



2021-2022

Louisiana State University
Health Sciences Center
NEW ORLEANS

Student Health Plan

Your Guide

Your Advocate

LSUHSC N.O.

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

MEDICAL BENEFITS OVERVIEW

Blue Cross and Blue Shield of Louisiana is proud to serve the healthcare needs of LSUHSC students. Your Blue Cross plan offers many benefits and features, including:

- A large network of doctors and hospitals
- Physician office visits
- Direct access to specialty care without a referral
- Prenatal care
- Preventive and wellness services
- Pharmacy benefits
- Mental health counseling
- Substance abuse services
- Online tools to help you get the most from your health plan
- An ID card recognized across the globe
- Local customer service

ELIGIBILITY

A registered student, fellow or post-doctoral fellow, domestic or international student who is enrolled in a participating college/program and is physically and actively attending classes for at least thirty-one (31) days after the effective date of coverage under this benefit plan. International and domestic students must purchase the Basic Blue Plan or provide proof of comparable coverage to the LSU Health Sciences Center. House officers, fellows and post-doctoral fellows actively attending classes may purchase the plan on a voluntary basis. Coverage will become invalid for students who leave school within 31 days of their effective date of coverage. The servicing agent should be notified at that time by the student. Students who enroll in the plan may secure family coverage. Eligible dependents must enroll in the plan when the student first enrolls in the plan, and must enroll for the same coverage as the student.

Newly born infants will be covered automatically for thirty (30) days from birth or until the child is well enough to be discharged from the Hospital or neonatal Special Care Unit to his/her home, whichever is longer, provided that the covered parent has notified Blue Cross of the birth of the Child.



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COVERAGE PERIODS

Enrollment Period

Full-time domestic and international students must provide proof of comparable coverage or purchase an insurance plan offered through LSUHSC within 30 days of the effective date of coverage for their particular college/program. All other students and dependents must submit a completed enrollment form and the proper premium to the servicing agent within 30 days of the effective date of coverage for their particular college/program. If enrollment does not occur within the periods specified, students and eligible dependents will only be permitted to enroll within 31 days of involuntary loss of group coverage under another insurance plan, marriage or birth or adoption of child.

Effective and Expiration Dates

The coverage effective and expiration dates for each college/program are listed below. Coverage is subject to eligibility and premium payment requirements.

COLLEGE/PROGRAMS:

SEMI-ANNUAL COVERAGE PERIODS		College/Program	Effective Date	Expiration Date
FALL		Allied Health	07-01-21	12-31-21
		School of Dentistry	07-01-21	12-31-21
		Graduate Studies	07-01-21	12-31-21
		School of Medicine	07-01-21	12-31-21
		School of Nursing	07-01-21	12-31-21
		Resident/Post Grads	07-01-21	12-31-21
		School of Public Health	07-01-21	12-31-21
		College/Program	Effective Date	Expiration Date
SPRING		Allied Health	01-01-22	06-30-22
		School of Dentistry	01-01-22	06-30-22
		Graduate Studies	01-01-22	06-30-22
		School of Medicine	01-01-22	06-30-22
		School of Nursing	01-01-22	06-30-22
		Resident/Post Grads	01-01-22	06-30-22
		School of Public Health	01-01-22	06-30-22
SUMMER ONLY COVERAGE PERIOD		College/Program	Effective Date	Expiration Date
NEWLY ENROLLED STUDENTS ONLY		Allied Health	05-01-22	06-30-22
		School of Dentistry	05-01-22	06-30-22
		Graduate Studies	05-01-22	06-30-22
		School of Medicine	05-01-22	06-30-22
		School of Nursing	05-01-22	06-30-22
		Resident/Post Grads	05-01-22	06-30-22
		School of Public Health	05-01-22	06-30-22

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BLUE CROSS GIVES YOU COVERAGE WHEN -AND WHERE- YOU NEED IT MOST

You can't predict when you might need to visit a doctor or pharmacy. That's why Blue Cross gives you access to healthcare at home and abroad.

Network Benefits

Blue Cross members may access the Preferred Care network of doctors, hospitals and allied healthcare professionals. Network providers will submit your claims for you. To find a Blue Cross doctor or hospital nearby, visit www.bcbsla.com and click on **FIND A DOCTOR**.

Your Student Health Centers offer several convenient campus locations where you may receive network benefits, including:

- Physician office visits
- Preventive and treatment options
- Pharmacy services
- Mental health counseling
- Substance abuse services

Care Away From Home

If you're outside of Louisiana and need medical care, your benefits travel with you. Your Blue Cross plan is part of a single electronic network linking Blue Cross and Blue Shield plans across the nation – and in more than 200 countries and territories worldwide. To locate a doctor or hospital outside of Louisiana, visit www.bcbsla.com/findcare or call the BlueCard Access line at **800.810.BLUE (2583)**.

CUSTOMER SERVICE

ONLINE: www.bcbsla.com

BY PHONE: 800.495.BLUE(2583)



STUDENT HEALTH CLINICS

3700 St. Charles Ave.
New Orleans, LA 70112
All services available
By appointment or walk-in
8 a.m. to 11:30 a.m. and 1:00 p.m.
to 4:30 p.m.
Monday - Friday
Phone: 504.412.1366

478 S. Johnson St.
New Orleans, LA 70112
Nursing services available
Call for M.D. availability
8 a.m. to 4:30 p.m.
Monday - Friday
Phone: 504.412.1517

200 W. Esplanade Ave., Suite 701
Kenner, LA 70065
By Appointment Only
8 a.m. to 4:30 p.m.
Monday - Friday
Phone: 504.412.1705

STUDENT HEALTH SERVICES

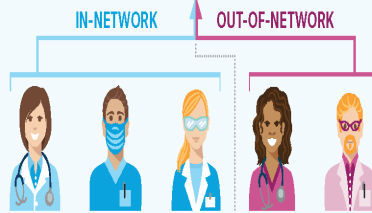
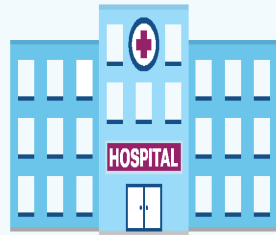
Lions Building, 7th Floor
2020 Gravier Street, Room 789
New Orleans, LA 70112
8 a.m. to 4:30 p.m.
Monday - Friday
Phone: 504.525.4839
Fax: 866.814.9706

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What Does It Mean When Doctors at My Hospital Are OUT OF MY NETWORK?

Your hospital may be in your network, but some doctors who work there may **NOT** be. That means you could pay more than you have to when those doctors treat you.



Healthcare can be complicated. We try to make it easy, but we know simplicity isn't always possible. This is one of those difficult cases. Let us try to answer any questions you may have.

What if I go out of network?



If you see a doctor or go to a hospital out of your network, they could charge you more.



Because we don't have an agreement with them, they can bill you for more than what we will pay for their services. This means you could pay more than your deductible, coinsurance or copay.



What can you do to save money?

1. BE AWARE. If you expect to go to the hospital, look at the list of hospital-based doctors at www.bcbsla.com/hbp or call us before you go. We will let you know when a hospital-based group of doctors leaves your network.



2. ASK TO MOVE. If the hospital uses doctors who are not in your network, ask your doctor if you can go to a different hospital with network doctors. We know this isn't ideal, but it's your best bet to avoid paying more later.



Even though a hospital is in your network, doctors like these may not be.



Anesthesiologists



Emergency Room Doctors



Neonatologists

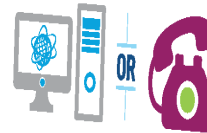


Pathologists



Radiologists

How to find providers in network:



You can search for all providers in your network at www.bcbsla.com/findcare or call Customer Service at **1-800-495-2583**.

**Have your ID card handy.*



What about emergencies?



If you have a true emergency, don't worry about your network. Go to the nearest emergency room.



Check your plan booklet to find out what an "emergency medical condition" means.



If it's not a true emergency, instead of going to the hospital, go to your primary care doctor or an urgent care center.

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ONLINE HEALTH & WELLNESS EDUCATIONAL TOOLS

With *Blue Cross and Blue Shield of Louisiana* you can get the resources you need to commit to healthier, happier living.

Explore the *Wellness* section to find:

- **Wellness Discounts offered through Blue 365** – Special savings for Blue Members on services like:
 - Fitness club memberships
 - Athletic wear and gear
 - Diet and weight-control programs
 - Laser vision correction
 - Hearing care and senior care
- **Wellness Support** – Find a schedule that reminds you of the preventive health screenings you should have at every age to stay on top of your health. Also, explore a listing of events and resources in your region.

To access more Blue365 information, visit www.blue365deals.com/BCBSLA

ACTIVATE YOUR ONLINE ACCOUNT

You can register for an online account by visiting www.bcbsla.com/activate.

To register, you will need your Member ID number (found on your Member ID card) and a secure Personal Identification Number (PIN). If you have not received a PIN in the mail, or you have lost yours, you can request a new one at the second step of the registration process.

Blue Cross provides telephone support for users who need help with their online account registration process, including holidays and weekends. So if you need any help registering or logging in, you can call toll-free **800.821.2753** any time.

Remember this is only support for the registration process. If you need help with your benefits or claims, please call the Customer Service number on your Blue Cross ID card.



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MEDICAL SUMMARY OF BENEFITS

Administered by Blue Cross and Blue Shield of LA

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way-especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

	BASIC BLUE PLAN	
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Annual Deductible - Aggregate	\$0 Individual \$0 Family	\$1,000 Individual \$3,000 family
Annual Out-of-Pocket Maximum (Excludes deductible)	\$2,500 Individual \$5,000 Family	\$5,000 individual \$10,000 family
Coinsurance	100%	70%
OFFICE VISITS AND PREVENTATIVE CARE		
Physician Office Visit	\$25 copay per visit	Deductible then 30%
Allied Health Office Visit	\$25 copay per visit	Deductible then 30%
Quality Blue Primary Care (QBPC)	\$10 Primary Care copay per visit	Not Available
Specialist Office Visit	\$40 copay per visit	Deductible then 30%
Wellness Visit	\$0 copay per visit - 100%	Deductible then 30%
Lab and Low Tech X-Ray (Includes Independent Facility)	Plan pays 100%	Deductible then 30%
High Tech X-Ray Services (Includes Independent Facility)	Plan pays 100%	Deductible then 30%
OUTPATIENT SERVICES PERFORMED AT AN OUPATIENT FACILITY		
Facility Charges	\$350 copay	Deductible then 30%
Professional Services	Plan pays 100%	Deductible then 30%
Lab and X-Ray	Plan pays 100%	Deductible then 30%
INPATIENT SERVICES (NON-PARTICIPATING HOSPITAL PENALTY WILL ALSO APPLY)		
Hospital	\$350 per day for the first (3) days of admission	Deductible then 30% + Non-Participating Penalty
Professional Services	Plan pays 100%	Deductible then 30%
OTHER COVERED SERVICES		
Prenatal Visits and Delivery	\$40 copay per pregnancy	Deductible then 30%
Emergency Room	\$350 copay per visit / waived if admitted	
Urgent Care	\$40 copay per visit	Deductible then 30%
Speech Therapy (Excludes Inpatient)	\$25 copay per visit	Deductible then 30%
Physical/Occupational Therapy (Excludes Inpatient)	\$25 copay per visit	Deductible then 30%
Ambulance Service	\$50 copay per day per provider	Deductible then 30%
Prosthetic Appliances & Orthotic Devices	Plan pays 80%	Deductible then 30%
Durable Medical Equipment	Plan pays 80%	Deductible then 30%
BENEFITS THAT REQUIRE AUTHORIZATION (DOES NOT INCLUDE LIST OF OUTPATIENT SERVICES OR DRUGS REQUIRING AUTHORIZATION)		
Organ and Tissue Transplants	Plan pays 100%	Not Available
Skilled Nursing Facility	Plan pays 100%	Deductible then 30%
Home Health	Plan pays 100%	Deductible then 30%
Hospice	Plan pays 100%	Deductible then 30%

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NEEDLE STICK BENEFIT

Administered by Blue Cross and Blue Shield of LA

Needle stick injuries that expose students to blood-borne pathogens are an important public health concern. That's why Blue Cross offers a separate Needle Stick benefit, which is available on the Basic Blue Plan or as a standalone option. This benefit provides coverage for eligible students for testing and prophylactic treatment of blood borne diseases following at-risk contact with blood or other bodily fluids from human or animal sources. The contact must include and is limited to needle sticks. This benefit will cover 100% of the Blue Cross and Blue Shield of Louisiana Allowable Charge for the physical evaluation, physician office visit, student health clinic, outpatient facility, Hepatitis and HIV Antibody and Antigen tests, and an initial round of Hepatitis B vaccine. This Benefit Plan does not cover inpatient admission, additional or follow-up testing or treatment not specific to needlesticks, antiviral or antibiotic treatments or pharmacy benefits outside of those specifically listed under the Prescription Drug Benefit section of this Schedule of Benefits. It is not subject to any co-payment, annual deductible, or ER charge if the designated CPT code for Needlestick is assigned. Please see your benefit plan for details, limitations and exclusions. Students who have Medicaid as their primary insurance must present both their needlestick card and their Medicaid card to ALL medical providers.

The needle stick policy coverage includes a 3-day supply of prophylactic drugs to be prescribed when a student has experienced a needle stick. The needle stick policy identification card that students receive in the mail includes information necessary to process pharmacy claims in the event of a needle stick. Students who have Medicaid as their primary insurance must present both their needlestick card and their Medicaid card to the pharmacy for ALL prescriptions.

NEEDLE STICK BENEFIT		
Hepatitis/HIV Antibody/Antigen Tests and Vaccines	Plan pays 100%	Plan pays 100% of Allowable Charges
Lab Work	Plan pays 100%	Plan pays 100% of Allowable Charges
Outpatient Facility Charges	Plan pays 100%	Plan pays 100% of Allowable Charges



PRESCRIPTION DRUG BENEFITS

Administered by Blue Cross and Blue Shield of LA

There are two ways to fill your prescriptions:

1. Bring your prescription to a network pharmacy and pay one copayment to cover up to a 30- or 90-day supply (or manufacturer's recommended dosage); or
2. For maintenance drugs and the convenience of mail order delivery, you pay a copayment equal to three times the retail copayment for up to a 90-day supply (or manufacturer's recommended dosage).

PRESCRIPTION DRUG COVERAGE			
Tier Level	Description	Retail Copay (up to 30-day supply)	Mail Order Copay (up to 90-day supply)
Tier 1	Primarily generic drugs, although some brand-name drugs may fall into this tier	\$7	\$21
Tier 2	Primarily brand-name drugs, although some generic drugs may fall into this tier	\$30	\$90
Tier 3	Brand-name or generic drugs that may have a therapeutic alternative as a Tier 1 or Tier 2 drug; covered compounded drugs are included in this tier	\$70	\$210
Tier 4	A prescription drug that is a multi-source brand drug	10% Specialty with \$150 maximum	

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MEDICAL & NEEDLE STICK PLAN COSTS

MEDICAL PLAN PREMIUMS - Blue Cross and Blue Shield of LA			
	FALL	SPRING	SUMMER (2 MONTHS) New Students Only
Student Only	\$2,857.20	\$2,857.20	\$952.40
Spouse	See Info Below	See Info Below	See Info Below
Child/Children	See Info Below	See Info Below	See Info Below
Spouse & Child/Children	See Info Below	See Info Below	See Info Below
Needle Stick Benefit	\$16.54	\$16.54	\$5.51

TO ENROLL FOR STUDENT ONLY COVERAGE IN THE MEDICAL OR NEEDLE STICK PLANS, PLEASE CONTACT THE BURSAR'S OFFICE AT LSUHSC N.O.

TO ENROLL IN THE MEDICAL OR NEEDLE STICK PLANS

STUDENTS

If you want to enroll in the medical or needle stick plan, all LSUHSC N.O. students need to apply through the LSUHSC N.O. Bursar's Office at NOBURSAR@LSUHSC.EDU or **504-568-4694**.

FELLOWS & HOUSE OFFICERS

To enroll in coverage for the medical or needle stick plans, please contact our local partner Gallagher Benefit Services at lsu.hsc.gbs@ajg.com or **225-906-1227**.

ELIGIBLE DEPENDENTS

Premium costs for your eligible dependents (spouse and children) to enroll in the medical plan varies according to each dependent's age. To enroll in coverage for the medical or needle stick plans, please contact our local partner Gallagher Benefit Services at lsu.hsc.gbs@ajg.com or **225-906-1227**.

Please note that you must enroll your dependents within 30 days of the effective date of coverage for your specific program, and you must pay the total premium due through the end of the current academic term upon enrollment. Dependents may not be covered at any time unless you are also covered.

Please refer to page 3 for a list of programs and effective dates. If enrollment doesn't occur within those 30 days following the effective dates, you will only be allowed to enroll your dependents within 31 days of an involuntary loss of group coverage or a qualifying life event.

QUESTIONS?

If you have any questions about enrollment or benefits in any of the plans in this brochure, please contact Gallagher Benefit Services at lsu.hsc.gbs@ajg.com or call **225-906-1227**.



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DENTAL BENEFITS

AlwaysCare

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with **LSUHSC N.O.** voluntary dental benefit plan.

CONTRACT PAYS		
	IN NETWORK	OUT OF NETWORK
Contract Year Deductible Per Member / Per Family	\$50 / \$150 Not Applied to Diagnostic & Preventive Services	
Annual Benefit Maximum Per Member (In-Network & Out-of-Network, Class A, B, C)	\$1,000	
Carryover Benefit	\$250 (Threshold Limit \$500, Carryover Account Maximum \$1,000)	
CONTRACT PAYS		
	IN NETWORK	OUT OF NETWORK
CLASS A - DIAGNOSTIC & PREVENTIVE CARE		
Routine Oral Exams and Cleanings	90%	90%
Bitewing X-Rays (once a year)		
Fluoride Treatments (children under 16 only)		
Full Mouth X-Rays (once every 2 years)		
CLASS B - BASIC SERVICES		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
CLASS C - MAJOR CARE (12 MONTH WAITING PERIOD)		
Endodontics (Root Canals)	50%	50%

*This is a brief description of your benefits for illustrative purposes only. Please refer to your schedule of benefits for more information.

To Find a Dentist:

- Visit www.AlwaysCareBenefits.com / **Provider Locator / Dental Provider Locator / Select the Plus Network, DenteMax, AlwaysCare Network** or call 888.729.5433 ext. 2013



VISION BENEFITS

AlwaysCare

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. Keep your eyes healthy with **LSUHSC N.O.** voluntary vision benefit plan.

	In Network	Out of Network
COPAYMENTS (12 MONTHS FREQUENCY)		
Eye Examinations	\$15 copay	Up to \$35 allowance
Materials (Lenses and/or Frames)	\$15 copay	N/A
EYEGLASS BENEFIT - FRAMES (24 MONTHS FREQUENCY)		
Frame	\$120 Retail Allowance	up to \$50 allowance
EYEGLASS BENEFIT - SPECTACLE LENSES (12 MONTHS FREQUENCY)		
Lenses (Single, Bifocal, Trifocal)	Included	up to \$25, \$40, \$50 allowance
Lenticular Lens Upgrade	\$80 Allowance	up to \$50 allowance
Progressive Lens Upgrade	\$70 Allowance	up to \$40 allowance
CONTACT LENS BENEFIT (IN LIEU OF EYEGLASSES) (12 MONTHS FREQUENCY)		
Elective Contact Lenses	\$120 Retail Allowance	up to \$100 allowance
Medically Necessary Contact Lenses (with prior approval)	\$210 Retail Allowance	up to \$210 allowance

*This is a brief description of your benefits for illustrative purposes only. Please refer to your schedule of benefits for more information. Special payment and reimbursement terms apply for material purchases at Costco, Walmart, and Sam's Club. Contact AlwaysCare for additional information.

Laser Vision Correction - Discounts are available with participating surgery providers across the country

You have access to AlwaysCare's national network of independent eye care professionals and large optical retail chains (including Walmart, Sam's Club, Costco, Pearle Vision, Target, Sears, JCPenny and Visionworks). You may choose different providers for the vision exam and material purchases.

To Find a Vision Provider:

- Visit www.AlwaysCareBenefits.com / **Provider Locator / Vision Provider Locator / Select Search as Guest** and complete the search criteria or call 888.729.5433 ext. 2013

AlwaysCare Customer Service: 888.729.5433 ext 2013



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VOLUNTARY DENTAL & VISION PLAN COSTS

DENTAL PLAN PREMIUMS - VOLUNTARY - Always Care

	ANNUAL	FALL	SPRING	SUMMER (2 MONTHS)
Student Only	\$426.96	\$213.48	\$213.48	\$71.16
Student + One	\$853.68	\$426.84	\$426.84	\$142.28
Student + Two or More	\$1,516.80	\$758.40	\$758.40	\$252.80

VISION PLAN PREMIUMS - VOLUNTARY - Always Care

	ANNUAL	FALL	SPRING	SUMMER (2 MONTHS)
Student Only	\$131.04	\$65.52	\$65.52	\$21.84
Student + One	\$249.12	\$124.56	\$124.56	\$41.52
Student + Two or More	\$419.88	\$209.94	\$209.94	\$69.98

TO ENROLL IN THE VOLUNTARY DENTAL OR VISION PLAN

Gallagher Student Health & Special Risk (GSH) a division of Arthur J. Gallagher, will manage the Voluntary Dental & Vision online enrollment process.

Go to www.gallagherstudent.com and select “Louisiana State University - HSC New Orleans” to go to our landing page. Select “Dental/Vision Enroll” in the top left menu. Complete the online enrollment form and then select your method of payment: e-check or credit card.

You need to enroll yourself and your dependents within 30 days of the effective date of coverage for your specific program. Please refer to page 3 for a list of programs and effective dates.

For more detailed benefit information, select “Other Insurance Products” and select the plus (+) sign next to AlwaysCare Vision and Dental.

QUESTIONS? Contact lsu.hsc.gbs@ajg.com or 225-906-1227.



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MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

Coverage for Mental Health & Substance Abuse Care is paid the same as, or better than any other illness.

Mental Health Counseling

- Emotional Difficulties
- Stress
- Substance Abuse

COPAYMENTS

A copayment is a fixed dollar amount that you pay for a covered service or prescription drug. Copayments are available for most services in the network. These copayment amounts are detailed throughout this booklet and in your benefit plan.

DEDUCTIBLES AND COINSURANCE

A benefit period is defined as a calendar year: January 1 through December 31. For new members, your benefit period begins on your effective date of coverage and ends on December 31.

Once your deductible is met, you pay a coinsurance, which means your costs are shared with Blue Cross. Once you have reached your annual out-of-pocket maximum, Blue Cross will pay 100 percent of the allowable charges for your covered benefits. Please see your benefit plan for specific details on your deductible, coinsurance percentage and annual maximums.

OUT-OF-NETWORK BENEFITS

If you receive care outside of the Preferred Care PPO network, you will first have to meet the \$1,000 out-of-network deductible (\$3,000 for families), then pay a percentage of the remaining balance for most services.

URGENT CARE BENEFITS

There may be instances when you need non-emergency medical care after hours. This is referred to as “urgent care.” Examples of urgent care include, but are not limited to: colds and flu, sprains, stomachaches and nausea. Urgent care centers offer extended office hours to patients on an unscheduled basis without the need for an appointment.

EMERGENCY CARE BENEFITS

As always, in emergency situations the first priority is to seek treatment at the nearest facility. Please call your physician within 48 hours after seeking emergency treatment. Authorization for an emergency inpatient admission must be requested within 48 hours of hospital admission.

PREVENTIVE CARE

Blue Cross is committed to preventive care. Detecting illnesses in their earlier stages ensures better health for our members and reduces medical costs for everyone. To promote preventative care, Blue Cross plans cover a full array of wellness services

The Patient Protection and Affordable Care Act brought changes to the healthcare industry. The list below is a sample of preventive services available to our customers and their enrolled dependents at no out-of-pocket cost when obtained from a network provider.

Network Care:

- \$0 copayment for one routine physical exam
- Routine gynecological exams
- Pap smear
- Routine mammography exam, if ordered by a physician
- Well-baby care for dependent children
- Immunizations recommended by a physician
- Prostate (PSA) screening test
- Routine hemocult (colon) test for adult men and women
- Lab and low-tech X-ray services covered at 100 percent
- Vision impairment screening

QUALITY BLUE PRIMARY CARE (QBPC)

To maximize and improve healthcare services delivered to their customers, Blue Cross is working closely with primary care doctors in our network and making your health information – like medical claims for treatment - available so your doctor has a fuller picture of your health and history when you go in for appointments. This saves you time and effort, so you can spend office visits talking with your doctor about your needs or questions.

You'll get help and coaching to be as healthy as you can be: Between appointments, you can talk with a Blue Cross nurse who will be your health coach, help you stick to your care plan and give you the support you need to achieve your health goals.

You have a team behind you: Blue Cross collaborates with your QBPC doctor's office, working together to improve your health and help you stay on top of your wellness.

To find out if your doctor is enrolled in QBPC, you can check the online provider directory, where BCBSLA has a blue “Q” to show which doctors are participating. Quality Blue Primary Care (QBPC) doctor's will charge you a cheaper copayment of \$10 each visit.

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NOTICE OF PLAN CHANGES FOR 2021

Prior Authorization Changes - Prior authorization requirements have been updated for the following services and will apply to all HMO of Louisiana, Inc. and Blue Cross and Blue Shield of Louisiana products. For some members, these prior authorizations may be included in the current list of benefits.

- Insulin Pumps
- Low Protein Food Products

Breast Cancer Mastectomy and Reconstructive Service - Contralateral prophylactic mastectomies and reconstructions will be covered at contract benefits if those services result from breast cancer. The decision to have the mastectomy and reconstruction of a nonimpacted breast is a decision to be made by the patient and their physician.

Covid-19 Diagnostic Test, Antibody Test and Antiviral Drugs - In addition to any coverage required by applicable federal law, including the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief and Economic Security (CARES) Act), coverage will also be available for COVID-19 diagnostic tests, antibody tests, and drugs approved for the treatment or prevention of COVID-19 at no cost until December 31, 2021.

Diagnostic Imaging - Breast Ultrasounds - Coverage for breast ultrasounds will be enhanced to match minimum coverage and benefit requirements of mammography examinations. Please refer to your plan document to verify your plan's mammogram benefits.

Additions and Changes to Preventive Services Governed by USPSTF (U.S. Preventive Services TaskForce) - The ACA requires preventive and wellness service coverage which mainly results from U.S. Preventive Services Task Force (USPSTF) recommendation levels 'A' and 'B' and less often results from recommendations from the Advisory Committee on Immunization Practices (ACIP) and the Health Resources and Service Administration (HRSA). These preventive and wellness services will be covered at no cost to members when rendered by a Network provider. The services listed below will be added to and/or revised in policies for 2021. Additional services may be added as required by law and may include enhancements to existing services.

Screening for Abdominal Aortic Aneurysm (AAA) - Coverage will be limited to a once per lifetime screening for men aged 65 to 75 years who have ever smoked. The screening will be at no cost to the member, regardless of whether the member has received the screening prior to 2021.

Screening for Hepatitis C Virus Infection - Coverage is available for a one-time screening in adults aged 18 to 79 years.

Tobacco Use Screening and Counseling - Coverage is available for interventions, including education or brief counseling, to prevent initiation of tobacco use among schoolaged children and adolescents.

Screening for Unhealthy Drug Use - Coverage is available for a questions-based screening about unhealthy drug use in adults 18 years or older. This recommendation does not include testing.

Additions and Changes to Health Resources and Services Administration (HRSA) - Supported Women's Preventive Services Initiative (WPSI) - Coverage is now available for anxiety screening at no cost to the member when services are rendered by a Network provider. Screening for anxiety coverage at no cost is limited to once per Benefit Period for females of all ages.

BLUECARE: Get Care from anywhere- BlueCare is our convenient online telehealth service which offers medical visits 24/7 and behavioral health visits by appointment. BlueCare is less expensive and faster than going to an ER or Urgent Care, and all visits are available from the privacy of home. Before every visit, eligible members will see what it will cost based on their plan type and benefits. They will not be charged until they've had their visit. To enroll or login for a visit, simply download the free app or go to www.BlueCareLA.com

SMARTSHOPPER: Shop and save on Medical Procedures - SmartShopper* is a tool that lets Blue Cross customers compare procedures based on price, location and facility, in nearly 300 categories. If you have a high-deductible plan, you can save on your out-of-pocket costs when you choose a facility in your network that costs less. The lower the cost of the procedure, the less you typically pay up front and out of your own pocket to cover deductibles or coinsurance. Access SmartShopper at <https://bcbsla.smartshopper.com>.

Blue Cross Blue Shield of Louisiana 2021 Employee Drug Coverage Changes - Each year, as new drugs are approved or older drugs change in price, we make changes to how drugs are covered under your plan. We make these changes to give you choices in care, while keeping costs down. If these changes affect the drugs you take, please share this with your doctor so that you can make decisions in your care together.

To learn more about your drug coverage, visit bcbsla.com/CoveredDrugs.

Questions - If you have any questions about your prescription benefits, call the Express Scripts* Customer Service Department toll-free at 1-866-781-7533, or the Pharmacy number on the back of your member ID card.

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EASY-TO-READ SBC DOCUMENT HELPS YOU UNDERSTAND YOUR BENEFITS

As part of the health care reform law, the government established a health plan information document called the Summary of Benefits and Coverage (SBC). The SBC will help you understand and compare different medical plan options. It provides an overview of each medical plan in a standard format and is written in easy-to-understand language. The SBC for this group plan, Premier Blue Copay 100/70, is available at <http://producers.bcbsla.com/sbc>

The Summary of Benefits and Coverage includes three parts:

Benefits and coverage information

This section includes a chart that lists the main features of your medical plan option(s). It answers fundamental questions about the coverage levels of the plan options. It also provides specific information about coverage for different services, such as office visits, prescription drugs and emergency room services.

Coverage examples

The coverage examples on the last two pages of the document show how the plan might cover medical care for three specific scenarios – “Having a Baby,” and “Managing Type 2 Diabetes,” and “Simple Fracture.” The examples show what the plan would pay and what the patient would pay based on a common set of assumptions. It is important to note that these are examples only. They should not be used to estimate your actual costs under the plan.

A link to a Uniform Glossary

The SBC explains how to access or request a glossary with definitions for common health insurance and medical terms, such as copayment and deductible. There may be differences between terms found in the Uniform Glossary and those in your health plan documents. In these instances, you should go by the terms in your health plan document.



This benefit summary prepared by

