 member reimbursement
+ Contact lenses	$0 copay	$0 copay	$105-$225 member reimbursement; depending on contact lens type
+ Eyeglass lenses	$0 copay (up to 1 every year)	$0 copay (up to 1 every year)	$40-$100 member reimbursement; depending on lens type

	Blue Advantage (HMO)	Blue Advantage (PPO)	
		In-Network	Out-of-Network
Mental Health Services[1]			
+ Inpatient stay	$195 copay per day for days 1-8 $0 copay for days 9-90 Per stay benefit period	$175 copay per day for days 1-7 $0 copay for days 8-90 Per stay benefit period	30% coinsurance
+ Outpatient group therapy visit	$40 copay	$40 copay	30% coinsurance
+ Outpatient individual therapy visit	$40 copay	$40 copay	30% coinsurance
Skilled Nursing Facility (SNF)[1]	$0 copay for days 1-20 $165 copay per day for days 21-100	$0 copay for days 1-20 $165 copay per day for days 21-100	30% coinsurance
	Our plan covers up to 100 days in a SNF. No inpatient hospital stay is required prior to SNF admission.		

Note: Prior authorization may be required for services with a [1].

	Blue Advantage (HMO)	Blue Advantage (PPO)	
		In-Network	Out-of-Network
Physical Therapy[1]	$20 copay per visit	$20 copay per visit	30% coinsurance
	A separate copayment/coinsurance for Occupational Therapy will apply if other outpatient therapy services are rendered on the same day.		
Ambulance[1]	$260 copay per trip	$260 copay per trip	$260 copay per trip
Transportation	Not covered	Not covered	Not covered
Prescription Drug Benefits			
Medicare Part B Drugs[1]	Prior authorization may be required.		
+ Part B drugs such as chemotherapy drugs	20% coinsurance	20% coinsurance	30% coinsurance
+ Other Part B drugs	20% coinsurance	20% coinsurance	30% coinsurance
Deductible	$0. This plan does not have a prescription deductible.		

Note: Prior authorization may be required for services with a [1].

	Blue Advantage (HMO)		Blue Advantage (PPO)
Initial Coverage	You pay the following until your total yearly drug costs reach $4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.		
Preferred Retail and Mail-Order Cost-Sharing	If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy.		
	30-Day Supply	60-Day Supply	90-Day Supply
+ Tier 1 (Preferred Generics)	$3 copay	$6 copay	$0 copay
+ Tier 2 (Generics)	$12 copay	$24 copay	$36 copay
+ Tier 3 (Preferred Brand)	$45 copay	$90 copay	$135 copay
+ Tier 4 (Non-Preferred Drug)	$100 copay	$200 copay	$300 copay
+ Tier 5 (Specialty Tier)	33% coinsurance	Not Offered	Not Offered
Standard Retail and Mail-Order Cost-Sharing	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.		
	30-Day Supply	60-Day Supply	90-Day Supply
+ Tier 1 (Preferred Generics)	$10 copay	$20 copay	$30 copay
+ Tier 2 (Generics)	$18 copay	$36 copay	$54 copay
+ Tier 3 (Preferred Brand)	$47 copay	$94 copay	$141 copay
+ Tier 4 (Non-Preferred Drug)	$100 copay	$200 copay	$300 copay
+ Tier 5 (Specialty Tier)	33% coinsurance	Not Offered	Not Offered

	Blue Advantage (HMO)		Blue Advantage (PPO)
Coverage Gap	Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $4,130. After you enter the coverage gap, you will continue to pay your regular copay for Tier 1 and Tier 2 generics. See the chart below to find out how much it will cost you. You will pay 25% of the plan's cost for other covered generic drugs and 25% of the plan's cost for covered brand-name drugs until your true out-of-pocket costs total $6,550. Not everyone will enter the coverage gap.		
Preferred Retail and Mail-Order Cost-Sharing	All drugs are covered for Tier 1 (Preferred Generics) and Tier 2 (Generics).		
	30-Day Supply	60-Day Supply	90-Day Supply
+ Tier 1 (Preferred Generics)	$3 copay	$6 copay	$0 copay
+ Tier 2 (Generics)	$12 copay	$24 copay	$36 copay
Standard Retail and Mail-Order Cost-Sharing	All drugs are covered for Tier 1 (Preferred Generics) and Tier 2 (Generics).		
	30-Day Supply	60-Day Supply	90-Day Supply
+ Tier 1 (Preferred Generics)	$10 copay	$20 copay	$30 copay
+ Tier 2 (Generics)	$18 copay	$36 copay	$54 copay
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,550, you pay the greater of: • 5% coinsurance, or • $3.70 copay for generic (including brand drugs treated as generic) and an $9.20 copay for all other drugs.		

	Blue Advantage (HMO)	Blue Advantage (PPO)	
		In-Network	Out-of-Network
Other Covered Benefits			
Cardiac (Heart) Rehab Services[1]	$30 copay per visit	$30 copay per visit	30% coinsurance
	Coverage is for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks.		
Chiropractic Care	$20 copay per visit	$20 copay per visit	30% coinsurance
Diabetes Supplies and Services[1]	You pay nothing for: • Diabetes monitoring supplies • Diabetes self-management training • Therapeutic shoes or inserts	You pay nothing for: • Diabetes monitoring supplies • Diabetes self-management training • Therapeutic shoes or inserts	30% coinsurance
	Authorization is required for therapeutic shoes and inserts.		
Durable Medical Equipment[1] (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	30% coinsurance
Foot Care (podiatry services)	$40 copay	$30 copay	30% coinsurance

Note: Prior authorization may be required for services with a [1].

	Blue Advantage (HMO)	Blue Advantage (PPO)	
		In-Network	Out-of-Network
Home Health Care[1]	You pay nothing.	You pay nothing.	30% coinsurance
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside our plan. Contact us for more details.		
Occupational Therapy[1]	$20 copay per visit	$20 copay per visit	30% coinsurance
Outpatient Substance Abuse[1]	$40 copay for group or individual therapy visit	$40 copay for group or individual therapy visit	30% coinsurance for group or individual therapy visit
Prosthetic Devices[1] (braces, artificial limbs, etc.)	20% coinsurance	20% coinsurance	30% coinsurance
	Coverage includes prosthetic devices and related medical supplies.		
Renal Dialysis	20% coinsurance	20% coinsurance	30% coinsurance
Speech and Language Therapy[1]	$20 copay per therapy visit	$20 copay per therapy visit	30% coinsurance
	A separate copayment/coinsurance for Occupational Therapy will apply if other outpatient therapy services are rendered on the same day.		

Note: Prior authorization may be required for services with a [1].

	Blue Advantage (HMO)	Blue Advantage (PPO)
Extra Benefits		
Meal Benefit	Receive 2 meals per day, up to 5 days (after each discharge from inpatient hospital stay)	Receive 2 meals per day, up to 5 days (after each discharge from inpatient hospital stay)
Member Rewards	Receive up to $50 per year	Receive up to $50 per year
	Receive gift cards for completing approved wellness exams and/or screenings.	
Over-the-counter (OTC) Benefits	Receive 50 credits per quarter (200 credits, retail value of $200, per year)	Receive 50 credits per quarter (200 credits, retail value of $200, per year)
	This includes, but is not limited to, over-the-counter drugs, incontinence supplies and other medical and first-aid supplies.	
Telehealth (online doctor visits)	$0 copay	$0 copay
	Available 24/7 through BlueCare on a computer, tablet or smartphone. Primary Care Provider services only. Network restrictions may apply.	
Wellness Programs	$0 copay	$0 copay
	This includes fitness center membership/classes with home fitness program option, plus fitness tracker and online resources. Network restrictions may apply.	

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 711, 8 a.m - 8 p.m., 7 days a week.

Understanding the Benefits

- [ ] Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.bcbsla.com/blueadvantage or call 1-800-363-9152, TTY 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 medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- [ ] In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

- [ ] Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.

- [ ] **If selecting Blue Advantage (HMO):**

  Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

- [ ] **If selecting Blue Advantage (PPO):**

  Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, 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.

Louisiana

Notice of Non-Discriminatory Practices

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

Blue Cross and Blue Shield of Louisiana and its subsidiary:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Customer Service at 1-866-508-7145 (TTY 711). Our phone lines are open 8 a.m. to 8 p.m., 7 days a week from October – March and 8 a.m. to 8 p.m., Monday – Friday from April – September.

If you believe that Blue Cross or its subsidiary has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in person or by mail, fax or email.

In person: 5525 Reitz Avenue • Baton Rouge, LA 70809
By mail: Section 1557 Coordinator • P. O. Box 98012 • Baton Rouge, LA 70898-9012
225-295-2300
1-800-711-5519 (TTY 711)
Fax: 225-298-7240 (Attention: Government Programs)
Email: Section1557Coordinator@bcbsla.com

If you need help filing a grievance, our Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross and Blue Shield Association, offers Blue Advantage (PPO).

Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

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Multi-Language Interpreter Services

ENGLISH: ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call 1-866-508-7145 (TTY: 711).

SPANISH: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-508-7145 (TTY: 711).

FRENCH: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-508-7145 (ATS : 711).

FRENCH CREOLE: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-508-7145 (TTY: 711).

VIETNAMESE: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-508-7145 (TTY: 711).

CHINESE: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-508-7145 (TTY: 711)。

ARABIC: ملاحظة: إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-508-7145 (رقم هاتف الصم والبكم: 711).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-508-7145 (TTY: 711).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-508-7145 (TTY: 711)번으로 전화해 주십시오.

PORTUGUESE: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-508-7145 (TTY: 711).

LAOTIAN: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການ ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-866-508-7145 (TTY: 711).

JAPANESE: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-508-7145 (TTY: 711）まで、お電話にてご連絡ください。

URDU: خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-866-508-7145 (TTY: 711).

GERMAN: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-508-7145 (TTY: 711).

PERSIAN (FARSI): **توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-508-7145 (TTY: 711) تماس بگیرید.

RUSSIAN: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-508-7145 (телетайп: 711).

THAI: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-508-7145 (TTY: 711).

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Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.