



Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)



2023 Member Quick-Start Guide

A resource for understanding and making the most of your 2023 Medicare Advantage plan.

Includes the 2023 Flex Card Guide starting on page 22.

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 Blue Shield Association, offers Blue Advantage (PPO).

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 to 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.



**WE LOOK FORWARD TO SERVING YOU IN
2023 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 **Affinity Health Group** and other 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 also partner with Affinity and other providers on our 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.



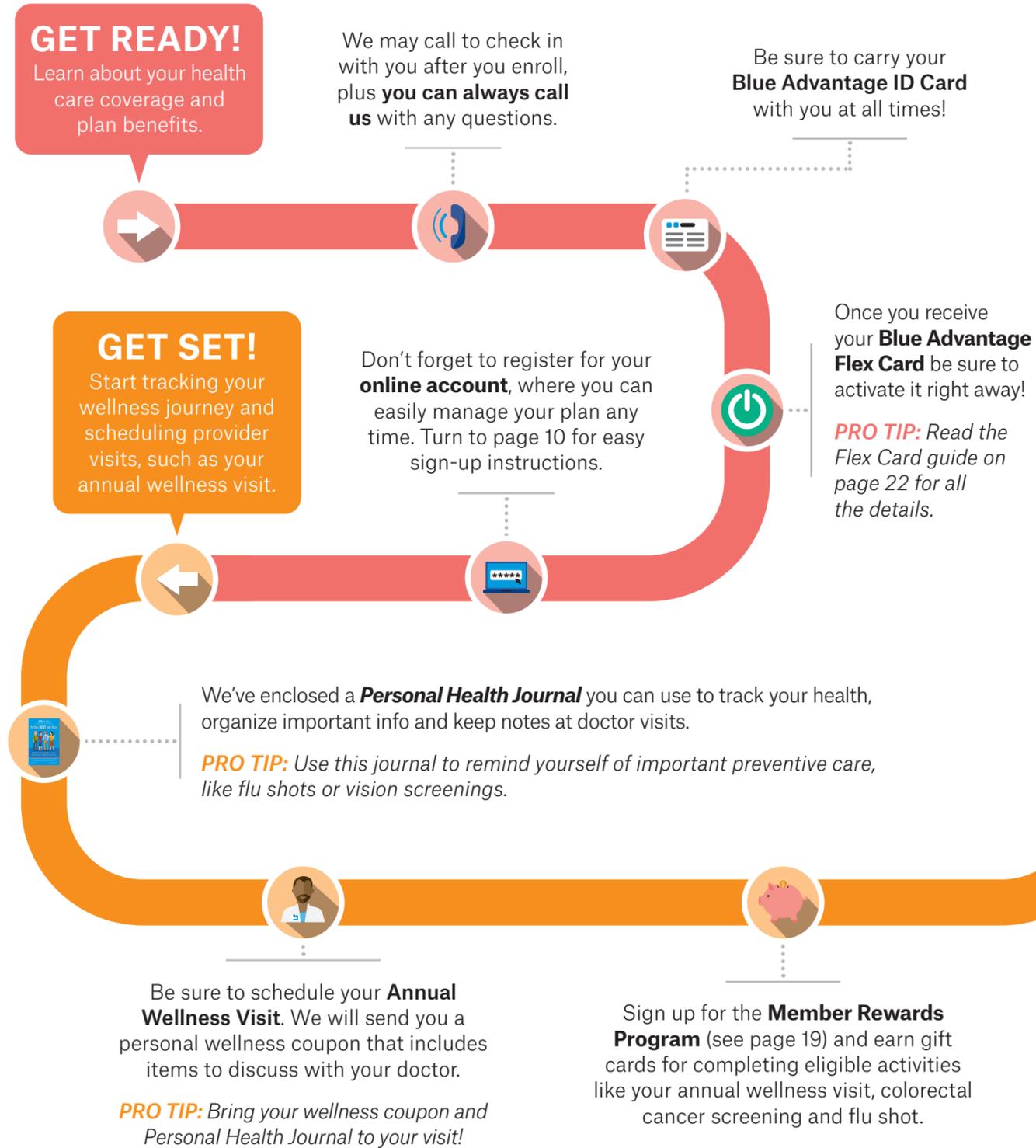
Each year, we send out **surveys** that ask about members' experience with their Blue Advantage plan and the care that they receive from their providers. These surveys, which go out from March through September, are anonymous and are used to help us make plan decisions based on the needs of our members.



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.

Your Plan Year at a Glance

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



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 health supplies.

PRO TIP: Check out the Flex Card guide on page 22 if you have any questions.

Make the most of your **prescription benefits**. Get a three-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.

Your plan includes **fitness benefits** to help you feel your best. Turn to page 20 to learn more and get moving.

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 Change** 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.

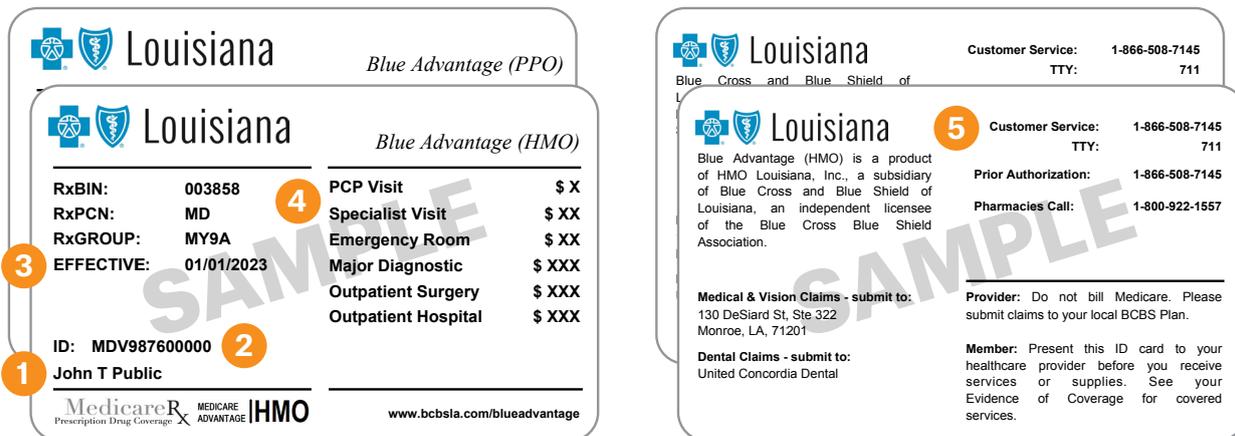
Have questions about your plan? We have Medicare experts standing by to help. Just call the Customer Service number on the back of your ID card.

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 and hospice services). 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 Online Account

Your Blue Advantage membership comes with an online account where you can easily manage your plan when it's most convenient for you.

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
- And much more!

To sign up for your online account:

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

To sign up, you will need your:

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

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			
Health and wellness education programs	Members have access to a Fitness Facility Membership with fitness advisors onsite to assist and provide orientation to the facility. Members have access to over 11,000 facilities throughout the U.S. Home fitness kits offering a broad range of activity levels may be used by members who prefer exercise at home or while traveling.		
Over-the-counter benefit	You are eligible for a \$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 and wellness products.		
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.		

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 2023

<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			
	1/06/23	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

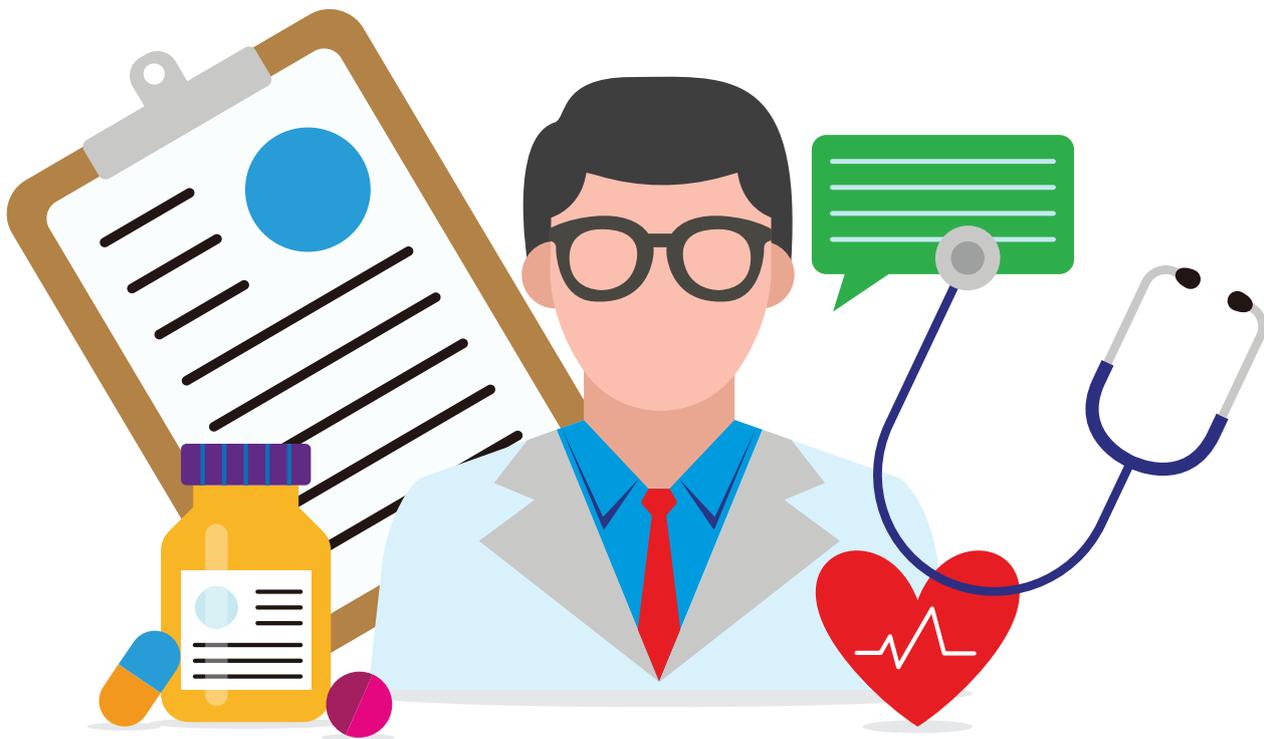
To stay healthy, it's important to have a relationship with your primary care provider (PCP). Your PCP will work with you to manage your conditions and make sure you get the care you need. One important step is scheduling your annual wellness visit with your PCP. This visit is the perfect time to discuss any health concerns you may have.

Personalized Wellness Coupon

We will send you a personalized wellness coupon in the mail once or twice a year. You can also get your coupon at any time by registering for your online account. It includes a list of screenings for your PCP to complete during your visit, so be sure to bring it with you. And don't forget to bring your *Personal Health Journal* to make notes so you don't forget anything.

Complimentary In-home Population Health Visit

Eligible members can also receive a complimentary in-home population health visit. We partner with Affinity Health Group and other 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.



Affinity Health Group is an independent company that administers health assessments (Population Health Visits) for Blue Cross and Blue Shield of Louisiana and Blue Cross and Blue Shield of Louisiana HMO.

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.



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 2023 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.

Get Your Medications Delivered Right to You

Your plan comes with mail-order and three-month fill options by mail and retail for most medications that we cover. It's quick and easy to make the switch.

Choose one of these options to get started:

- Call **1-800-282-2881** (24 hours a day, 7 days a week) to have a knowledgeable and helpful representative get you quickly set up with mail order. TTY users should call **1-800-759-1089**.
- Go to www.Express-Scripts.com and follow the simple steps to switch your medications to mail order. You can also call a representative at the number above if you need help with the website.

Have your member ID card handy when you call.

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 and Blue Cross and Blue Shield of Louisiana HMO.

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

USING YOUR ADDED FEATURES



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

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 - \$40 copay

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: _____

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: _____

Member Rewards Program

Getting rewarded for getting healthy has never been so easy. As a Blue Advantage member, you can earn gift card rewards just for completing healthy actions.

By signing up for the Member Rewards Program, you can earn up to \$50 in gift card rewards for the first two health actions you complete.

Here's a list of activities you may be eligible for that qualify for rewards. Check off your eligible activities as you complete them to keep track.

-
- Annual Wellness Visit - \$25**
 - Breast Cancer Screening - \$25**
 - Colorectal Cancer Screening - \$25**
 - Annual Flu Vaccine - \$25**
 - Diabetic Retinal Exam - \$25**
-

Complete an eligible activity and choose a digital or physical gift card from a variety of national and local retailers.

Plus, the program includes helpful tools and resources for health conditions and healthy lifestyle support, including a doctor checklist and educational library. You can use features of the program on the web or through the convenience of a mobile app.

The good news is that you don't have to sign up for the program before you complete your health actions. Actions completed before you register can count toward your rewards. However, you must register by 12/31/2023 to redeem rewards for health actions taken in 2023. When you are ready to sign up, go to bcbsla.healthmine.com/Rewards. You will need your Blue Advantage member ID card, date of birth and email address.

Once registered, you will receive an email letting you know that your account has been set up. You can also call **1-800-220-1504**, Monday – Friday from 8 a.m. to 8 p.m., to begin the set-up process for your account. TTY users should call **1-800-283-9290**.

Username: _____

Password: _____

Fitness Program

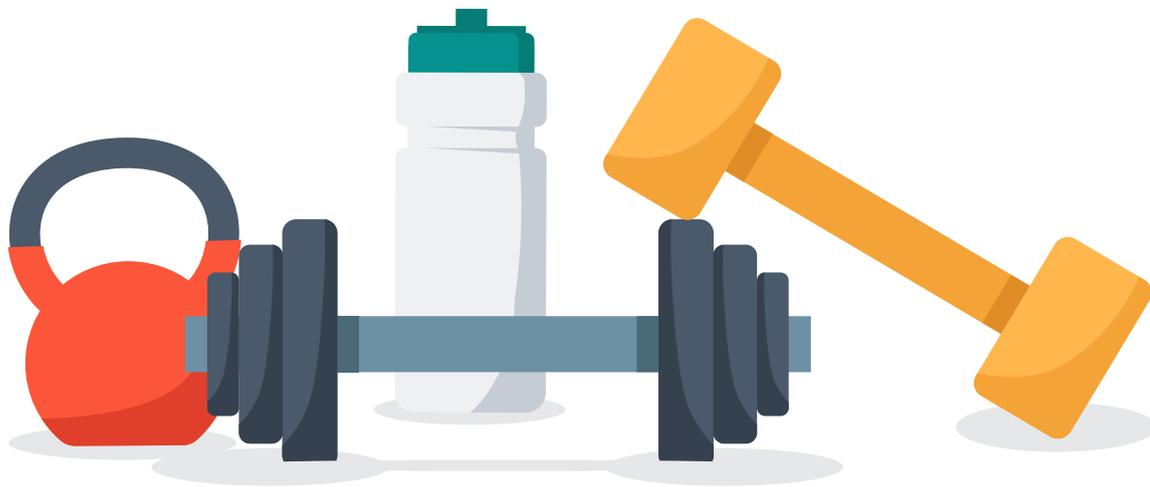
As a Blue Advantage member, you can enjoy the Silver&Fit® Healthy Aging and Exercise program at no additional cost beyond your monthly premium.

The Silver&Fit program gives you the digital tools and personalized support you need to enjoy a better life balance. Start your healthy aging journey with a no-cost fitness center/ YMCA membership at a participating location, one Home Fitness Kit per benefit year, digital workout videos on the Silver&Fit website or mobile app, Healthy Aging Coaching, rewards for tracking your fitness activity, and other member resources. Blue Advantage members can access the Silver&Fit Standard Network locations PLUS some Premium Select Network facilities for no cost.

- To register, go to www.SilverandFit.com.
- Select a participating fitness center or YMCA, or sign up for the Home Fitness program.
- If you prefer, you can call **1-877-427-4788 (TTY 711)**, Monday – Friday from 7 a.m. to 8 p.m. to sign up.

Username: _____

Password: _____



Participating facilities and fitness chains may vary by location and are subject to change. Kits and rewards are subject to change. Please talk to your doctor before starting or changing your exercise routine.

Silver&Fit is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH. American Specialty Health Fitness, Inc., is an independent company that administers fitness benefits for Blue Cross and Blue Shield of Louisiana and Blue Cross and Blue Shield of Louisiana HMO.

Dental

Your Blue Advantage plan comes with both preventive and basic dental services covered, in-network, at no cost to you. Out-of-network services are at a 50% coinsurance. Coverage is limited to \$1,200 per year for all dental services combined.

Preventive services include:

- Two exams and two cleanings every year
- One set of horizontal bitewing X-rays every year

Basic services include:

- One amalgam restoration (metal fillings) per tooth every three years
- One resin-based composite restoration (anterior) per tooth per lifetime
- One endodontic therapy (root canals, etc.) and other endodontic services per tooth per lifetime
- One adjustment of prosthetics (one per arch) every two years
- One repair of prosthetics (one per arch) every three years
- Simple extractions
- Surgical extractions
- One palliative treatment (emergency treatment for dental pain) every year

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 as well as \$225 on your Flex Card to pay for eyewear such as contact lenses or glasses.

Hearing

Good hearing is important to your overall health and well-being. Your Blue Advantage plan includes one annual routine hearing exam at a \$10 copay, plus a \$10 copay each for exams to diagnose and treat hearing and balance issues. You also get \$500 on your Flex Card to help pay for prescription hearing aids.

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



About Your Blue Advantage Flex Card

Your Blue Advantage Flex Card is a prepaid debit card that helps pay for out-of-pocket costs, including:



\$500 for prescription hearing aids



\$225 for eyewear like eyeglasses and contact lenses



\$200 for over-the-counter supplies that you can purchase at major retailers or online

- Quarter 1 (January, February, March)
- Quarter 2 (April, May, June)
- Quarter 3 (July, August, September)
- Quarter 4 (October, November, December)

STEP 1: Activate Your Blue Advantage Flex Card

Your Blue Advantage Flex Card will be mailed directly to you shortly after your plan effective date. 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 health care plan is effective and your card is activated, you can start spending!



STEP 2: Register Your Online Accounts

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

A Sign Up for Your Blue Advantage Online Account

To sign up for your online account:

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

To sign up, you will need your:

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

B Sign Up for Your Flex Card Online Account

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

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

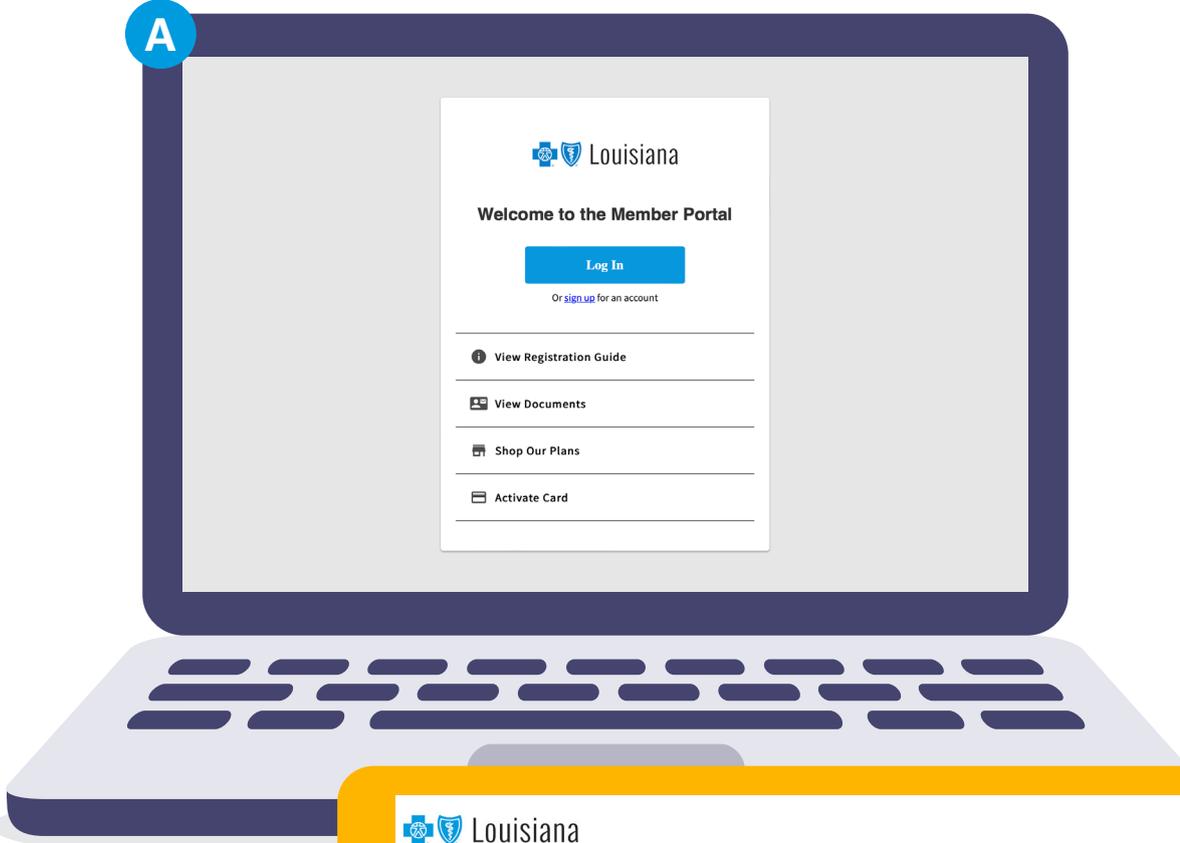
To access your Flex Card account:

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

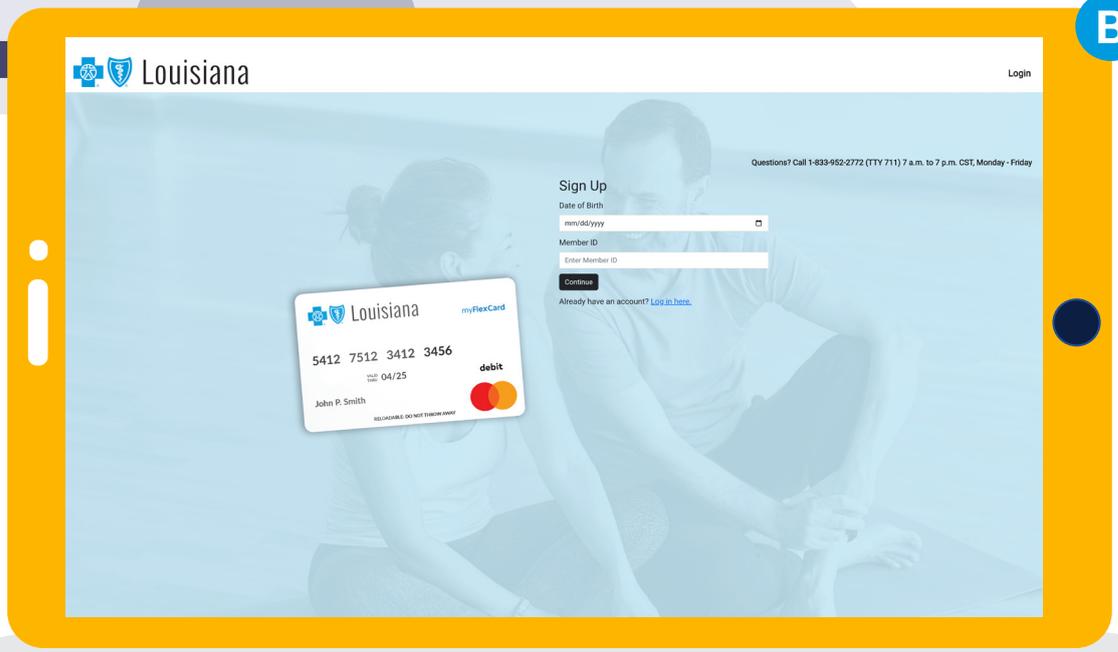
To sign up, you will need your:

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

A



B



STEP 3: Use Your Card

We want you to have the best experience possible using your Flex Card. The chart below provides a quick reference to understanding your allowances and how to use them. But don't worry, we are always here to answer all of your questions to be sure you get the most out of your Flex Card allowances.



	 Prescription Hearing Aids	 Eyewear	 Over-the-Counter (OTC) Supplies
Allowance Amount	\$500	\$225	\$50
Allowance Frequency	Annually	Annually	Quarterly
Where to Spend Your Allowance	Use your annual hearing allowance at an in-person participating retail provider .	Use your annual eyewear allowance at an in-person participating retail provider .	Use your quarterly OTC allowance: <ol style="list-style-type: none"> 1. At an in-person participating retail provider. 2. Online for home delivery through your Blue Advantage Flex Card account. 3. By phone for home delivery by calling 1-833-952-2772 (TTY 711). Our phone lines are open 7 a.m. to 7 p.m., Monday - Friday.
Approved Products <i>Approved products are subject to change. Please view your online Flex Card account or call us if you have questions about a product.</i>	Prescription hearing aids	Eyewear, such as glasses and contact lenses	Eligible OTC products from approved categories, such as Allergy, Cold & Flu, Dental & Denture Care, First Aid and so much more! <i>Unapproved items like tobacco, vaping products and alcohol are not eligible purchases with the Blue Advantage Flex Card.</i>

Have questions about using your Flex Card? Give us a call at **1-833-952-2772 (TTY 711)**. Our phone lines are open 7 a.m. to 7 p.m., Monday - Friday.

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. See pages 26-27 for examples of approved products.

Allowances are not transferable.

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

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! Some may be annual while others are quarterly.

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 the Blue Advantage Flex Card Help Line at the number below or by downloading one from your Flex Card online account. Once verified, your Flex Card will be loaded with the funds to reimburse you.



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

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



Lost Your Card?

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



Louisiana

Notice of Non-Discriminatory Practices

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

Blue Cross and Blue Shield of Louisiana and its subsidiary:

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

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

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

In person: 5525 Reitz Avenue • Baton Rouge, LA 70809

**By mail: Section 1557 Coordinator • P. O. Box 98012 • Baton Rouge, LA 70898-9012
225-295-2300**

1-800-711-5519 (TTY 711)

Fax: 225-298-7240 (Attention: Government Programs)

Email: Section1557Coordinator@bcbsla.com

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

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

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

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 Blue Shield Association, offers Blue Advantage (PPO).

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

Multi-Language 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 (TTY 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 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费翻译服务，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 (TTY 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 (TTY 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 (TTY 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 (TTY 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 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

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

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-508-7145 (TTY 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 (TTY 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 1-866-508-7145 (TTY 711). 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 (TTY 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 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-508-7145 (TTY 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 (TTY 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 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-508-7145 (TTY 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 Advantage (HMO) | Blue Advantage (PPO)

Be Your **BEST** with Blue



2023 Personal Health Journal Tracking Your Wellness Journey

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 Blue Shield Association, offers Blue Advantage (PPO).

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 health care with your day-to-day life.



When you visit your doctor or health care 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 request a Home Fitness kit
 - 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 three-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)

