



When it comes to your Blue Advantage plan, it's important to understand your coverage and how much you will pay when you get services.

WHAT WILL I HAVE TO PAY?

If you want to know how much a service, such as a specialist visit, will cost before you go, your Summary of Benefits is a good place to start.

You can find details about your coverage including information about what services are covered, what's not covered and how much you will pay in and out of the network.

Let's say you are going to see a specialist, and your plan has a \$50 copay for specialist visits.

Unless you have already met your maximum out-of-pocket amount for the plan year, you can expect to pay \$50 when you visit the specialist.

This visit will generate a claim to Blue Advantage for the services you received. In months where you have claims, you will receive an Explanation of Benefits (EOB). This is a document that shows you at a glance how much your provider billed us for the services you received and how much you owe the provider (your copay or coinsurance amount).

It's important to remember that the EOB is not a bill. If you didn't already pay for the service when it was performed, your provider should send you a bill. It's important to compare any bill you receive to the amount on your EOB shown as your share to be sure it's accurate.

Sometimes there may be a lag between when you received a service and when you are billed for the service. If you happened to pay more than you were supposed to for a service, you may receive a refund check or credit from the provider.

An easy way to keep up with your claims is to use your member portal. You can view your claims and so much more about your account in the member portal.

You can also visit our Member Resource Center to watch short videos about a variety of topics, including how to register for your member portal and how to understand your EOB.



WHAT TESTING/SCREENINGS ARE COVERED AT NO COST?

Your Blue Advantage plan covers many preventive services designed to keep you healthy.

Did you know that breast cancer screenings (mammograms) and colorectal cancer screenings are covered at 100%?

Early detection is key, so don't forget to take advantage of these benefits.

\$0 copay for Medicare-covered screening and diagnostic mammograms for all in-network outpatient settings.

\$0 copay for Medicare-covered colorectal cancer screenings and diagnostic procedures for all in-network outpatient settings. Screenings can be done in several ways, including colonoscopy. You should check your Evidence of Coverage for details on age and frequency guidelines for each particular type of colorectal cancer screening.

It's important to remember that **where** you have a test or screening done could make a difference in what you have to pay.

For example:

You will have a cost share for outpatient diagnostic tests when services are performed in an outpatient hospital/clinic setting.

When certain outpatient diagnostic tests are performed in a doctor's office during a visit, you will be charged the *office visit copay*. You will have no cost share for the outpatient diagnostic tests.

If no office visit is billed at the time the diagnostic test is performed in a doctor's office, you will be charged the *office visit copay*.

WHAT VACCINES ARE COVERED AT NO COST?

Your Blue Advantage plan covers many vaccines at no cost to you. This includes flu, hepatitis B, pneumococcal and COVID-19 shots.

The shingles vaccine is covered under your Part D drug plan, which could result in you paying if you get the vaccine at your provider's office. You can get the vaccine with a \$0 cost if you receive it at an in-network pharmacy.



CANCER CARE CLOSE TO HOME

When you are fighting cancer, the last thing you want to worry about is having to travel for care. In honor of World Cancer Day, celebrated each year on Feb. 4, we wanted to bring awareness to the world-class oncology resources we have right here in Louisiana. At Louisiana Blue, we strive to bring you a network of top-notch providers who can provide the care you need, which is why we are proud of the in-network choices you have when faced with cancer.

To find an oncology provider near you:

- Visit lablue.com/blueadvantage
- Click **Find a Doctor**
- Type Oncology into the Specialty field to find a list of network oncologists based on the specific type of oncologist you need

HOW DO I KNOW IF A PROVIDER IS IN THE NETWORK?

Your Blue Advantage plan includes a network of providers who have agreed to provide your healthcare services.

HMO plan members must use network providers except in certain circumstances, such as emergency or urgent care. If you go outside the network without proper authorization, you will have to pay in full.

PPO plan members may get covered services from out-of-network providers, but it may cost more unless it's an emergency.

It's easy to check the provider/pharmacy directory to be sure you are getting care from in-network providers.

Where things might get confusing is when you are getting services at an in-network facility, such as a hospital, where you get care from several different people. Even though the facility itself is in the network, some of the people providing your care may not be.

This brings us to the topic of balance billing. Simply put, this is when a provider bills you for the difference between what Blue Advantage pays them for the service and the full cost of the service.

You can avoid balance billing by using in-network providers. If you get Medicare-covered services from an in-network hospital or outpatient facility that includes services from out-of-network providers, you should be billed for your in-network cost share.

Balance billing is not allowed for Medicare-covered services when you use:

- In-network plan providers
- Out-of-network providers who participate in Original Medicare

Balance billing happens when you use an out-of-network provider for:

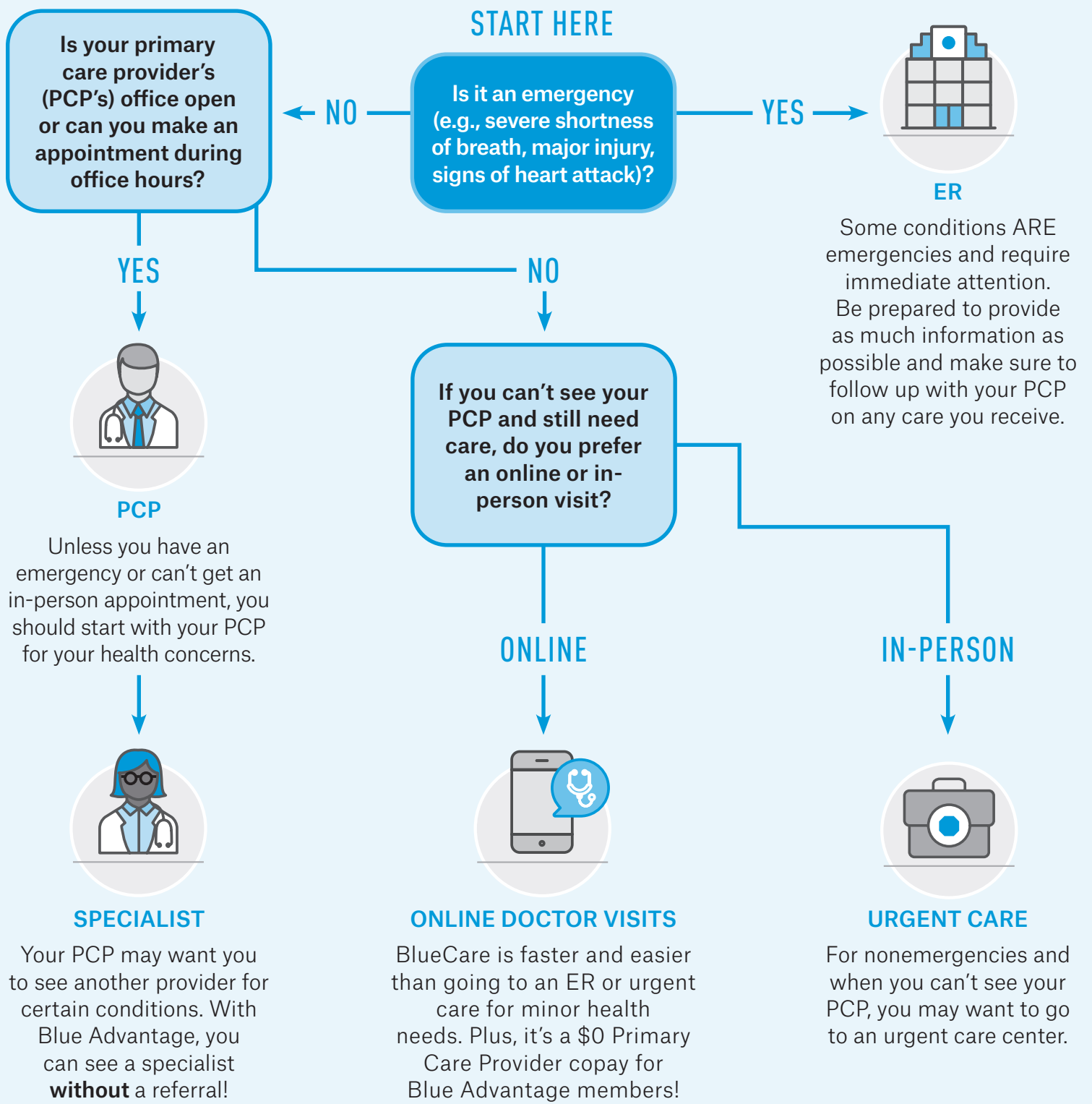
- Non-covered services
- Supplemental services that are not Medicare-covered services, like dental. If you use an out-of-network dental provider, they have the option to balance bill you.



GETTING CARE QUICKLY

Feeling sick and not sure where to get care? Injured and wondering if you should go to urgent care or the emergency room? Use this handy guide to help you find the **right care** at the **right time**, while **saving time and money**.

This guide can help you determine where to get care when you need it, but you should always use your best judgment based on your symptoms. If you are having a medical emergency, seek care immediately.



SAVE TIME AND MONEY FILLING YOUR PRESCRIPTION

Blue Advantage makes it easy to get your medication conveniently and affordably, with options that fit your schedule and help you save money.

Mail-order delivery

With Express Scripts Pharmacy, you can have most medications delivered right to your door. There's no charge for standard shipping, and you may pay less for drugs on Tiers* 1 through 3.

Auto fill

You can now select to auto fill your medication through Express Scripts mail-order delivery. This means you'll never forget to refill your medication.

Three-month supply

You can get a three-month supply of most drugs, like those used to treat high blood pressure, diabetes or high cholesterol. It's an easy way to always have your medication on hand, plus you might save some money.

**Prescription drug tiers do not apply to Dual Plus plan members.*

NEED HELP UNDERSTANDING YOUR PHARMACY BENEFITS?

Our local Customer Service representatives are only a phone call away and ready to help. Just call the number on the back of your member ID card. You can also learn more by visiting lablue.com/blueadvantage, click **Member** on the top right corner and then **Member Login**. From here, you can log in to or register for your online account. Click **View Registration Guide** if you need help signing up.

Express Scripts is an independent company that serves as the pharmacy benefit manager for Blue Cross and Blue Shield of Louisiana.

MAKE THE MOST OF YOUR FLEX CARD BENEFITS

We want to make purchasing approved products on your Flex Card as easy as possible for you. Did you know that you can enjoy the convenience of using your card at approved retailers for your prescription hearing aids, eyewear and over-the-counter item purchases? For more information on using your Flex Card, visit lablue.com/blueadvantage and click **Member** in the upper right-hand corner, then **All Other Members** and then click on the **Flex Card** tile.



LOUISIANA BLUE, LOUISIANA TRUE WORD SEARCH

W	D	O	G	T	G	L	I	M	R	W	T	X	P	B
Q	I	V	U	X	U	D	L	M	I	X	A	M	B	U
C	D	A	L	L	I	G	A	T	O	R	R	Q	H	B
B	R	P	A	C	U	M	A	G	N	O	L	I	A	A
D	L	A	E	L	Z	L	E	F	S	D	R	F	H	Y
F	J	O	W	L	Q	Y	A	Y	I	Y	A	Y	V	O
H	A	H	U	F	I	P	D	G	Y	S	K	E	Y	U
X	Z	U	F	I	I	C	Z	E	N	J	H	O	V	Y
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G	Y	E	R	B	L	V	W	S	S	I	S	V	H	J

Louisiana

Crawfish

Pelican

Forest

Blue

Lagniappe

Magnolia

Swamp

Alligator

Humidity

Fishing

Bayou

Jazz

Boot

WHERE CAN I FIND MY PLAN DOCUMENTS AND OTHER RESOURCES?

Summary of Benefits, Evidence of Coverage, Provider/Pharmacy Directory

Go to www.lablue.com/blueadvantage, click **Member** on the top right corner and then **Member Login**. From here, you can log in to or register for your online account. Select **Digital Documents** when you are in your portal. Click **View Registration Guide** if you need help signing up.

Online Provider Search

Go to www.lablue.com/blueadvantage and click **Find a Doctor** from the Blue Advantage home page to find in-network providers and facilities, including dental and vision providers.

Member Resource Center

Go to www.lablue.com/blueadvantage, click **Member** on the top right corner and then **Member Resource Center**.

If you need help or would like printed copies, call the Customer Service number on the back of your member ID card.



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