



2022-2023

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	07-01-22	12-31-22
		School of Dentistry	07-01-22	12-31-22
		Graduate Studies	07-01-22	12-31-22
		School of Medicine	07-01-22	12-31-22
		School of Nursing	07-01-22	12-31-22
		Resident/Post Grads	07-01-22	12-31-22
		School of Public Health	07-01-22	12-31-22
		College/Program	Effective Date	Expiration Date
SPRING		Allied Health	01-01-23	06-30-23
		School of Dentistry	01-01-23	06-30-23
		Graduate Studies	01-01-23	06-30-23
		School of Medicine	01-01-23	06-30-23
		School of Nursing	01-01-23	06-30-23
		Resident/Post Grads	01-01-23	06-30-23
		School of Public Health	01-01-23	06-30-23
SUMMER ONLY COVERAGE PERIOD		College/Program	Effective Date	Expiration Date
NEWLY ENROLLED STUDENTS ONLY		Allied Health	05-01-23	06-30-23
		School of Dentistry	05-01-23	06-30-23
		Graduate Studies	05-01-23	06-30-23
		School of Medicine	05-01-23	06-30-23
		School of Nursing	05-01-23	06-30-23
		Resident/Post Grads	05-01-23	06-30-23
		School of Public Health	05-01-23	06-30-23

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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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BlueCare



Save time and money!

MEDICAL VISITS

BlueCare is great for those times when you need to see a doctor but can't find the time, feel too sick to leave the house or are traveling. BlueCare is available 24/7 in all 50 states, costs less than urgent care and ER visits, and is an easier way to treat non-emergency, common conditions like:

- Sinus infections
- Cold or cough
- Flu symptoms
- Fever
- Bladder infections
- Rashes
- Allergies
- Vomiting, diarrhea
- Pink eye

You can also use BlueCare to get a prescription or to check in with a doctor. BlueCare doctors can give work or school absence excuses by request.

BEHAVIORAL HEALTH VISITS

Online appointments are available for behavioral health needs, including depression, grief, stress, life transitions, anxiety, couples' counseling and more. Simply log in and schedule a visit with a psychology or psychiatry provider who is trained and certified in telehealth care.

Medical and behavioral health visits available!



SIGN UP AND TRY BLUECARE TODAY!



www.BlueCareLA.com

**SNIFFLES?
MIGRAINE?
BROKEN BONE?**

KNOW THE BEST PLACE TO GO FOR YOUR ILLNESS OR INJURY



Primary Care Doctor

A primary care doctor can see you for most of your care, from routine checkups to when you get sick or hurt.



BlueCare

See a doctor online 24/7 when you have a minor health issue. It takes just minutes and you don't have to leave home or the office.



Urgent Care Center

If you have an illness or injury that you need to have looked at quickly, but it's not an emergency, these centers have doctors and providers who can treat you. Most urgent care centers have night and weekend hours, and the providers there can often do X-rays, lab work or stitches.



Emergency Room

If you have a life-threatening or serious illness or injury, call 911 or go to the nearest emergency room.

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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	\$3,231.48	\$3,231.48	\$1,077.16
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

Unum

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 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	
CLASS A - DIAGNOSTIC & PREVENTIVE CARE	IN NETWORK	OUT OF NETWORK
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 Unum Dental (go2dental.com) / Search for a Provider / Network / Dentemax Plus / AlwaysCare or call 888.400-9304



VISION BENEFITS

Unum

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. Please contact Unum for additional information.

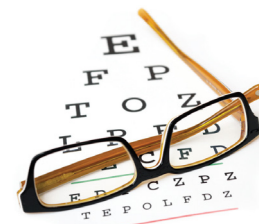
Laser Vision Correction - Discounts are available with participating surgery providers across the country

You have access to Unum's national network of independent eye care professionals and large optical retail chains (including Walmart, Sam's Club, Costco, Target, JCPenny and Vision 4 Less). You may choose different providers for the vision exam and material purchases.

To Find a Vision Provider:

- Visit unumvisioncare.com/provider / Provider Search / Select Search by location and complete the search criteria or call 888-400-9304

Unum Customer Service: 888.400-9304



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VOLUNTARY DENTAL & VISION PLAN COSTS

DENTAL PLAN PREMIUMS - VOLUNTARY - Unum				
	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 - Unum				
	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 <https://www.gallagherstudent.com/lsu-no> 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 Unum 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 2022

Change to Prescription Day Supply Limitations at Retail Pharmacies for 2-Tier Prescription Drug Benefits - Members with 2-Tier Prescription Drug Benefits will be able to fill prescriptions for up to a 30-day supply at a retail pharmacy, an 84 to 90-day supply at a retail maintenance pharmacy and up to a 90-day supply at mail order pharmacy. Specialty drugs are limited to up to a 30-day supply per fill. To verify your plan's pharmacy benefits, please refer to your plan's Schedule of Benefits.

Exclusion Language for Selected Cost Outlier Prescription Drugs - Selected prescription drug products with multiple therapeutic alternatives, which may be available in a greater or lesser strength or different dosage form (e.g., tablet, capsule, liquid, suspension, extended release, tamper resistant) will not be covered. To find out if a drug is covered, please visit www.bcbsta.com/pharmacy. To verify your plan's pharmacy benefits, please refer to your plan's Schedule of Benefits.

Breast MRI Coverage - Act 45 (SB 119) - The Louisiana Legislature enacted Act 45 (SB 119) during the 2021 Regular Session. 2021 La. Acts No. 45 expands coverage to include specific Breast MRIs and waive the deductible, if applicable. Benefits will be enhanced to comply with this state law. In addition, any applicable copayments will be waived for these Breast MRIs. Coinsurance may apply. If not required by applicable law, standard contract Benefits for High-Tech Imaging Services will apply when Medically Necessary. Prior authorization will continue to be required.

Changes to Plan Documents Resulting from Federal Consolidated Appropriations Act (CAA), 2021 - The Federal Consolidated Appropriations Act (CAA), 2021 contains numerous provisions related to health coverage. The following set forth the changes that are being made to the contents of plan documents (benefit plans and/or Schedules of Benefits) as a result of some CAA provisions. There are other provisions of the CAA that do not impact the plan documents, but that may still impact your health plan. There will be separate communications that will detail the full impact of the CAA. Unless stated otherwise, the following provisions become effective upon issuance or renewal of policies on or after January 1, 2022.

• **Non-Emergency Services: Prohibition on Balance Billing** - Section 102 of the CAA prohibits balance billing for Non-Emergency Medical Services performed by Non-Network Providers at Network facilities, with certain enumerated exceptions.

o Notices of the prohibition on balance billing by such providers have been added to the benefit plans and Schedules of Benefits.

• **Air Ambulance: Prohibition on Balance Billing** - Section 105 of the CAA prohibits balance billing for patients receiving air ambulance services from Non-Network Providers. If the air ambulance services would have been covered if provided by a Network Provider, then the air ambulance services that are provided by a Non-Network Provider are required to be covered at the same cost sharing that applies to a Network Provider. If a health plan does not provide air ambulance benefits, the CAA does not require that air ambulance benefits be provided.

o Revisions have been made where necessary to Schedules of Benefits to ensure cost sharing for Non-Network Providers complies with this provision of the CAA.

• **Emergency Medical Services: Definition Expanded & Non-Network Cost Sharing Prohibited for Non-Network Emergency Medical Services** - Section 102 of the CAA expands the definition of Emergency Medical Services beyond services performed in the Emergency department of a hospital and to include additional services provided to a person even after their stabilization. The law requires that Emergency Medical Services be provided without prior authorization, without respect to the providers' Network status, and applying Network cost sharing based on the qualified payment amount (an amount defined in the CAA).

o Various revisions to the benefit plans and Schedules of Benefits have been made to revise the definition of Emergency Medical Services, to ensure Network cost sharing is applied, and to remove any language that might be construed to require prior Authorizations of Emergency Medical Services.

Additions and Changes to Preventive Services Governed by USPSTF (U.S. Preventive Services Task Force) - 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 2022. Additional services may be added as required by law and may include enhancements to existing services.

• **Colorectal Cancer (CRC) Screening** - Coverage for colorectal cancer screening services is available for adults aged 45 to 75 years. Coverage is available for Cologuard (Stool DNA-FIT) testing once per benefit period for members in this age range. This is an update to the existing mandate.

• **Counseling for Healthy Weight and Weight Gain in Pregnancy** - Coverage is available for pregnant persons for effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.

• **Screening for Lung Cancer** - Coverage for annual low-dose computed tomography (LDCT) screening is available for adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. This is an update to the existing mandate.

• **Ervebo Vaccination** - Coverage for Ervebo vaccination is available. ACIP recommends preexposure vaccination with Ervebo for adults aged 18 years or older in the U.S. population who are at highest risk for potential occupational exposure to Ebola virus species Zaire ebolavirus because of the following:

- o responding to an outbreak of Ebola Virus Disease
- o working as health care personnel at federally designated Ebola treatment centers in the United States, or
- o working as laboratorians or other staff at biosafety level 4 facilities in the United States.

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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

