LOUISIANA BLUE

HEALTH PLANS

SOLUTIONS FOR INDIVIDUALS



2027

01MK4558 R09/26 HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross Blue Shield Association.



If there is any discrepancy between the information in this brochure and the policy, the policy prevails. Premium will vary with the level of benefits chosen. For complete information, please refer to the policy.

Benefits are based on allowable charges. Allowable charge is defined as the lesser of the billed charge or the amount established or negotiated by Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc., (hereinafter Louisiana Blue) as the maximum amount allowed for all provider services covered under the terms of the policy.

NOTICE: HEALTHCARE SERVICES MAY BE PROVIDED TO YOU AT A NETWORK HEALTHCARE FACILITY BY FACILITY-BASED PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF ANY FEES FOR THOSE OUT-OF-NETWORK SERVICES, IN ADDITION TO APPLICABLE AMOUNTS DUE FOR COPAYMENTS, COINSURANCE, DEDUCTIBLES AND NON-COVERED SERVICES.

SPECIFIC INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK FACILITY-BASED PHYSICIANS CAN BE FOUND AT **WWW.LABLUE.COM/HBP** OR BY CALLING THE CUSTOMER SERVICE PHONE NUMBER ON YOUR MEMBER ID CARD.

Utilization Management decision-making is based only on appropriateness of care and service and existence of coverage. Practitioners or other individuals are not specifically rewarded for issuing denials of coverage. Financial incentives for Utilization Management decision-makers do not encourage decisions that result in underutilization.

Affordable Care Act (ACA)

Signed into law in 2010, the Affordable Care Act (ACA) — also known as healthcare reform — was designed to make health insurance more affordable and accessible for individuals and families. It protects consumers, helps control healthcare costs and requires insurers to meet key standards, including coverage of essential health benefits.

Qualified Health Plans (QHPs) — also called on-exchange plans — meet all ACA requirements and are available through the Health Insurance Marketplace®, a platform where individuals and families can shop for coverage and check eligibility for financial assistance.

Louisiana Blue is a Qualified Health Plan issuer, offering a variety of on-exchange plans.

Louisiana Blue Plans

Louisiana Blue offers both on-exchange and off-exchange plan options. Off-exchange plans are available exclusively through a Louisiana Blue agent and are not purchased through the Health Insurance Marketplace. All Louisiana Blue plans cover essential health benefits.

You can purchase on-exchange or off-exchange plans by contacting a Louisiana Blue preferred agent at 1-800-821-2758. We're here to help you find the coverage that fits your needs.

Understanding Health Insurance Plans

On-Exchange Plans: Based on your income, you may qualify for subsidies (advanced premium tax credits) from the federal government to help pay for your health insurance, significantly lowering your costs. Contact a Louisiana Blue preferred agent at 1-800-821-2758 to see if you qualify.

Off-Exchange Plans: Off-exchange plans offer essential and nonessential health benefits and services. While they are not eligible for subsidies, they may be more affordable than on-exchange plans for certain individuals.

Need coverage? For health insurance starting Jan. 1, enroll during Open Enrollment, from Nov. 1 to Dec. 15. The ACA encourages everyone to have health coverage, and Louisiana Blue offers a wide selection of plans to fit every budget.

For more information or to purchase an on-exchange or off-exchange plan, contact your Louisiana Blue agent. If you don't have an agent, visit one of our Regional Offices, call 1-800-821-2758, or go to **www.lablue.com** and search **"open enrollment."** Our agents are available Monday–Friday, 8 a.m. to 5 p.m., to provide personal assistance, answer your questions, help you choose the right plan and guide you through the enrollment process — **at no cost to you!**

Health Insurance Marketplace® is a registered trademark of the Department of Health & Human Services.

Welcome to Louisiana Blue

Louisiana Blue has put Louisiana first since 1934. Our mission remains true — to improve the health and lives of Louisianians. By working with local providers, we tailor our plans and services to meet the specific needs of our members. Selecting a Louisiana-based plan offers personalized care while supporting our local economy and communities. With eight regional offices across the state, we're always accessible when you need us. We are proud to offer:



Competitive Premiums

With more than 90 years of trusted partnerships, we work with top healthcare systems and providers to deliver high-quality products at competitive prices.



Top-Quality Doctors

Members have access to a full range of top-quality providers, specialists and clinics that coordinate care, resulting in better health outcomes.



Excellent Benefits

We offer comprehensive in-network benefits, including all essential health benefits. While staying in-network maximizes savings, we also provide out-of-network coverage. Benefits also include many preventive services covered at 100% and prescription drug coverage for affordable medications.



Innovative Care Programs

Members can participate in wellness and care management programs that offer health coaching, education and support for those with chronic conditions and serious illnesses. We also offer exclusive discounts through our Blue365®* program to promote a healthy lifestyle.



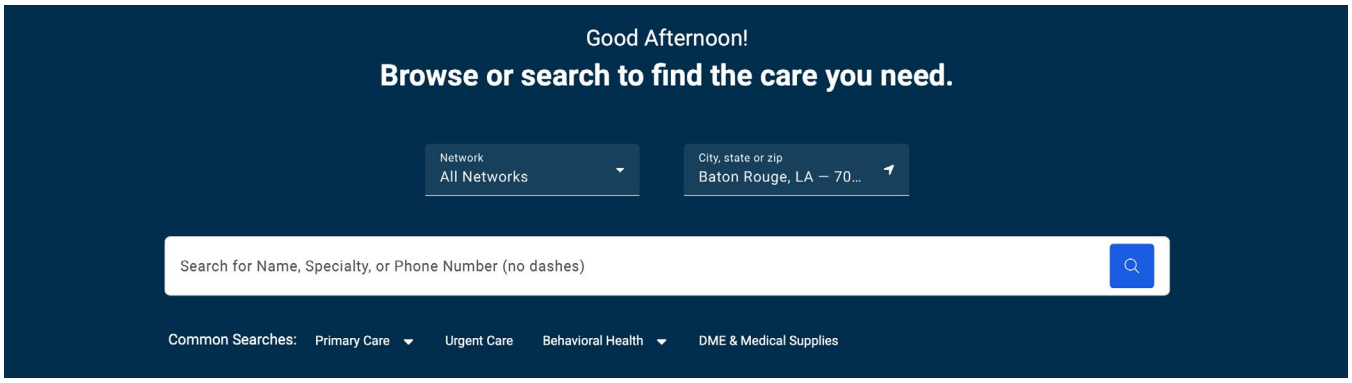
Digital Solutions

Access your Louisiana Blue insurance faster with MyLABlue (lablue.com/welcome), powered by MyChart. Easily track your insurance activity, connect securely with customer service, estimate costs, check the status of your prior authorizations, search in-network providers, download your digital member ID card and much more — online, in the app or through MyChart. MyLABlue makes managing your care simple, secure and stress-free.

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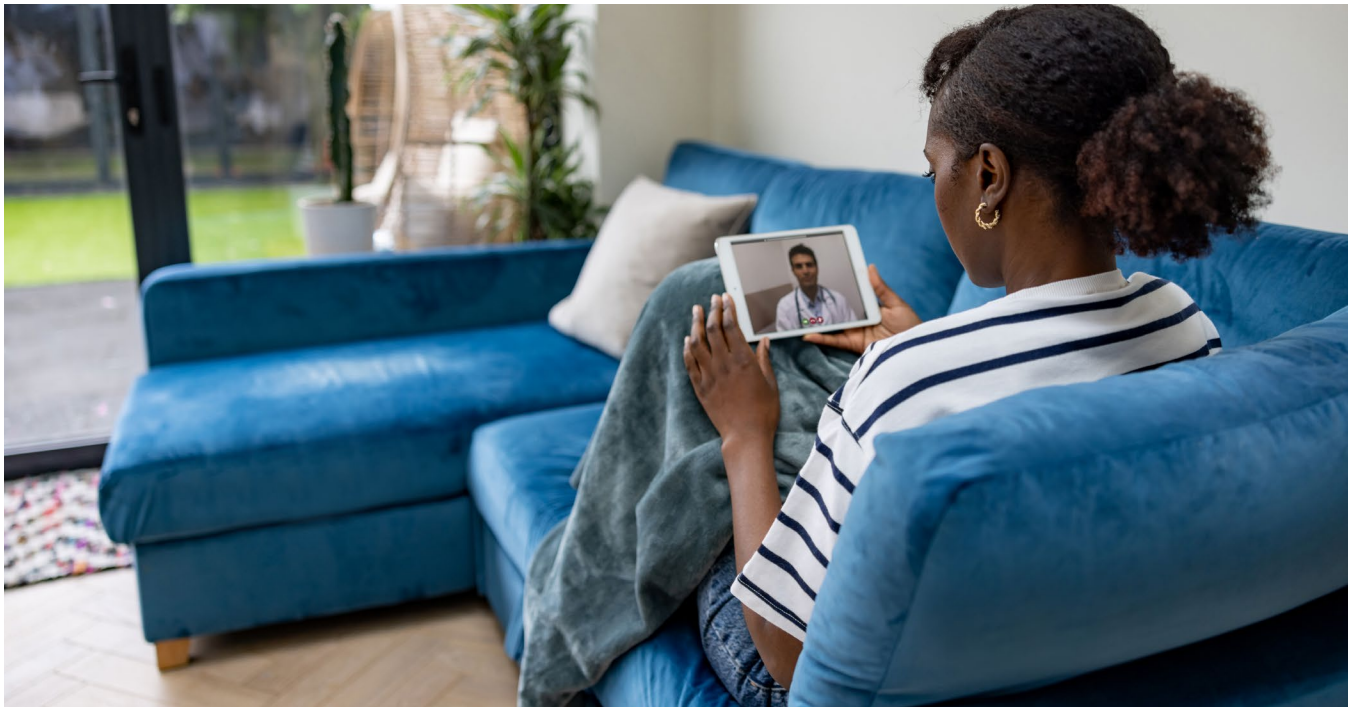
Maximize Your Benefits

Louisiana Blue has one of the region's largest provider and facility networks, offering access to care at lower costs. To minimize your expenses and maximize your health plan benefits, you should use in-network providers. It's easy to find providers in our online Find Care provider directory at **findcare.lablue.com** by selecting your plan's network. It's important for you to always check the provider directory for the most up-to-date providers in your network. Providers are subject to change.



What Is Telehealth?

Telehealth, or virtual care, is a convenient way to be treated for routine, nonemergency health conditions or to access behavioral health services and other forms of care through an online connection. Members can look for a telehealth provider on our Find Care provider directory at **findcare.lablue.com**. Telehealth providers have an **"Offers Virtual Care"** indicator. To learn about your telehealth benefits, call the Customer Service number on your member ID card.



Understanding Key Terms

These are the terms you need to know to help you understand your plan.

- **Premium:** A premium is the monthly payment you must pay for your plan.
- **Copayment:** If your plan has a copayment, or "copay," you pay a set dollar amount, or flat fee, for some kinds of care, such as at your doctor's office or pharmacy. Your copayment will be a lower amount for a primary care provider and higher for specialists.
- **Deductibles:** If you choose a plan with a deductible, this is the amount you must pay up front before your insurance pays for your care. If your plan also has copayments, these copays will not count toward your deductible. Your plan will have an in-network deductible and a separate out-of-network deductible.
- **Coinsurance:** Once you've paid your deductible, you'll pay a set percentage, or coinsurance, for your care. You will pay the lowest coinsurance amount when you stay in-network for care.
- **Out-of-Pocket Maximum:** What you pay toward your medical and pharmacy deductibles, copayments and coinsurance applies to your out-of-pocket maximum. Once you've reached your out-of-pocket maximum, your insurance will pay 100% of the cost of covered care for the remainder of the calendar year. A separate out-of-pocket maximum will apply for services you receive out of your network.
- **Coordination of Benefits:** Dual health coverage is becoming more common because of working couples with dual incomes, working Medicare beneficiaries and the extension of dependent coverage to children up to age 26. When this happens, Louisiana Blue has guidelines to determine which plan will pay primary and which plan will pay secondary. These rules are outlined in the "coordination of benefits" provisions in your contract, the document that explains your benefits and how they are determined.
- **Authorization:** A determination regarding your admission, continued hospital stay, or other healthcare service or supply which, based on the information provided, satisfies the medical necessity clinical review criteria requirement, appropriateness of the healthcare setting, or level of care and effectiveness. An authorization is not a guarantee of payment and is not a determination about your choice of provider.



Individual Health Plans

All Louisiana Blue plans cover essential health benefits. Off-exchange plans may include additional non-essential health benefits, which can vary by plan.

Essential Health Benefits*

- **Office visits:** A visit to your doctor's office.
- **Prescription drugs:** Drugs prescribed by a doctor to treat an acute illness, like an infection, or an ongoing condition, like high blood pressure.
- **Preventive and wellness services and chronic disease management:** These services include routine physicals, screenings and immunizations. Chronic disease management is an integrated approach to manage an ongoing condition, like asthma or diabetes.
- **Hospitalization:** Care you receive as a patient in a hospital.
- **Emergency services:** Care for conditions which, if not immediately treated, could lead to serious disability or death.
- **Lab tests, blood work, X-rays:** Testing blood, tissues, etc., from a patient to help a doctor diagnose a medical condition and monitor the effectiveness of treatment.
- **Maternity and newborn care:** Care provided to women during pregnancy and during and after labor; care for newly born children.
- **Mental healthcare and substance use disorder services, including behavioral health treatment:** Care to evaluate, diagnose and treat mental health and substance use disorders.
- **Pediatric dental and vision services:** All plans include benefits for annual pediatric eye exams, glasses, dental exams, cleanings, fluoride treatment, fillings and oral surgery.
- **Rehabilitation services and devices:** Services and devices to help people with injuries, disabilities or chronic conditions gain or recover mental and physical skills.
- **Contraceptive coverage:** Contraceptive methods and counseling for all women, as prescribed by a healthcare provider.

**Certain limitations and exclusions apply to Essential Health Benefits.*

Non-Essential Health Benefits

Non-essential health benefits offer additional care that goes beyond the standard categories of coverage required by the ACA. While not required by the ACA, these services can enhance your well-being and overall quality of life. Coverage may vary depending on your plan and these non-essential health benefits may be subject to limitations and exclusions.

Prescription Drug Coverage

Prescription drug benefits are included in all plans. Your plan may have a separate drug deductible. Before you go to the pharmacy, see your plan's covered drug list, or formulary, that includes thousands of generic and brand drugs at www.lablue.com/pharmacy. Not every drug is covered. Drug benefits are managed by Express Scripts.* A mail order program is also available.

Two things a covered drug list can tell you:

1. If there are other drugs you can take for your health condition that cost you less.
2. If there are any rules that you must follow before a drug may be covered.

Prescription Drug Structure

Your plan has either 2 cost tiers, 3 cost tiers or 4 cost tiers for drugs. Drugs in the lower tiers cost less than drugs in the higher tiers. To save money, members must start with a drug in Tier 1.

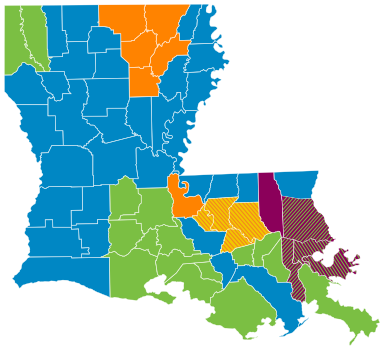
2-Tier Plans Coinsurance will apply once your deductible is met.			**3-Tier Plans** A deductible may apply, then copayments or coinsurance.			**4-Tier Plans** A deductible may apply, then copayments or coinsurance.		
Tier 1	$	Generic drugs	Tier 1	$	Primarily generic drugs, although some brand-name drugs may fall into this category	Tier 1	$	Primarily generic drugs, although some brand-name drugs may fall into this category
Tier 2	$ $	Brand drugs	Tier 2	$ $	Includes traditional and specialty brands and generics and biosimilars	Tier 2	$ $	Brand drugs
			Tier 3	$ $ $	Includes traditional and specialty brands and generics and biosimilars and covered compound drugs	Tier 3	$ $ $	Primarily brand drugs that may have a therapeutic alternative that is in Tier 1 or Tier 2, although some generic drugs may fall into this category. Covered compounded drugs are included in this tier
						Tier 4	$ $ $ $	High-cost brand or generic drugs that are identified as specialty drugs

$0 Dollar Drug Copay Program

Our $0 Drug Copay Program offers $0 copay for certain drugs used to treat certain chronic conditions. Members do not have to meet a deductible before getting program drugs for $0. Drugs in this program are regularly recommended to treat asthma, chronic obstructive pulmonary disease (COPD), coronary heart disease, diabetes, heart failure, depression and other common chronic conditions. The $0 Drug Copay Program is available for copay-based pharmacy benefits. The program is not available for coinsurance-only pharmacy benefits. Go to www.lablue.com/covereddrugs for a list of drugs in the program.

**Express Scripts is an independent company that provides pharmacy benefit management services to Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

Product Options



Our networks include a wide variety of primary care providers (PCPs) and specialists, including behavioral health providers. To search for the most up-to-date providers in each network listed below, visit our Find Care online provider directory at **findcare.lablue.com**.

Product Features	Blue *Max*	Blue*Saver*	Blue POS	Blue Connect	Community Blue	Precision Blue	Signature Blue
PCP selection	Optional	Optional	✓	✓	✓	✓	✓
BENEFITS							
Copayment plan options	✓		✓	✓	✓	✓	✓
Coinsurance and deductible plan options	✓	✓	✓	✓	✓	✓	✓
Pharmacy benefits	✓	✓	✓	✓	✓	✓	✓
Out-of-network benefits	✓	✓	✓	✓	✓	✓	✓
NETWORK							
Statewide coverage	✓	✓	✓*	Greater New Orleans/ Northshore/ Bayou, Lafayette/ Acadiana, Shreveport/ Bossier*	Baton Rouge	Greater Baton Rouge, Greater Monroe/ West Monroe	New Orleans, Hammond/ Northshore
Out-of-network coverage	BlueCard	BlueCard	Emergency care only	Emergency care only	Emergency care only	Emergency care only	Emergency care only
Network	Preferred Care PPO	Preferred Care PPO	HMO Louisiana HMO/POS	Blue Connect HMO/POS	Community Blue HMO/POS	Precision Blue HMO/POS	Signature Blue HMO/POS

**Certain plans may not be available in all parishes. See plan details for more information.*

Save more with a Health Savings Account (HSA)



A Health Savings Account (HSA) is a tax-advantaged account that helps you save and pay for qualified medical expenses. ***MySmart$aver***[SM] ***HSA***, administered by HealthEquity®, makes it easy to save for healthcare expenses today and in retirement.

If you enroll in an HSA-eligible health plan, you can contribute funds to help cover your deductible and other eligible out-of-pocket healthcare costs. All bronze plans are HSA-eligible. Refer to the benefit chart for additional information on HSA-eligible plans. **New HSA-eligible participants who open and make their first contribution of $25 or more may qualify for a one-time $25 contribution from HealthEquity.**[1]

For more information, visit **www.lablue.com/hsa** or call HealthEquity Customer Service at 1-866-346-5800.

**HealthEquity, Inc., is an IRS authorized non-bank custodian of HSAs, and the preferred HSA custodian for eligible Louisiana Blue members enrolled in our high-deductible health plans. Members who qualify may open an HSA with any HSA trustee or custodian and should seek guidance from a tax professional or financial advisor. See IRS Publication 969 for more about HSAs. Blue Cross and Blue Shield of Louisiana and HealthEquity are not engaged in rendering tax, legal or investment advice.*

[1]The $25 contribution is a one-time promotional offer. Eligibility requirements apply. Only available to new HealthEquity HSA account holders who meet all promotional requirements. ***If you currently have active HDHP coverage:*** *To receive the match, you must contribute $25 or more to your HSA within 180 days of opening the account and maintain a minimum balance of $25 and keep your account in good standing for at least 90 days after opening the account.* ***If your HDHP coverage hasn't started yet:*** *You may qualify for HSA contributions on or after your plan's effective date. To receive the match, you must contribute $25 or more no later than 180 days after your plan's effective date and maintain a minimum balance of $25 and keep your account in good standing for 90 days after your plan's effective date. For more information visit:* **www2.healthequity.com/partners/enrollment/lablue/**.

Understanding Plan Metal Level

Louisiana Blue offers healthcare plans in three metal levels — bronze, silver and gold. Plans in each metal level have similar benefits but differ on how the costs of the benefits are applied.

Bronze $	This level has the lowest monthly premium, but also has the highest deductibles. This means you'll pay the highest amount of up-front costs for your healthcare with a bronze-level plan.
Silver $$	This level has slightly higher monthly premiums than bronze, but also richer benefits. If you qualify for extra savings, called cost sharing reductions, you must choose a silver-level Marketplace plan.
Gold $$$	This level has even richer benefits than silver, but also a higher monthly premium.

Louisiana Blue Plans by Metal Level

Enroll in any of our plans starting Nov. 1, 2026, and receive coverage as early as Jan. 1, 2027.

Bronze $	• Blue *Max* Copay (PCP) 50/50 $7,500 Standardized HSA Eligible • Blue *Max* 70/50 $6,700 With 2 $0 PCP Virtual Visits HSA Eligible • Blue POS 90/70 $9,900 With 2 $0 PCP Virtual Visits HSA Eligible* • Blue POS Copay (PCP) 50/50 $7,500 Standardized HSA Eligible • Blue POS 60/40 $6,500 With 2 $0 PCP Virtual Visits HSA Eligible • Blue*Saver* 60/40 $6,100 HSA Eligible • Blue Connect Copay (PCP) 50/50 $7,500 Standardized HSA Eligible (N)(L)(S)(H) • Community Blue 90/70 $9,900 With 2 $0 PCP Virtual Visits HSA Eligible • Community Blue Copay (PCP) 50/50 $7,500 Standardized HSA Eligible • Precision Blue 90/70 $9,900 With 2 $0 PCP Virtual Visits HSA Eligible (M) • Precision Blue Copay (PCP) 50/50 $7,500 Standardized HSA Eligible (BR)(M) • Signature Blue 90/70 $9,900 With 2 $0 PCP Virtual Visits HSA Eligible • Signature Blue Copay (PCP) 50/50 $7,500 Standardized HSA Eligible
Silver $$	• Blue *Max* Copay (PCP) 60/40 $6,400 Standardized • Blue *Max* Copay (PCP) 50/50 $3,400 With 2 $0 PCP Virtual Visits** • Blue *Max* Copay (PCP) 50/50 $3,300 With 2 $0 PCP Virtual Visits • Blue POS Copay (PCP) 60/40 $6,400 Standardized • Blue POS 80/60 $3,400 With 2 $0 PCP Virtual Visits* • Blue POS Copay (PCP) 70/50 $2,700 With 2 $0 PCP Virtual Visits** • Blue*Saver* 90/70 $3,800 HSA Eligible** • Blue*Saver* 90/70 $3,700 HSA Eligible • Blue Connect Copay (PCP) 60/40 $6,400 Standardized (N)(L)(S) • Blue Connect 80/60 $3,400 With 2 $0 PCP Virtual Visits (N)(L)(S) • Blue Connect Copay (PCP) 70/50 $3,100 With 2 $0 PCP Virtual Visits (N)(L)(S)** • Community Blue Copay (PCP) 60/40 $6,400 Standardized • Community Blue 80/60 $3,400 With 2 $0 PCP Virtual Visits • Community Blue Copay (PCP) 70/50 $3,100 With 2 $0 PCP Virtual Visits** • Precision Blue Copay (PCP) 60/40 $6,400 Standardized (BR)(M) • Precision Blue 80/60 $3,400 With 2 $0 PCP Virtual Visits (BR)(M) • Precision Blue Copay (PCP) 70/50 $3,200 With 2 $0 PCP Virtual Visits (BR)(M)** • Signature Blue Copay (PCP) 60/40 $6,400 Standardized • Signature Blue 80/60 $3,400 With 2 $0 PCP Virtual Visits • Signature Blue Copay (PCP) 70/50 $3,100 With 2 $0 PCP Virtual Visits**
Gold $$$	• Blue *Max* Copay (PCP) 75/55 $2,500 Standardized • Blue *Max* 80/60 $1,500 With 2 $0 PCP Virtual Visits • Blue POS Copay (PCP) 75/55 $2,500 Standardized • Blue POS Copay (PCP) 80/60 $1,000 With 2 $0 PCP Virtual Visits • Blue Connect Copay (PCP) 75/55 $2,500 Standardized (N)(L)(S)(H) • Community Blue Copay (PCP) 75/55 $2,500 Standardized • Precision Blue Copay (PCP) 75/55 $2,500 Standardized (BR)(M) • Signature Blue Copay (PCP) 75/55 $2,500 Standardized

(N) = plan sold in New Orleans market
(L) = plan sold in Lafayette market
(S) = plan sold in Shreveport market
(H) = plan sold in Houma market
(BR) = plan sold in Baton Rouge market
(M) = plan sold in Monroe market

**These plans are not available statewide. Talk to an agent for more information.*
***Plans sold off-exchange only.*
Please refer to our separate Individual Blue Connect, Community Blue, Precision Blue and Signature Blue brochures for more information on our Select Network products.

Plan Design*

Plan designs cover preventive care services at 100%. While members are strongly encouraged to stay in-network, all plans include out-of-network coverage.

METAL LEVEL	BRONZE						BRONZE						SILVER			
Plan name	**Blue *Max* Copay (PCP) 50/50 $7,500 Standardized HSA Eligible**		**Blue *Max* 70/50 $6,700 With 2 $0 PCP Virtual Visits HSA Eligible**		**Blue POS 90/70 $9,900 With 2 $0 PCP Virtual Visits HSA Eligible**		**Blue POS Copay (PCP) 50/50 $7,500 Standardized HSA Eligible**		**Blue POS 60/40 $6,500 With 2 $0 PCP Virtual Visits HSA Eligible**		**Blue*Saver* 60/40 $6,100 HSA Eligible**		**Blue *Max* Copay (PCP) 60/40 $6,400 Standardized**		**Blue *Max* Copay (PCP) 50/50 $3,400 With 2 $0 PCP Virtual Visits (Sold Off-Exchange Only)**	
	Single	**Family**	**Single**	**Family**	**Single**	**Family**	**Single**	**Family**	**Single**	**Family**	**Single**	**Family**	**Single**	**Family**	**Single**	**Family**
In-network deductible	$7,500	$22,500	$6,700	$20,100	$9,900	$24,000	$7,500	$22,500	$6,500	$19,500	$6,100	$12,200	$6,400	$12,800	$3,400	$10,200
In-network out-of-pocket maximum	$12,000	$24,000	$12,000	$24,000	$12,000	$24,000	$12,000	$24,000	$12,000	$24,000	$8,700	$17,400	$10,300	$20,600	$11,000	$22,000
	We pay	**You pay**	**We pay**	**You pay**	**We pay**	**You pay**	**We pay**	**You pay**	**We pay**	**You pay**	**We pay**	**You pay**	**We pay**	**You pay**	**We pay**	**You pay**
In-network coinsurance	50%	50%	70%	30%	90%	10%	50%	50%	60%	40%	60%	40%	60%	40%	50%	50%
2 $0 PCP virtual visits (includes PCP, urgent care and behavioral health visits)	No		Yes		Yes		No		Yes		No		No		Yes	
In-network primary care visit	$50 per visit		Deductible, then in-network coinsurance		Deductible, then in-network coinsurance		$50 per visit		Deductible, then in-network coinsurance		Deductible, then in-network coinsurance		$40 per visit		$40 per visit	
In-network specialist visit	$100 per visit		Deductible, then in-network coinsurance		Deductible, then in-network coinsurance		$100 per visit		Deductible, then in-network coinsurance		Deductible, then in-network coinsurance		$80 per visit		$65 per visit	
In-network urgent care	$75 per visit		Deductible, then in-network coinsurance		Deductible, then in-network coinsurance		$75 per visit		Deductible, then in-network coinsurance		Deductible, then in-network coinsurance		$60 per visit		$65 per visit	
Emergency room care	Deductible, then in-network coinsurance						Deductible, then in-network coinsurance									
In-network hospital stay	Deductible, then in-network coinsurance						Deductible, then in-network coinsurance									
In-network outpatient surgery	Deductible, then in-network coinsurance						Deductible, then in-network coinsurance									
HSA eligible	Yes**		Yes**		Yes**		Yes**		Yes**		Yes**		No		No	
PHARMACY BENEFITS																
Drug deductible per member	No separate drug deductible; medical deductible applies						No separate drug deductible; medical deductible applies								$500 separate drug deductible	
Tier 1	$25 copay; deductible does not apply		Deductible, then 30% coinsurance		Deductible, then 10% coinsurance		$25 copay; deductible does not apply		Deductible, then 40% coinsurance		Deductible, then 40% coinsurance		$20 copay; deductible does not apply		$15 copay	
Tier 2	$50 copay		Deductible, then 50% coinsurance		Deductible, then 30% coinsurance		$50 copay		Deductible, then 60% coinsurance		Deductible, then 60% coinsurance		$40 copay; deductible does not apply		Deductible, then 20% coinsurance up to $500 per prescription	
Tier 3	$100 copay		Not applicable		Not applicable		$100 copay		Not applicable		Not applicable		$80 copay		Deductible, then 30% coinsurance up to $500 per prescription	
Tier 4	$150 copay		Not applicable		Not applicable		$150 copay		Not applicable		Not applicable		$125 copay		Not applicable	

**This is only a partial list of benefits and services covered. Separate in-network and out-of-network deductibles and out-of-pocket maximum will apply. Please see your contract for a complete list of covered services, benefits, limitations and exclusions, as well as how a member or ordering practitioner on behalf of a member may request a review for an override of coverage exclusions.*

***Eligible for the HealthEquity $25 HSA contribution match. See offer details and eligibility requirements above.*

NOTE: If there is any discrepancy between the information in this brochure and the contract, the contract prevails.

***Eligible for the HealthEquity $25 HSA contribution match. See offer details and eligibility requirements above.*

Plan Design (continued)*

Plan designs cover preventive care services at 100%. While members are strongly encouraged to stay in-network, all plans include out-of-network coverage.

METAL LEVEL	SILVER					
Plan name	**Blue *Max* Copay (PCP) 50/50 $3,300 With 2 $0 PCP Virtual Visits**		**Blue POS Copay (PCP) 60/40 $6,400 Standardized**		**Blue POS 80/60 $3,400 With 2 $0 PCP Virtual Visits**	
	Single	**Family**	**Single**	**Family**	**Single**	**Family**
In-network deductible	$3,300	$9,900	$6,400	$12,800	$3,400	$10,200
In-network out-of-pocket maximum	$11,000	$22,000	$10,300	$20,600	$10,000	$20,000
	We pay	**You pay**	**We pay**	**You pay**	**We pay**	**You pay**
In-network coinsurance	50%	50%	60%	40%	80%	20%
2 $0 PCP virtual visits (includes PCP, urgent care and behavioral health visits)	Yes		No		Yes	
In-network primary care visit	$40 per visit		$40 per visit		Deductible, then in-network coinsurance	
In-network specialist visit	$65 per visit		$80 per visit		Deductible, then in-network coinsurance	
In-network urgent care	$65 per visit		$60 per visit		Deductible, then in-network coinsurance	
Emergency room care	Deductible, then in-network coinsurance					
In-network hospital stay	Deductible, then in-network coinsurance					
In-network outpatient surgery	Deductible, then in-network coinsurance					
HSA eligible	No		No		No	
PHARMACY BENEFITS						
Drug deductible per member	$500 separate drug deductible		No separate drug deductible; medical deductible applies		No separate drug deductible; medical deductible applies	
Tier 1	$15 copay		$20 copay; deductible does not apply		Deductible, then 20% coinsurance	
Tier 2	Deductible, then 20% coinsurance up to $500 per prescription		$40 copay; deductible does not apply		Deductible, then 40% coinsurance	
Tier 3	Deductible, then 30% coinsurance up to $500 per prescription		$80 copay		Not applicable	
Tier 4	Not applicable		$125 copay		Not applicable	

**This is only a partial list of benefits and services covered. Separate in-network and out-of-network deductibles and out-of-pocket maximum will apply. Please see your contract for a complete list of covered services, benefits, limitations and exclusions, as well as how a member or ordering practitioner on behalf of a member may request a review for an override of coverage exclusions.*

SILVER						GOLD			
Blue POS Copay (PCP) 70/50 $2,700 With 2 $0 PCP Virtual Visits (Sold Off-Exchange Only)		**Blue*Saver* 90/70 $3,800 HSA Eligible (Sold Off-Exchange Only)**		**Blue*Saver* 90/70 $3,700 HSA Eligible**		**Blue *Max* Copay (PCP) 75/55 $2,500 Standardized**		**Blue *Max* 80/60 $1,500 With 2 $0 PCP Virtual Visits**	
Single	**Family**	**Single**	**Family**	**Single**	**Family**	**Single**	**Family**	**Single**	**Family**
$2,700	$8,100	$3,800	$7,600	$3,700	$7,400	$2,500	$5,000	$1,500	$4,500
$11,000	$22,000	$8,700	$17,400	$8,700	$17,400	$8,700	$17,400	$10,000	$20,000
We pay	**You pay**	**We pay**	**You pay**	**We pay**	**You pay**	**We pay**	**You pay**	**We pay**	**You pay**
70%	30%	90%	10%	90%	10%	75%	25%	80%	20%
Yes		No		No		No		Yes	
$45 per visit		Deductible, then in-network coinsurance		Deductible, then in-network coinsurance		$30 per visit		Deductible, then in-network coinsurance	
$65 per visit		Deductible, then in-network coinsurance		Deductible, then in-network coinsurance		$60 per visit		Deductible, then in-network coinsurance	
$65 per visit		Deductible, then in-network coinsurance		Deductible, then in-network coinsurance		$45 per visit		Deductible, then in-network coinsurance	
Deductible, then in-network coinsurance									
Deductible, then in-network coinsurance									
Deductible, then in-network coinsurance									
No		Yes**		Yes**		No		No	
PHARMACY BENEFITS									
No separate drug deductible; medical deductible applies									
Deductible, then 30% coinsurance		Deductible, then 10% coinsurance		Deductible, then 10% coinsurance		$15 copay; deductible does not apply		Deductible, then 20% coinsurance	
Deductible, then 50% coinsurance		Deductible, then 40% coinsurance		Deductible, then 40% coinsurance		$30 copay; deductible does not apply		Deductible, then 20% coinsurance	
Not applicable		Not applicable		Not applicable		$60 copay; deductible does not apply		Not applicable	
Not applicable		Not applicable		Not applicable		$100 copay; deductible does not apply		Not applicable	

NOTE: If there is any discrepancy between the information in this brochure and the contract, the contract prevails.

***Eligible for the HealthEquity $25 HSA contribution match. See offer details and eligibility requirements above.*

Plan Design (continued)*

Plan designs cover preventive care services at 100%. While members are strongly encouraged to stay in-network, all plans include out-of-network coverage.

METAL LEVEL	GOLD			
Plan name	**Blue POS Copay (PCP) 75/55 $2,500 Standardized**		**Blue POS Copay (PCP) 80/60 $1,000 With 2 $0 PCP Virtual Visits**	
	Single	**Family**	**Single**	**Family**
In-network deductible	$2,500	$5,000	$1,000	$3,000
In-network out-of-pocket maximum	$8,700	$17,400	$10,000	$20,000
	We pay	**You pay**	**We pay**	**You pay**
In-network coinsurance	75%	25%	80%	20%
2 $0 PCP virtual visits (includes PCP, urgent care and behavioral health visits)	No		Yes	
In-network primary care visit	$30 per visit		$40 per visit	
In-network specialist visit	$60 per visit		$60 per visit	
In-network urgent care	$45 per visit		$60 per visit	
Emergency room care	Deductible, then in-network coinsurance			
In-network hospital stay	Deductible, then in-network coinsurance			
In-network outpatient surgery	Deductible, then in-network coinsurance			
HSA eligible	No		No	
PHARMACY BENEFITS				
Drug deductible per member	No separate drug deductible; medical deductible applies		$500 separate drug deductible	
Tier 1	$15 copay; deductible does not apply		$15 copay	
Tier 2	$30 copay; deductible does not apply		Deductible, then 20% coinsurance up to $500 per prescription	
Tier 3	$60 copay; deductible does not apply		Deductible, then 30% coinsurance up to $500 per prescription	
Tier 4	$100 copay; deductible does not apply		Not applicable	

**This is only a partial list of benefits and services covered. Separate in-network and out-of-network deductibles and out-of-pocket maximum will apply. Please see your contract for a complete list of covered services, benefits, limitations and exclusions, as well as how a member or ordering practitioner on behalf of a member may request a review for an override of coverage exclusions.*
NOTE: If there is any discrepancy between the information in this brochure and the contract, the contract prevails.

Essential Programs, Tools and Resources*

Find Care

Search your network to find a provider for the care you need. When you see a provider in your plan's network, you save money and get the most out of your benefits. You can search common medical procedures to see cost estimates based on your benefits. You can also get drug cost information based on your pharmacy benefits.

Log into your member account at **www.lablue.com** or visit **findcare.lablue.com** to use the Find Care Provider Directory and Cost Estimator Tools.

Selecting a Primary Care Provider

Members on a Blue Point of Service or Select Network plan must choose a PCP. If they do not choose a PCP, one will be chosen for them. Members can change their PCP at any time by logging into their account at **my.lablue.com** or by calling the Customer Service number on the back of their member ID card.



Care Management

If you have diabetes, heart disease, traumatic injuries, serious illnesses or other chronic conditions, our care management programs help guide you through the healthcare system and get the services you need in a timely manner. Members do not pay anything to work with a health coach. Visit **www.lablue.com/managingcare** to learn more.

Preventive and Wellness

Visit **www.lablue.com/preventive** for a full list of preventive and wellness services covered at 100% when you go to an in-network provider. There are no lifetime maximums on essential health benefits covered on any Louisiana Blue individual medical plans.

BlueCard® Program

BlueCard® is a national program that allows you to receive healthcare services while traveling or living in another Blue Plan's service area. The program links participating healthcare providers with independent Blue Plans across the country and in nearly 200 countries and territories worldwide through a single electronic network.

- With Blue Max and Blue*Saver* plans, if you go to a PPO provider in another state or country, your plan will pay in-network as if you were at home.
- With Blue Point of Service and Select Network plans, unless it is emergency care, care obtained outside your Louisiana HMO network will be paid at the out-of-network benefit level.
- With HMO Network plans, care obtained outside your Louisiana HMO network is not covered unless it is emergency care.

For more information visit **www.lablue.com/find-a-doctor/blue-card-program**.

**This is not an inclusive list, and options may vary based on the plan(s) you have.*

Essential Programs, Tools and Resources*

Quality Blue Program

Quality Blue partners with primary care providers (PCPs), including general practice, family medicine, internal medicine, pediatrics, and geriatrics, to help improve health outcomes and support access to high-quality, cost-effective care. If you see a Quality Blue provider, you are already part of the program.

Members who choose a Quality Blue PCP benefit from enhanced support, including:

- Reminders to help close gaps in care
- Referrals to health coaching programs
- Increased access to preventive services
- A more personalized, patient-centered care experience

You can find a participating PCP by visiting our Find Care directory at **findcare.lablue.com**. Quality Blue PCPs are identified with a special indicator in the directory as shown below:

QUALITY BLUE PROVIDER

Quality Blue is expanding to include select specialists, such as OB-GYNs and gastroenterologists, as well as certain outpatient and inpatient facilities. To learn more about how Quality Blue can support your health, visit **www.lablue.com/QualityBlue**.

Blue365®: Healthy Discounts and Deals

Blue365®** offers discounts on health and wellness resources 365 days a year. Register for a free online account at **www.blue365deals.com/lablue** to access these exclusive discounts.

FREE Identity Protection Services

We offer free identity protection services to all eligible members in partnership with Experian. It includes fraud alerts with credit monitoring and identity repair and restoration services if you are the victim of identity theft. The identity protection applies to all parts of life, not just healthcare. Learn more at **www.lablue.com/idprotection**.

Digital Solutions

MyLABlue is designed to simplify how you manage your health insurance — and your healthcare overall — anytime, anywhere.

We call it our *digital experience* because it's available across multiple platforms:

- Online at **lablue.com**
- Through the MyLABlue app
- And within MyChart

If you already use MyChart, you can now log in to view your **health information** and your **insurance details** all in one place, giving you a simpler way to manage your care and coverage.

With MyLABlue, you also have access to a variety of tools designed to make managing your health insurance easier. Here are a few highlights:

- View claims, benefits and deductibles in one place
- Download digital ID cards and search for in-network providers
- Get upfront estimates for medical services
- Message securely with Louisiana Blue representatives
- Check the status of prior authorization requests
- Share access with family members or caregivers

Blue Advantage members will also be able to access their Flex Card and Healthy Rewards.

To get started, simply visit **lablue.com/welcome** for step-by-step guidance or scan the QR code to the right.

Language Access Services

You can request this brochure in a language other than English. Check the bottom of any page at **www.lablue.com** and click the language of your choice for this and other services or call the Customer Service number on your member ID card. If you are hearing impaired, call 1-800-711-5519 (TTY 711).

**This is not an inclusive list, and options may vary based on the plan(s) you have.*

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Trust Louisiana Blue With More Than Medical Benefits

Louisiana Blue offers an array of ancillary products, including dental plans that enhance overall health and reduce medical costs. Regular dental exams can detect many health conditions such as cavities, tooth loss, bad breath, costly dental procedures, gum disease (linked to heart disease, diabetes, respiratory issues) and oral cancer.

Additionally, Louisiana Blue offers international health plans through Blue Cross Blue Shield Global Solutions℠ (BCBS Global Solutions℠),* ensuring you have coverage when traveling outside the United States.

Visit **www.lablue.com/shop-plans** for more information and consult your agent for details.

We're Here to Help!

With Louisiana Blue, you'll have the guidance and support you need.



Your Agent

Get personal assistance from your agent, who can answer your questions, help you choose the plan that's right for you and guide you through the enrollment process — **at no cost to you!** Don't have an agent? Call 1-800-821-2758 and we can connect you with someone to help.



Online, in the App or Through MyChart

MyLABlue is your easy way to manage your Louisiana Blue health plan anytime, anywhere. With just a few clicks, you can get your digital ID card, view your coverage, check costs, find care, message customer service and more — all in one secure place. To activate your account go to **lablue.com/welcome**. Have questions about your plan or coverage? Log on to MyLABlue and go to Messages to send a secure note to a Louisiana Blue customer advisor.



By Phone

Help is just a phone call away. Call Customer Service toll-free at 1-800-495-2583 from 8 a.m. to 5 p.m. CST, Monday through Friday.

If you have questions about how Louisiana Blue will protect and may use or disclose your confidential/protected health information and individually identifiable health information, please visit **www.lablue.com/privacy**.

**Blue Cross Blue Shield Global Solutions is the trade name of Worldwide Insurance Services, LLC (Blue Cross Blue Shield Global Solutions Insurance Services in California and BCBS Global Solutions Insurance Services in New York), an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross Blue Shield Global Solutions is a Brand owned by the Blue Cross and Blue Shield Association. Blue Cross Blue Shield Global Solutions is the administrator of coverage provided under insurance policies issued in the District of Columbia by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross and Blue Shield Association. This coverage is offered to the members of the Global Citizens Association, Washington, D.C.*

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