LOUISIANA BLUE

WELCOME GUIDE

GROUP LEADER



2027

01MK5307 R10/26 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.



Welcome to Louisiana Blue

Dear Group Leader,

Welcome to Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc., (hereinafter referred to as Louisiana Blue). As a Group Leader, there are things you can do immediately to take advantage of our value-added services and easy-to-use online tools.

First, each Group Superuser listed on your Application for Group Coverage will receive an email containing a username and temporary password for AccessBlue. Once these accounts are activated, each Superuser can login at **employers.lablue.com/AccessBlue** and handle many routine account management needs 24 hours a day, 7 days a week.

Second, read this Group Leader Welcome Manual. This resource is packed with tools to help administer your company's healthcare plan. You will learn more about:

- Provider network and pharmacy services
- Online healthcare management tools
- Health and wellness programs, care management and Blue365® discount programs
- Tools that help you and your members estimate care costs, save on prescriptions and protect against identity theft

Third, encourage your members to register for their own secure, digital MyLABlue accounts. There, your members can easily track their insurance activity, connect securely with Customer Service, estimate costs, check the status of their prior authorizations, search in-network providers, download their digital member ID card and much more, 24/7.

Fourth, engage with our worksite wellness services. These programs, many of which are offered at no extra cost, can help improve your members' well-being.

Thank you for your confidence in us. You've chosen a health insurance company with a robust network of providers, a customer-focused philosophy and a commitment to the long-term health and well-being of your members.

Sincerely,

Your Louisiana Blue Team

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Thank You for Choosing Louisiana Blue

Since 1934, Louisiana Blue has proudly served the healthcare needs of Louisianians. We're committed to providing health guidance and affordable access to quality care, while delivering value at every turn. We are here to help your organization understand and respond to federal and state healthcare requirements.

We negotiate the best possible rates with providers and maintain the largest, most comprehensive network — to slow rising healthcare costs while safeguarding your members' health. And because of our unique relationship with hospitals, doctors and other healthcare providers in the state, we are able to offer discounts on services from many network providers and pass the savings on to you and your members.

Our participating providers agree to not bill members for more than our negotiated price. They also agree to file claims on behalf of our members. You can find a list of network providers at **www.lablue.com/findcare**.

In turn, we provide prompt claims payment, updates on changes in policies and providers, and exceptional customer service. That's why Louisiana Blue is Louisiana's largest health insurer, serving more than 1.9 million members.

Strong Provider Networks

With Louisiana Blue, your members have access to expansive networks and quality care throughout the state.

Consider this:

- 34,000 doctors in Louisiana belong to a Louisiana Blue network, and our hospital networks feature every full-service acute care hospital in Louisiana.
- BlueCard® is a national program that allows you to receive healthcare services while traveling or living in another Blue Plan's service area. The BlueCard logo is recognized across the nation and in nearly 200 countries around the world.
- We offer your members online provider directories that allow them to search for network doctors and hospitals by name, specialty and location. Updated nightly, the directories are available at **www.lablue.com/findcare**.



Financially Strong and Reliable

Feel confident about the strength and stability of Louisiana Blue.

We continue to receive "A" ratings for financial strength from noted national rating service S&P Global (formerly Standard & Poor's) year after year. We also maintain a reserve fund to protect our policyholders and ensure our ability to pay your claims is not endangered by outside factors, such as a slow economy or a natural disaster.

You can also trust that we take our responsibility for your members' privacy and quality standards seriously. We hold accreditations from top national healthcare standards organizations.

Financial Incentives

We define value the way you do. Louisiana Blue features a variety of competitively priced healthcare plans, backed by the financial strength and reliability you've come to expect from the Cross and Shield.

All of our participating providers agree to accept our negotiated payment amounts. Some providers can earn recognition and financial incentives by meeting performance indicators. We do not give incentives or specific payments as an inducement to deny, reduce, limit or delay specific, medically necessary and appropriate services provided to members. All utilization management services are based only on appropriateness of care and service and existence of coverage.

Essential Programs, Tools and Resources*

Online Health Management Tools

Employer Tools for Online Account Management

Louisiana Blue invests in technology that makes doing business with us simple for you. We offer a broad range of employer tools for managing account information, keeping member data current and analyzing cost and quality data.

*Access*Blue

*Access*Blue, our online account management tool, allows you and your authorized users to easily handle many routine account management needs 24/7. The following self-service online enrollment and billing tools are available in *Access*Blue.

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

eEnrollment

- Enroll new hires for medical, dental, vision, life and disability
- Perform member maintenance transactions, including add/drop dependents, terminate coverage, manage COBRA, and submit address changes
- Order replacement member ID cards

eBilling

- View and print invoices
- Pay group premiums securely and electronically

Digital Solutions

MyLABlue is designed to simplify how you and your members manage health insurance — and 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
- Within MyChart

If you and your members 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 and your members also have access to a variety of tools designed to make managing 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.

Find Care

You and your members can 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 and your members 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. Members can log into their member account at **lablue.com** or visit **findcare.lablue.com** to use the Find Care provider directory and cost estimator tools.

Preventive and Wellness

Your plan's benefits include many preventive services covered at 100%. Visit **www.lablue.com/preventive** for a full list of covered services when your members use an in-network provider.

Care Management

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

Disease Management

If a member has been diagnosed with a chronic health condition, they could benefit from our Disease Management program. Our program nurses, also called health coaches, assess the member to see if the program might be an option for them. Having a health coach can benefit the member with:

- Personal, confidential support and attention
- Preventive and wellness care reminders
- Improved and up-to-date self-management techniques and support
- Nurse coaching support in areas in which they want to make changes
- Support for health decisions and conversations with caregivers and health providers

To contact a health coach, call 1-800-317-2299 and choose Option 1, or call (225) 295-3307 extension 1068 and choose Option 1.

Case Management

Louisiana Blue Case Management helps coordinate members' health benefits with their doctors during and after acute illness. Our skilled nurses and clinical team support recovery, manage care gaps and promote wellness. Services are personalized to address seven health dimensions: financial, environmental, functional, support system, clinical, cognitive and physical — helping members navigate care and control costs. **Call 1-800-317-2299 to enroll in a Case Management program.**

Wellness Services and Guidance

Our programs help you strengthen the critical link between your members' health and your company's bottom line.

Healthy members can have a positive impact on:

- Healthcare costs
- Productivity
- Absenteeism
- Retention of quality personnel
- Member quality of life

Personalized Wellness Program

This program is included in all our insurance plans at no extra cost. Features include a Health Assessment that goes beyond standard health risk questions to assess mindset, readiness to change and productivity; interactive fitness, nutrition and mental well-being challenges that track activity and sync data to popular tracking devices; and comprehensive online learning modules — or Health Journeys — that focus on preventive care, nutrition, smoking cessation, stress management and weight management.

Security and Confidentiality: The Health Assessment has been engineered to provide the same level of protection for your confidential health information that online banking and consumer websites offer their clients and account holders. If members are identified as someone who may benefit from Care Management services, their information may be shared with medical personnel, and they may be contacted by a Care Management nurse.

The information provided in the Health Assessment will be used only as permitted by law. This information will not adversely affect enrollment in a health plan.

Other Louisiana Blue Wellness Resources

Lower Copays for High Quality Primary Care – Members on a Louisiana Blue health plan with copayments for primary care visits may receive lower copays when visiting a Quality Blue primary care provider.

On-Site Biometric Screenings* – Your members can get checked for common health issues without making an extra trip to the doctor's office.

On-Site Flu Clinic* – Help prevent illness this flu season without your members having to leave work for their shots.

Tobacco Cessation – This program, offered in partnership with state resources, can help encourage your members to quit smoking.

Support for New Moms – Our maternity support program provides support throughout pregnancy to keep mom and baby healthy.

For more information about our wellness programs or resources or to start your organization's journey to better health, contact your Louisiana Blue account manager or our health consultants at **wellnessinfo@lablue.com**.

**Available to self-funded groups as buy-up.*

Health and Wellness Discounts from Blue365®

Louisiana Blue members also have free access to Blue365®,** a national program providing discounts and savings that make it easier and more affordable to make healthy choices. Members can register for a free online account at **www.blue365deals.com/lablue** to access these exclusive year-round discounts on fitness memberships (in-person and virtual) and workout gear, wearable devices, meal delivery and nutrition programs, mental well-being resources, pet health resources, vision care, dental care, athletic footwear, hearing aids and more.

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Identity Protection Services

Eligible members receive FREE identity protection services from Experian. Experian Identity Repair and Restoration will provide an investigator to recover financial losses and restore credit if your members experience fraud or identity theft.

Experian Fraud Alerts With Credit Monitoring provides alerts if your members' personal information is reported to Experian by industry security professionals such as the FBI. This includes Social Security numbers, credit card numbers, PIN numbers and more. It also alerts members if banks and creditors use their identity to open new credit accounts. And these protections apply to all parts of life, not just healthcare.

Pharmacy Services

Louisiana Blue's Pharmacy Services works daily to help your members get the medicines they need, manage their care and keep costs in check.

Our clinical staff works with our Pharmacy & Therapeutics Committee, a group of Louisiana doctors and pharmacists who help us make decisions about drug coverage. Your covered drug list will tell your members what drugs are covered and their cost share tiers, lower-cost options and what rules may apply to each drug. Check out **lablue.com/pharmacy** for more information.

$0 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 **lablue.com/CoveredDrugs** for a list of drugs in the program. To find out if their plan is eligible, your members can call the Customer Service number on their member ID card.

Find Out More About Drug Costs

Your members can find drug costs based on your plan's benefits by logging into their digital member account at **my.lablue.com**, clicking **Pharmacy** and then **Price a Prescription**.

Learn about saving money on prescription drugs at **lablue.com** under **Save > Lower Drug Costs**.

Customer Service

Louisiana Blue values your business and wants you and your members to have an exceptional customer experience.

With an extensive provider network, online healthcare tools, quick claims payment and answers to your customer service needs, we are committed to bringing you the best possible value for your premium dollars.

Our Call Center offers personal service for members by phone at 1-800-495-2583 from 8 a.m. to 5 p.m., Monday through Friday. Our Regional Offices are here to serve you.

Alexandria	(318) 448-1660	**Lake Charles**	(337) 562-0595
Baton Rouge	(225) 295-2556	**Monroe**	(318) 323-1479
Houma	(985) 223-3499	**New Orleans**	(504) 832-5800
Lafayette	(337) 232-7527	**Shreveport**	(318) 795-0573

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SUMMARY OF PRIVACY PRACTICES NOTICE

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

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

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

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

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

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

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

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

01MK1780 R09/25 Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life Insurance Company Inc., are independent licensees of the Blue Cross Blue Shield Association.

BLUE CROSS AND BLUE SHIELD OF LOUISIANA & HMO LOUISIANA, INC. NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect Jan. 1, 2026, and will remain in effect unless we replace it.

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

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

Uses and Disclosures of Medical Information

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

Required Disclosures of Your Health Information

We **must** disclose your health information:

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

Permissive Disclosures of Your Health Information

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

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

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

Healthcare Operations: We may use and disclose your health information for healthcare operations. Healthcare operations include:

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

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

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

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

Examples of our business associates include:

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

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

Family, Friends and Others Involved in Your Care or Payment for Care: Unless you object, we may disclose your health information to a family member, friend or any other person you involve in your healthcare or payment for your healthcare. We will disclose only the health information that is related to the person's involvement. We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your healthcare in appropriate situations, such as medical emergency or during disaster relief efforts (for example, to Red Cross during a natural disaster).

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

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

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

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

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

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

Substance Use Disorder Information: Substance Use Disorder treatment records received from programs subject to federal regulation 42 CFR part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or holder of the record, as provided in 42 CFR part 2 regulations. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested substance use disorder record is used or disclosed.

Be advised that the potential for information disclosed pursuant to a permitted use or disclosure may be subject to redisclosure by the recipient and no longer protected.

Individual Rights

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

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

Generally, a "designated record set" contains:

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

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

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

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

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

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

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

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

We will accommodate your request if it is reasonable. You must specify the alternative means of contact or location for confidential communication, and continue to permit us to collect premiums and pay claims under your health plan. Please note that other information that we send to the subscriber about healthcare benefits received may contain sufficient information to reveal that you

obtained healthcare for which we paid, even though you requested that we communicate with you about that healthcare in confidence. If you have given someone else permission to receive health information about you, a request for confidential communications will cancel this permission unless you tell us otherwise.

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

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

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

Questions and Complaints

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

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

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

Contact Information

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

Telephone: (225) 298-1751
Toll free: 1-855-258-3746
Fax: (225) 298-1590
Email: Privacy.Office@lablue.com
(Individual Rights requests will not be accepted via email.)

01MK1780 R09/25

RIGHTS AND RESPONSIBILITIES

Your Rights

- You have the right to be provided with information on your health plan, its services, the practitioners providing care and your rights and responsibilities in clear, understandable language.
- You have the right to receive medically necessary care that is covered under your benefit plan and is provided or arranged by your healthcare provider.
- You have the right to be informed by your healthcare provider about your diagnosis, treatment options and prognosis in clear, understandable language.
- You have the right to participate with practitioners when making decisions regarding your healthcare.
- You have the right to refuse treatment.
- You have the right to be treated with respect and recognition of your dignity and privacy.
- You have the right to the confidentiality of information concerning your medical treatment.
- You have the right to express complaints or appeals about Louisiana Blue/HMO Louisiana or the medical care provided, and to a timely response when appropriate.
- You have the right to a candid discussion of all appropriate, medically necessary options for your condition(s), regardless of cost or benefit coverage.
- You have the right to know how your physician and other healthcare professionals are compensated by Louisiana Blue/HMO Louisiana.
- You have the right to make recommendations to your health plan on its Member Rights and Responsibilities policy.
- You have the right to culturally and linguistically appropriate services as long as these services do not violate applicable government laws and regulations.

Your Responsibilities

- You are responsible for reading and understanding all material concerning your health benefits.
- You are responsible for complying with all terms of membership with your health plan.
- You are responsible for developing and maintaining a satisfactory physician-patient relationship.
- You are responsible for following instructions and guidelines as agreed upon by you and your healthcare provider.
- You are responsible for engaging in a healthy lifestyle and in safety practices.
- You are responsible for providing, to the extent possible, complete and accurate information that Louisiana Blue/HMO Louisiana and its practitioners and providers need in order to care for you.
- You are responsible for supplying information to the organization as needed to access health benefits.
- You are responsible for learning how to use health benefits and access member assistance to ask questions about benefits.
- You are responsible for making and keeping appointments, or canceling in advance if unable to make your appointment.
- You are responsible for paying copayment and/or coinsurance amounts required under your health plan.
- You are responsible for notifying your employer or Louisiana Blue of any other healthcare coverage of which you are a beneficiary, and for cooperating in coordinating benefits.
- You are responsible for understanding your health conditions and participating in developing mutually agreed-upon treatment goals, to the degree possible.

01MK6155 R04/26

LLHIGA NOTICE

Summary of the Louisiana Life and Health Insurance Guaranty Association Act and Notice Concerning Coverage Limitations and Exclusions

A. Residents of Louisiana who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Louisiana Life and Health Insurance Guaranty Association, or LLHIGA. The purpose of LLHIGA is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this happens, LLHIGA will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state, and in some cases, to keep coverage in force. However, the valuable extra protection provided by these insurers through LLHIGA is limited. As noted in the disclaimer below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

Disclaimer

The Louisiana Life and Health Insurance Guaranty Association provides coverage of certain claims under some types of policies if the insurer becomes impaired or insolvent. COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY. Even if coverage is provided, there are significant limits and exclusions. Coverage is generally conditioned upon residence in this state. Other conditions may also preclude coverage.

Insurance companies and insurance agents are prohibited by law from using the existence of the association or its coverage to sell you an insurance policy. You should not rely on the availability of coverage under the Louisiana Life and Health Insurance Guaranty Association when selecting an insurer.

The Louisiana Life and Health Insurance Guaranty Association or the Department of Insurance will respond to any questions you may have which are not answered by this document.

LLHIGA	Department of Insurance
P.O. Drawer 44126	P.O. Box 94214
Baton Rouge, Louisiana 70804	Baton Rouge, Louisiana 70804-9214

B. The state law that provides for this safety-net coverage is called the Louisiana Life and Health Insurance Guaranty Association Law (the law), and is set forth at R.S.22:2081 et seq. The following is a brief summary of this law's coverage, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change any person's rights or obligations under the law or the rights or obligations of LLHIGA.

C. Generally, individuals will be protected by the Louisiana Life and Health Insurance Guaranty Association if they live in this state and hold a direct non-group life, health, health maintenance organization, or annuity policy or contract, a certificate under a direct group policy or contract for a supplemental contract to any of these, or an unallocated annuity contract, issued by an insurer authorized to conduct business in Louisiana. The beneficiaries, payees or assignees of insured persons may also be protected as well, even if they live in another state; unless they are afforded coverage by the guaranty association of another state, or other circumstances described under the law are applicable.

D. Exclusions from Coverage

1. A person who holds a direct non-group life, health, health maintenance organization, or annuity policy or contract, a certificate under a direct group policy or contract for a supplemental contract to any of these, or an unallocated annuity contract is not protected by LLHIGA if:

   a. he is eligible for protection under the laws of another state;

   b. the insurer was not authorized to do business in this state;

   c. his policy was issued by a profit or nonprofit hospital or medical service organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, an insurance exchange, an organization that issues charitable gift annuities as is defined by law, or any entity similar to any of these.

2. LLHIGA also does not provide coverage for:

   a. any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;

   b. any policy of reinsurance (unless an assumption certificate was issued);

   c. interest rate or crediting rate yields, or similar factors employed in calculating changes in value, that exceed an average rate;

   d. dividends, premium refunds, or similar fees or allowances described under the law;

   e. credits given in connection with the administration of a policy by a group contract holder;

   f. employers', associations' or similar entities' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them) or uninsured;

   g. unallocated annuity contracts (which give rights to group contract holders, not individuals), except if qualified by law;

   h. an obligation that does not arise under the express written terms of the policy or contract issued by the insurer to the policy owner or contract owner, including but not limited to, claims described under the law;

   i. a policy or contract providing any hospital, medical, prescription drug or other healthcare benefits pursuant to "Medicare Part A coverage", "Medicare Part B coverage", "Medicare Part C coverage", or "Medicare Part D coverage" and any regulations issued pursuant to those parts;

   j. interest or other changes in value to be determined by the use of an index or other external references but which have not been credited to the policy or contract or as to which the policy or contract owner's rights are subject to forfeiture, as of the date the member insurer becomes an impaired or insolvent insurer, whichever is earlier.

E. Limits on Amounts of Coverage

1. The Louisiana Life and Health Insurance Guaranty Association Law also limits the amount that LLHIGA is obligated to pay out.
2. The benefits for which LLHIGA may become liable shall in no event exceed the lesser of the following:
   a. LLHIGA cannot pay more than what the insurance company would owe under a policy or contract if it were not an impaired or an insolvent insurer.
   b. For any one insured life, regardless of the number of policies or contracts there are with the same company, LLHIGA will pay a maximum of $300,000 in life insurance death benefits, but not more than $100,000 in net cash surrender and net cash withdrawal values for life insurance.
   c. For any one insured life, regardless of the number of policies or contracts there are with the same company, LLHIGA will pay a maximum of $500,000 in health insurance benefits, and LLHIGA will pay a maximum of $250,000 in present value of annuities, including net cash surrender and net cash withdrawal values.
3. In no event, regardless of the number of policies and contracts there were with the same company, and no matter how many different types of coverages, LLHIGA shall not be liable to expend more than $500,000 in the aggregate with respect to any one individual.

23XX0534 R08/18

MEMBER DATA PROTECTION STATEMENT

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

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

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

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

Spoken Data

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

Written Data

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

Electronic Data

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

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

12PR0095 R09/25 Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life Insurance Company Inc., are independent licensees of the Blue Cross Blue Shield Association.

GRAMM-LEACH-BLILEY ACT PRIVACY NOTICE

How We Collect, Share and Protect Your Information

Effective Date: July 1, 2001
Revised Date: February 1, 2020

Louisiana Blue along with HMO Louisiana, Inc., and Southern National Life Insurance Company, Inc., know that our customers expect us to keep their personal and financial information safe and private.

This notice will tell you about how we get, use, protect and share your personal information. We will share this with you when you become our customer and purchase certain insurance products. If we update this notice in the future, we will share the new version with you.

What do we collect and how do we get it?

We collect your name, address, Social Security number, health and financial information. We get these facts from forms you fill out, phone calls or in person. We may get information from your claims, payment history and other records. We may also get information about you from your agent, companies we own and other companies.

What do we share and whom do we share it with?

We may share your information with companies we own, your agent, and companies or financial institutions that we do business with to serve you. Examples include businesses we have hired to help us with marketing, benefit administration and claims processing. We may share your information after you are no longer our customer. We may also share your information as permitted or required by law.

How do we keep your information safe?

Our employees who need your information to serve you are the only ones who can get to it. We keep physical, electronic and procedural safeguards in place that follow all laws to protect your information.

We share this information with you to meet the Gramm-Leach-Bliley Act. To learn more about our privacy practices and policies, please read the "Notice of Privacy Practices Regarding Medical Information" at ***www.lablue.com****.*

01MK3053 R08/24 HMO Louisiana, Inc., and Southern National Life Insurance Company, Inc., are subsidiaries of Blue Cross and Blue Shield of Louisiana. All three companies are independent licensees of the Blue Cross Blue Shield Association.

GETTING IN TOUCH WITH US

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1-800-392-4087

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help@lablue.com

On the Web
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LOUISIANA BLUE