

FLEX CARD GUIDE



How to Use Your Blue Advantage Flex Card

Plan members receive a Flex Card (prepaid debit card) to use for certain expenses and to access rewards and incentives. Blue Advantage plans include eyewear and over-the-counter items on the Flex Card.



STEP 1: Activate Your Flex Card

New Members

Your Flex Card will be mailed directly to you prior to the effective date of your enrollment in a plain white envelope for security purposes. Be on the lookout for this in the mail so you do not accidentally throw it away. New Flex Cards will need to be activated prior to use.

When you receive your card, call **1-833-952-2772 (TTY 711)** to activate it just like you would a credit or debit card. Our phone lines are open Monday - Friday, 7 a.m. to 7 p.m.

Once your plan is effective and your card is activated, you can start spending!

Returning Members

If your current Flex Card is still valid, you will not receive a new Flex Card. Check the front of your card to see when it expires. You will receive a new card shortly before your current card expires.



STEP 2: Register for Your Online Accounts

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

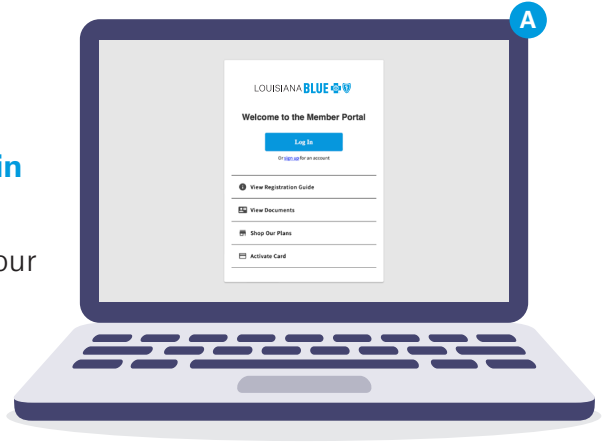
A: Sign Up for Your Blue Advantage Member Portal

To sign up:

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

To sign up, you will need your:

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



B: Sign Up for Your Flex Card Online Account

Once you have signed up for your Member Portal, you will be able to sign up for your Flex Card account, where you can:

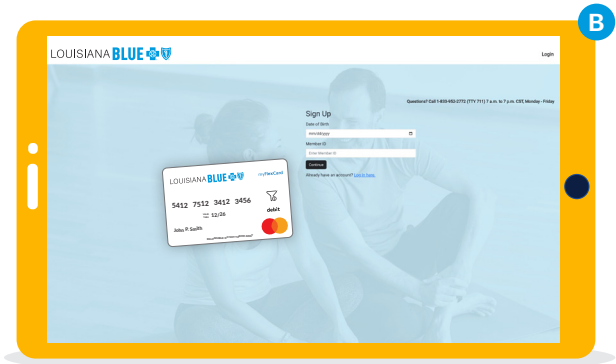
- view your card balances
- see transactions
- order over-the-counter (OTC) items
- search for participating retail locations
- and more!



To access your Flex Card account:

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

To sign up, you will need your:

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



Medicare Advantage Members	Dual Plus Plan Members
 Eyewear such as glasses and contacts annually	Eyewear such as glasses and contacts annually
 <p>Quarterly Allowance</p> <ul style="list-style-type: none"> • Over-the-counter (OTC) items • Purchased at participating retailers, via the Member Portal or by using the Flex Card app on their device • Quarter 1 (January, February, March) • Quarter 2 (April, May, June) • Quarter 3 (July, August, September) • Quarter 4 (October, November, December) 	<p>Monthly Allowance</p> <ul style="list-style-type: none"> • OTC items • Purchased at participating retailers, via the Member Portal or by using the Flex Card app on their device • January • February • March • April • May • June • July • August • September • October • November • December

- ✓ Benefit restrictions/maximums apply.
- ✓ Over-the-counter allowances may be monthly or quarterly depending on your plan. All allowances must be used within the given period and will not roll over.
- ✓ Amounts are loaded into specific “benefit purses” such as for eyewear and OTC. Funds in one purse cannot be used to purchase products for another purse.
- ✓ Items covered by your health plan will be billed as a claim. Items covered by the Flex Card will be deducted from your card balances.
- ✓ Incentives from the Healthy Rewards program will be loaded to the Flex Card.

Important Things to Remember

We want to make purchasing approved products on your Flex Card as easy as possible. Here are a few things to keep in mind when using your Flex Card:

Allowances can only be used for approved products.

This means you can only use your Flex Card for approved products. Any covered services as part of your health plan will be billed as a claim and won't affect your Flex Card balance. For example, your prescription drugs may be covered by your health plan and billed accordingly, but you can use your Flex Card to pay for over-the-counter medicines, such as pain relievers.

Allowances are not transferable.

This means that you cannot use funds from one benefit purse to pay for approved products in a different benefit purse. For example, if you have remaining funds in your eyewear allowance, you cannot use these to purchase additional over-the-counter items.

Allowances do not roll over.

This means that if you do not spend your allowance within the given period, it will not roll over to the next one. Pay close attention to your allowance expiration dates! Allowances may be monthly, quarterly or annually.

You are responsible for the difference if purchase exceeds allowance amount.

This means if your approved product purchase costs more than your allowance, you are responsible for paying the difference.

Forgot to use your Flex Card for an approved product purchase?

No worries! You can request a reimbursement form by calling Customer Service or by downloading one from your Flex Card online account. Once verified, your Flex Card will be loaded with the funds to reimburse you.



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

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



Lost Your Card?

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



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 health care (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 health care or in the payment of your health care.

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 or handling of substance use disorder related records.

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

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 health care provider, a health plan, your employer if you are covered under a group plan, or a health care clearinghouse and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; (iii) the past, present, or future payment for the provision of health care 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
 - The Secretary of the Department of Health and Human Services, if necessary, to investigate or determine our compliance with the HIPAA Privacy Regulations.
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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 health care 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 health care 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 health care provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.

Health Care Operations: We may use and disclose your health information for health care operations. Health care operations include:

- reviewing and evaluating health care provider and health plan performance, health care provider and health plan accreditation, certification, licensing and credentialing activities;
- health care 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 health care 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 health care provider for certain health care 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 health care 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 or substance use disorder counseling 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 health care or payment for your health care. 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 health care 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 health care 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 worker's 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 Blue Cross and Blue Shield of Louisiana 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 health care 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, health care 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 health care 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 health care benefits received may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care 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 (e-mail), 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 Other Privacy Laws: The federal health care 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 or federal privacy laws that relate to uses and disclosures of the protected health information concerning HIV or AIDS, mental health, substance use disorders, genetic testing, 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, 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. You may also use this contact information to file a complaint if you are concerned that we may have mishandled your substance use disorder records.

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. We will not ask you to waive your right to file a complaint, and we will not condition your treatment, payment, enrollment, or eligibility for any program on whether you file a complaint or not.

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

E-mail: Privacy.Office@lblue.com
(Individual Rights requests will not be accepted via e-mail.)



At Blue Cross and Blue Shield of Louisiana (Louisiana Blue), our mission is to improve the health and lives of Louisianians – including 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.

Notice of Nondiscriminatory Practices

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

Louisiana Blue and its subsidiary:

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

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

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

If you would like to file a complaint directly with Blue Advantage, you can reach us in person, by mail, by fax, or by email at the addresses below:

Section 1557 Coordinator

In Person: 5525 Reitz Ave. Baton Rouge, LA 70809

Mail: P. O. Box 98012, Baton Rouge, LA 70898-9012

Phone: (318) 998-4018 (TTY 711)

Fax: (318) 361-2165

Email: civilrightscordinator@lablue.com

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

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

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

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Blue Advantage from Blue Cross and Blue Shield of Louisiana is an HMO plan with a Medicare contract.

Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract.

Enrollment in either Blue Advantage plan depends on contract renewal.

Notice of Availability

Blue adVantage provides language assistance services and appropriate auxiliary aids and services free of charge. To speak to an interpreter about our health or drug plan, please call us at 1-866-508-7145 (711).

Blue adVantage ofrece servicios de asistencia lingüística, ayudas y servicios auxiliares adecuados de forma gratuita. Para hablar con un intérprete sobre nuestro plan de salud o de medicamentos, llámenos al 1-866-508-7145 (711).

Blue adVantage offre gratuitement des services d'assistance linguistique et des aides et services auxiliaires adéquats. Pour parler à un interprète sur notre régime de soins de santé ou de médicaments, appelez-nous au 1-866-508-7145 (711).

Blue adVantage cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ cũng như các dịch vụ và thiết bị hỗ trợ phù hợp. Để trao đổi với thông dịch viên về chương trình sức khỏe hoặc kế hoạch sử dụng thuốc của quý vị, vui lòng gọi cho chúng tôi theo số điện thoại 1-866-508-7145 (711).

Blue adVantage 免費提供語言援助服務與適當的輔助器具及服務。若需口譯人員協助瞭解醫療或藥物保險計畫，請撥打專線：1-866-508-7145 (711)。

توفر Blue adVantage خدمات المساعدة اللغوية وخدمات ووسائل المساعدة المناسبة مجانًا. للتحدث إلى مترجم فوري حول خطتنا الصحية أو الدوائية، يُرجى التواصل معنا على الرقم (711) 1-866-508-7145.

Nagbibigay ng libreng serbisyo ng tulong sa wika ang Blue adVantage at ng angkop na pantulong at sebisyo. Para makausap ang isang interpreter tungkol sa kalusugan namin o plano tungkol sa gamot, pakitawagan kami sa 1-866-508-7145 (711).

Blue adVantage 는 언어 지원 서비스와 적절한 보조 도구 및 서비스를 무료로 제공합니다. 당사의 건강 또는 의약 보험에 관해 통역사와 상담하려면 1-866-508-7145(711)로 전화해 주십시오.

A Blue adVantage disponibiliza, gratuitamente, serviços de assistência linguística e recursos assistivos pertinentes. Para falar com um intérprete sobre nosso plano de saúde ou de medicamentos, ligue para 1-866-508-7145 (711).

Blue adVantage ໃຫ້ບໍລິການການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການຊ່ວຍເຫຼືອເສີມ ແລະ ການບໍລິການທີ່ເໝາະສົມໂດຍບໍ່ເສຍຄ່າ. ເພື່ອເວົ້າກັບນາຍພາສາກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ, ກະລຸນາໂທຫາພວກເຮົາທີ່ເບີ 1-866-508-7145 (711).

Blue adVantage は、言語支援サービスや適切な補助具とサービスを無料でご提供しています。健康保険または医薬品プランに関する通訳をご希望の場合は、1-866-508-7145 (711) までお電話ください。

Blue adVantage زبان کی مدد کی خدمات اور مناسب معاون آلات اور خدمات مفت فراہم کرتا ہے۔ اپنی صحت یا دوا کے منصوبے کے حوالے سے مترجم سے بات کرنے کے لیے، برائے مہربانی ہمیں (711) 1-866-508-7145 پر کال کریں۔

Bei Bedarf stellt Blue adVantage kostenlos unterstützende Sprachdienste sowie besondere Hilfsmittel und Hilfsdienste zur Verfügung. Möchten Sie mit einem Dolmetscher über unseren Kranken- oder Arzneimittelversicherungsschutz sprechen, rufen Sie uns bitte unter der 1-866-508-7145 (711) an.

Blue adVantage خدمات کمک زبانی و کمک‌ها و خدمات امدادی مناسب را به صورت رایگان ارائه می‌دهد. برای صحبت با یک مترجم شفاهی در مورد طرح سلامت یا دارویی ما، لطفاً با شماره (711) 1-866-508-7145 تماس بگیرید.

Blue adVantage бесплатно предоставляет услуги языковой поддержки и соответствующие вспомогательные средства и услуги. Чтобы поговорить с переводчиком о нашем плане медицинского обслуживания или покрытия расходов на лекарства, позвоните нам по телефону 1-866-508-7145 (711).

Blue adVantage ให้บริการช่วยเหลือด้านภาษาและบริการเสริมต่าง ๆ ตามที่เหมาะสมโดยไม่มีค่าใช้จ่าย หากต้องการพูดคุยกับล่ามเกี่ยวกับแผนสุขภาพหรือแผนการใช้จ่ายของเรา โปรดโทรหาเราได้ที่ 1-866-508-7145 (711)



Have questions or need additional information about your Blue Advantage plan? We are here to help!

Call us at the number on the back of your member ID card or visit lablue.com/blueadvantage