



Identification Card Guide

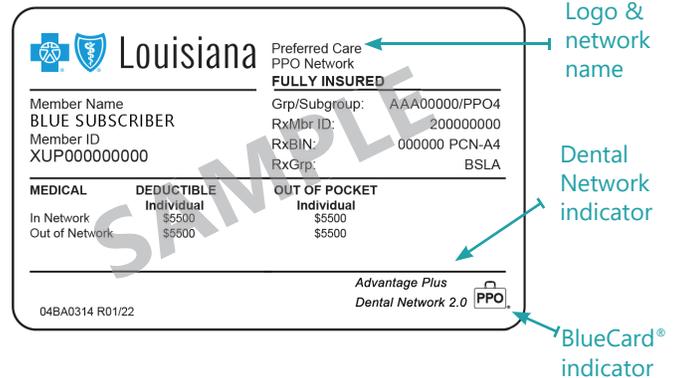
Identification (ID) cards are useful tools for members and providers. They are designed to assist you in identifying the member's type of coverage. Always ask for a copy of the member ID card at each visit. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (www.bcbsla.com/ilinkblue).

Preferred Care PPO

Prefix: Varies

Our Preferred Care PPO network includes hospitals, physicians and allied providers. Members with PPO benefit plans receive the highest level of benefits when they receive services from PPO providers.

Preferred Care PPO members are identifiable by the Blue Cross and Blue Shield of Louisiana logo and "Preferred Care PPO Network" printed on their ID cards. The "PPO-in-a-suitcase" logo identifies the nationwide BlueCard® Program. For more information, view the *Preferred Care PPO Network Speed Guide*, available online at www.bcbsla.com/providers >Resources.



Preferred Care PPO ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card.

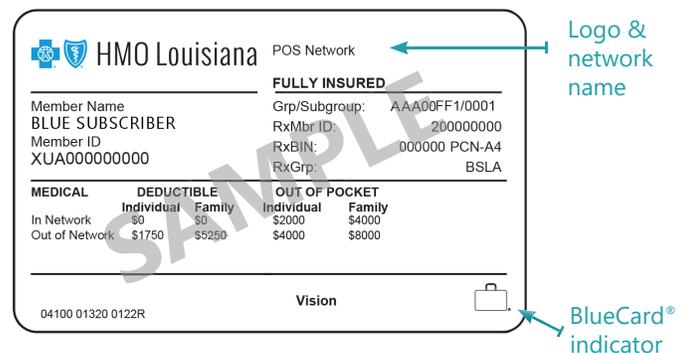
HMO Louisiana, Inc.

Prefix: Varies

HMO Louisiana, Inc. is a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana. The HMO Louisiana provider network is a select group of physicians, hospitals and allied providers who provide services to individuals and employer groups seeking managed care benefit plans. The HMO Louisiana network is offered statewide.

HMO Louisiana allows members to choose from both HMO and Point of Service (POS) benefit plans. Members pay a lower copayment when they receive services from primary care providers (PCPs). For more information, view the *HMO Louisiana, Inc. Network Speed Guide*, available online at www.bcbsla.com/providers >Resources.

The main identifier of an HMO Louisiana member is the HMO Louisiana logo in the top left corner of the ID card. Cards also indicate the product type as either an HMO Plan or HMO/POS Plan.



HMO Louisiana ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card. Fully insured HMO Louisiana members must select a primary care provider.

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This publication is provided by the Health Services Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this document, please email providercommunications@bcbsla.com and reference the Tidbit number and title listed on this publication.

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Blue Connect

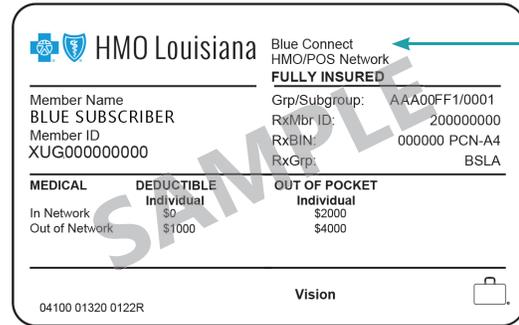
Prefix: XUF, XUG, XUU and XUV

Blue Connect is an HMO Point of Service product available to groups and individuals in the Lafayette area (Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion parishes), New Orleans area (Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist and St. Tammany parishes) and Shreveport area (Bossier and Caddo parishes).

Members receive the highest level of benefits when using network providers and with proper authorization, when required. Members receive a lower level of benefits when using providers who are not in the Blue Connect network. Members pay a lower copayment when they receive services from PCPs. For more information, view the *Blue Connect Network Speed Guide*, available online at www.bcbsla.com/providers >Resources.

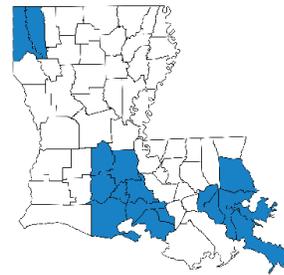
Blue Connect members are identifiable by the HMO Louisiana, Inc. logo and Blue Connect network name printed on the member ID card. Blue Connect ID cards are issued in each member's name. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the ID card. Fully insured Blue Connect members must select a primary care provider. Tiered benefits apply to members of Blue Connect.

Note: While the Blue Connect product is offered only in the Lafayette, New Orleans and Shreveport areas, Blue Connect members may still access Blue Connect network providers located in other parishes.



Logo & network name

BlueCard® indicator



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BlueHPN

Blue High Performance Network_{SM} (BlueHPN_{SM}) is a national network focused on enhancing the quality of care and delivery of cost savings to large self-funded employer groups. This network allows eligible employer groups with employees located throughout the country seamless access to a quality and affordable health care network nationwide.

Since January 1, 2021, HMO Louisiana, Inc. offers a BlueHPN network and member benefit option. Our BlueHPN members have access to other providers participating in the BlueHPN network across the nation.

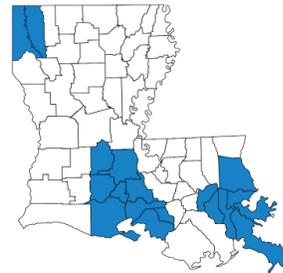
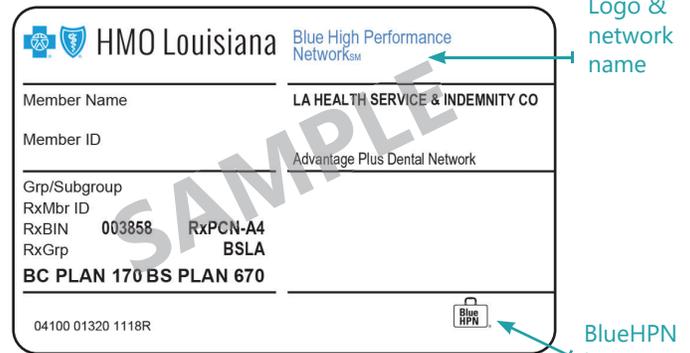
BlueHPN members must access BlueHPN providers to receive full benefits. If you are a BlueHPN provider, you will be reimbursed for services provided to BlueHPN members according to the BlueHPN contract with BCBSLA.

BlueHPN is an Exclusive Provider Organization (EPO). This means benefits are only covered for care by in-network providers. It is important to note that for non-BlueHPN providers, benefits for services incurred are limited to emergent care within BlueHPN product areas, and to urgent and emergent care outside of BlueHPN product areas.

Benefit limitations are included on the back of the BlueHPN member ID card. If you are a non-BlueHPN provider but participate in the Preferred Care PPO network, you will be reimbursed for services provided to BlueHPN members according to your PPO allowable charges.

BlueHPN members are recognizable by:

- The Blue High Performance Network name on the front of the member ID card
- The BlueHPN in a suitcase logo in the bottom right hand corner of the member ID card



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Community Blue

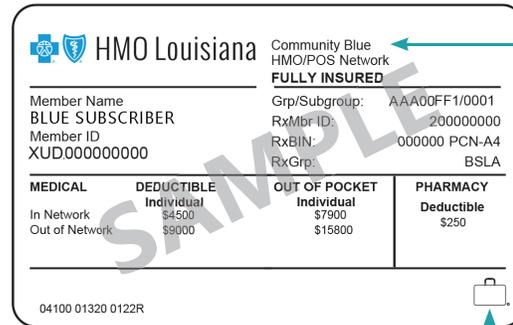
Prefix: XUD, XUJ and XUT

Community Blue is an HMO Point of Service product available to groups and individuals in the Baton Rouge area (Ascension, East Baton Rouge, Livingston and West Baton Rouge parishes).

Members receive the highest level of benefits when using network providers and with proper authorization when required. Members receive a lower level of benefits when using non-Community Blue providers. Members pay a lower copayment when they receive services from PCPs. For more information, view the *Community Blue Network Speed Guide*, available online at www.bcbsla.com/providers > Resources.

Community Blue members are identifiable by the HMO Louisiana, Inc. logo and Community Blue network name printed on the member ID card. Community Blue ID cards are issued in each member's name. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the ID card.

Fully insured Community Blue members must select a primary care provider. Tiered benefits apply to members of Community Blue.



Logo & network name

BlueCard® indicator



Precision Blue

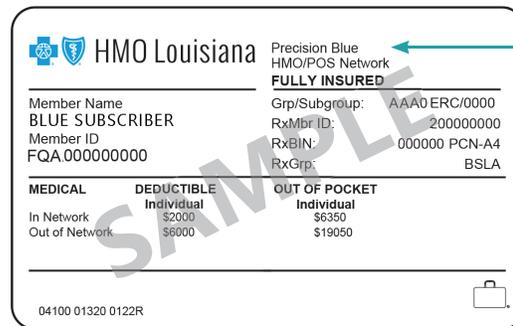
Prefix: FQA, FQT and FQW

Precision Blue is an HMO Point of Service product available to groups and individuals in the Baton Rouge area (Ascension, East Baton Rouge, Livingston, Pointe Coupee and West Baton Rouge parishes) and Greater Monroe/West Monroe areas (Caldwell, Morehouse, Ouachita, Richland and Union parishes).

Members receive the highest level of benefits when using network providers and with proper authorization when required. Members receive a lower level of benefits when using providers not in the Precision Blue network. The Precision Blue network name on the member ID card identifies the member as participating in this network.

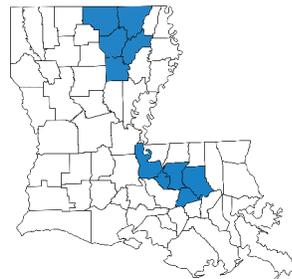
Precision Blue members are identifiable by the HMO Louisiana, Inc. logo and Precision Blue network name printed on the member ID card. Precision Blue ID cards are issued in each member's name. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the ID card.

Fully insured Precision Blue members must select a primary care provider. Tiered benefits apply to members of Precision Blue.



Logo & network name

BlueCard® indicator



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Signature Blue

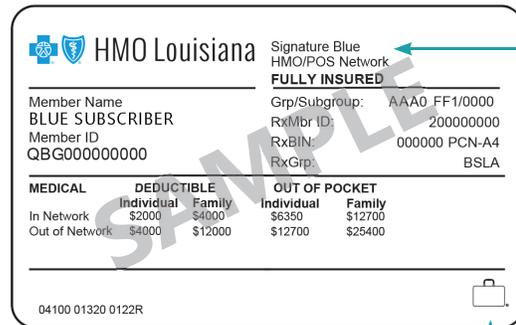
Prefix: QBB, QBE, QBG and QBS

Signature Blue is an HMO Point of Service product available to groups and individuals in the New Orleans area (Jefferson and Orleans parishes.)

Members receive the highest level of benefits when using network providers and with proper authorization when required. Members receive a lower level of benefits when using providers not in the Signature Blue Network.

Signature Blue members are identifiable by the HMO Louisiana, Inc. logo and Signature Blue network name printed on the member ID card. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card.

Fully insured Signature Blue members must select a primary care provider. Tiered benefits apply to members of Signature Blue.



Logo & network name

BlueCard® indicator



Bridge Blue Short-term Medical

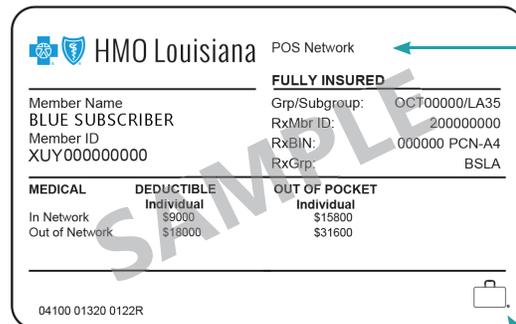
Since January 1, 2019, HMO Louisiana, Inc. offers individual short-term medical (STM) policies to qualifying customers. Members can apply at any time throughout the year for this coverage and may carry up to 11 months of coverage, with underwriting approval. These policies may be renewed. Individuals can maintain health care coverage until the next open enrollment in the marketplace. Exclusions and limitations apply for these STM policies.

Bridge Blue offers the following member benefit plan options:

- Bridge Blue POS accesses the HMO Louisiana HMO/POS network
- Bridge Community Blue POS accesses the Community Blue HMO/POS network
- Bridge Blue Connect POS accesses the Blue Connect HMO/POS network
- Bridge Precision Blue POS accesses the Precision Blue HMO/POS network

Fully insured Bridge Blue members must select a primary care provider.

Note: Bridge Blue will not be specifically listed on a member ID card.



Logo & network name

BlueCard® indicator

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Large Groups with Unique Benefits

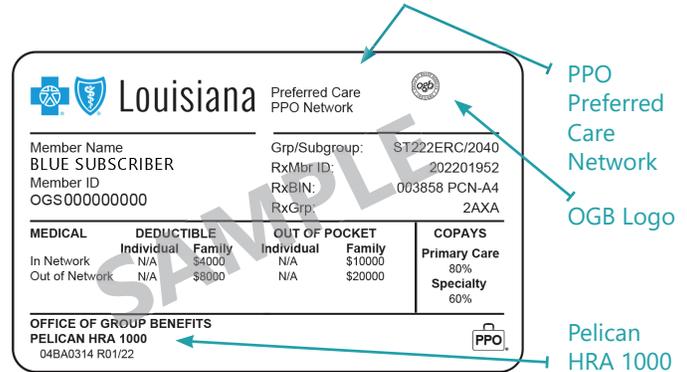
Office of Group Benefits (OGB) Benefit Plans

We administer benefits for Office of Group Benefits (OGB's) state of Louisiana employees, retirees and dependents. OGB members choose from one of five benefit plans: Pelican HRA 1000, Pelican HSA 775, Magnolia Local, Magnolia Local Plus and Magnolia Open Access. For more information about how provider requirements differ among the five OGB benefits plans, view the *Office of Group Benefits Speed Guide*, available online at www.bcbsla.com/providers > Resources.

Pelican HRA 1000 (Active employees & retirees with and without Medicare)

Prefix: OGS

This benefit plan is a consumer-driven benefit plan (CDHP) paired with a health reimbursement arrangement (HRA). This benefit plan uses the OGB Preferred Care Network, which is our Preferred Care PPO Network.

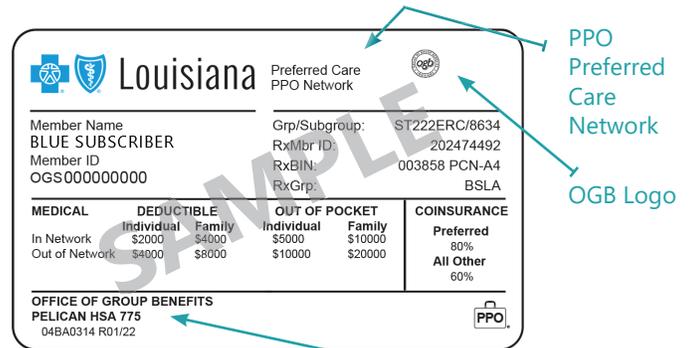


Pelican HRA 1000

Pelican HSA 775 (Active employees only)

Prefix: OGS

This benefit plan is a consumer-driven benefit plan that is paired with a health savings account (HSA) option. The Pelican HSA 775 benefit plan uses the OGB Preferred Care Network, which is our Preferred Care PPO Network.



Pelican HSA 775

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Large Groups with Unique Benefits (cont.)

Office of Group Benefits (OGB) Benefit Plans *(continued)*

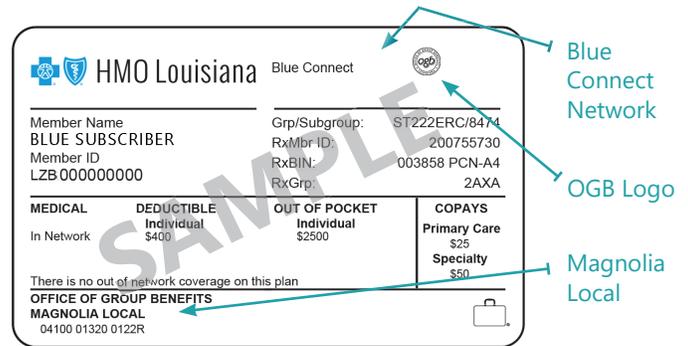
Magnolia Local *(Active employees & retirees with and without Medicare)*

Prefix: LZB or LXS

This benefit plan uses our **Blue Connect (LZB)** or **Community Blue (LXS)** provider network. Magnolia Local is an HMO Point of Service product that allows members to choose each time they need care—at the point of service—whether to use a primary care provider (PCP) or a specialist without a referral. With Magnolia Local, there is no coverage for services performed by non-network providers. Please refer your patients to providers within their network to ensure they receive the highest level of benefits available. This benefit plan is only available as follows:

Blue Connect Network

New Orleans, Lafayette and Shreveport areas (Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, Vermillion, Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany, Bossier and Caddo parishes)

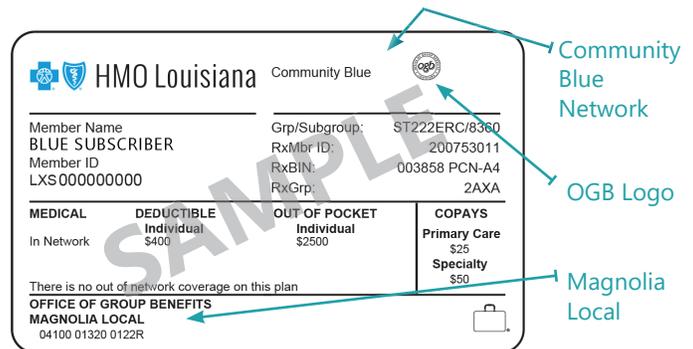


Magnolia Local - Blue Connect

Community Blue Network

Baton Rouge area (Ascension, East Baton Rouge, Livingston and West Baton Rouge parishes)

Note: Magnolia Local members in Blue Connect parishes do not have coverage if they choose to see Community Blue providers just as Magnolia Local members in Community Blue parishes do not have coverage if they choose to see Blue Connect providers.



Magnolia Local - Community Blue

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Identification Card Guide

Large Groups with Unique Benefits (cont.)

Office of Group Benefits (OGB) Benefit Plans *(continued)*

Magnolia Local Plus *(Active employees & retirees with and without Medicare)*

Prefix: OGS

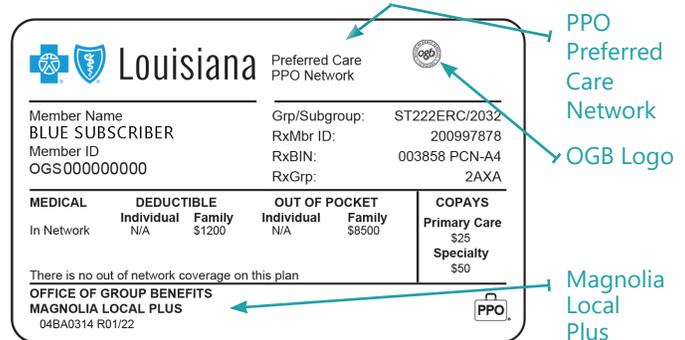
This benefit plan has an HMO benefit design but through a PPO network. Members with this benefit plan are not limited to a local-area only network. Members who choose the Magnolia Local Plus benefit plan will instead have access to the OGB Preferred Care Network, which is our statewide Preferred Care PPO Network.

With Magnolia Local Plus, there is no coverage for services performed by non-network providers.

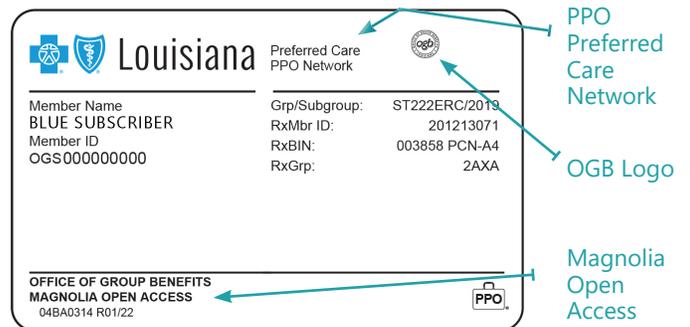
Magnolia Open Access *(Active employees & retirees with and without Medicare)*

Prefix: OGS

This benefit plan is OGB's PPO benefit plan. Members with this benefit plan have access to the OGB Preferred Care PPO Network, which is our statewide Preferred Care PPO Network.



Magnolia Local Plus



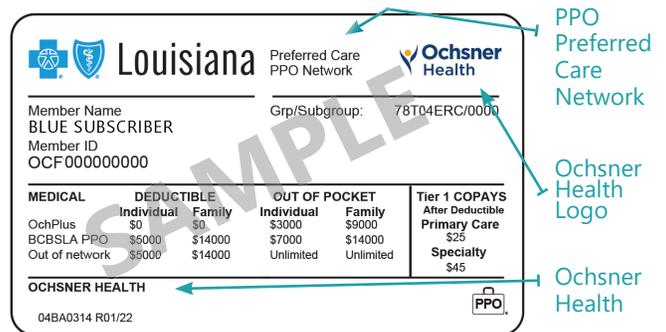
Magnolia Open Access

OchPlus

The OchPlus network consists of a select group of physicians, hospitals and other allied providers that service Ochsner Clinic Foundation or Southern Regional Medical Corporation employees.

Some OchPlus network providers are contracted for limited services only. Please refer OchPlus network members to providers within the network so they receive the highest level of benefits.

The Ochsner Health name and logo on the member ID card identifies the member as participating in this network.



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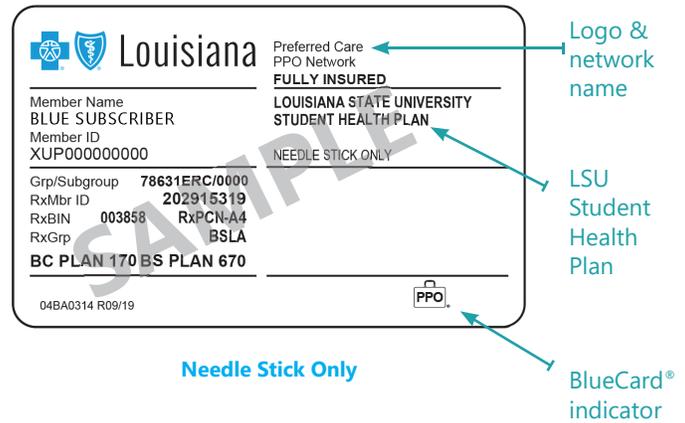
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LSU Student Health

We are the carrier for the LSU Health Science Center's Student Health Plan. Students must enroll in the Needle Stick Only Plan but have the option to enroll in the Basic Blue Plan.

- Basic Blue Plan - no annual benefit maximum (includes the Needle Stick Plan)

The **Needle Stick Only Plan** provides coverage for eligible students for testing and prophylactic treatment of bloodborne diseases following at-risk contact with blood or other bodily fluids from human or animal sources. The contact may include, but is not limited to, needle sticks. Coverage includes a three-day supply of prophylaxis drugs Truvada® or Isentress® per occurrence. This benefit is not subject to any copayment or annual deductible requirement.



National Alliance

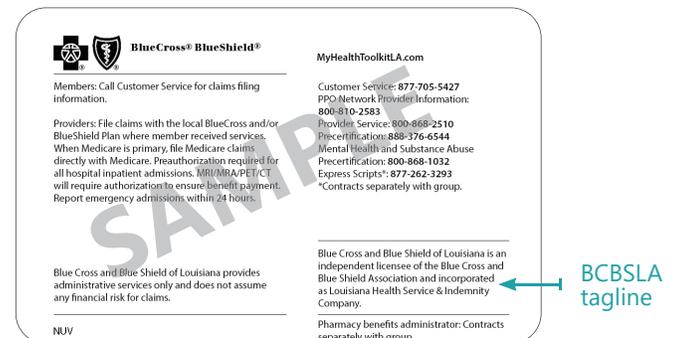
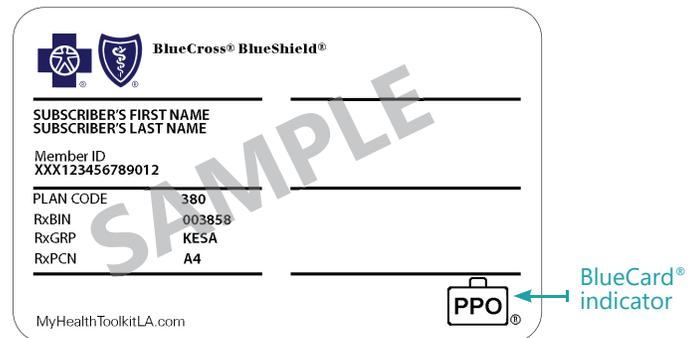
Blue Cross and Blue Shield of Louisiana (BCBSLA) has several self-funded groups with unique member benefit plans. For these benefits, we are partnered with Blue Cross and Blue Shield of South Carolina (BCBSSC) and use their National Alliance program to administer services.

Member ID cards for these members look different. Our National Alliance members can be identified by the BCBSLA tagline on member ID cards. A complete listing of our National Alliance groups and prefixes is available on iLinkBlue (www.bcbsla.com/ilinkblue) under the **Resources** section.

For most* of our National Alliance members, benefits, eligibility and claims status are available through iLinkBlue. Because these members are handled by BCBSSC, use the **BlueCard® - Out of Area Members 270/271** tools for eligibility and benefits. It is available under the **Coverage** section. If you still need additional eligibility assistance, please contact the National Alliance customer service number on the member ID card.

Claims should be submitted directly to BCBSLA for processing through the BlueCard® program. Providers may research claims directly in iLinkBlue using the **Claims Status Search** tool under the **Claims** section. For more information on BlueCard processes, including instructions for filing claims, refer to *The BlueCard Program Provider Manual*, available online at www.bcbsla.com/providers > Resources.

For prior authorization, call the authorization number on the member ID card.



*A select number of our National Alliance self-funded groups have tiered benefits, which are based on your network affiliation. The 270/271 process will provide the eligibility information for these groups, and delineate tier levels by networks. To identify the benefit tier, please contact BCBSSC directly at the number on the member ID card.

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Federal Employee Program (FEP)

Prefix: "R" (followed by eight digits)

The Federal Employee Program (FEP) provides benefits to federal employees and their dependents. These members access the Preferred Care PPO Network.

FEP members may choose one of three available benefit plans:

1. **FEP Standard Option** - members receive the highest level of benefits when they receive care from in-network providers and reduced benefits when they receive care from out-of-network providers.

BlueCross BlueShield Federal Employee Program. Government-Wide Service Benefit Plan (Standard)

Member Name: BLUE SUBSCRIBER, www.fepblue.org
Member ID: R00000000, Standard Option Enrollment Code: 106

Effective Date: 01/01/2022
RxIIN: 610239
RxPCN: FEPRX
RxGrp: 65006500

Deductible Individual	\$350
Deductible Family	\$700
Out-of-Pocket Maximum	
Individual	In-Network: \$6,000, Out-of-Network: \$8,000
Family	Individual: \$12,000, Out-of-Network: \$16,000

FEP Standard Option

2. **FEP Basic Option** - members receive no benefits when they receive care from out-of-network providers except for select situations such as emergency care.

BlueCross BlueShield Federal Employee Program. Government-Wide Service Benefit Plan (Basic)

Member Name: BLUE SUBSCRIBER, www.fepblue.org
Member ID: R00000000, Basic Option Enrollment Code: 113

Effective Date: 01/01/2022
RxIIN: 610239
RxPCN: FEPRX
RxGrp: 65006500

Deductible Individual	\$0
Deductible Family	\$0
Out-of-Pocket Maximum	
Individual	In-Network: \$6,500
Family	\$13,000

FEP Basic Option

3. **FEP Blue Focus** - members have a copayment per visit for the first 10 office visits (PCP and/or specialist) per calendar year. All subsequent office visits are subject to deductible and coinsurance, as applicable.

BlueCross BlueShield Federal Employee Program. Government-Wide Service Benefit Plan (FEP Blue Focus)

Member Name: BLUE SUBSCRIBER, www.fepblue.org
Member ID: R00000000, FEP Blue Focus Enrollment Code: 133

Effective Date: 01/01/2022
RxIIN: 610239
RxPCN: FEPRX
RxGrp: 65006500

Deductible Individual	\$500
Deductible Family	\$1,000
Out-of-Pocket Maximum	
Individual	In-Network: \$8,500
Family	\$17,000

FEP Blue Focus

The FEP Preferred Dental Network and dental benefits are available for FEP Standard Option and FEP Basic Option members. FEP Blue Focus members do not have routine dental benefits.

For more information on FEP benefits go to www.fepblue.org.

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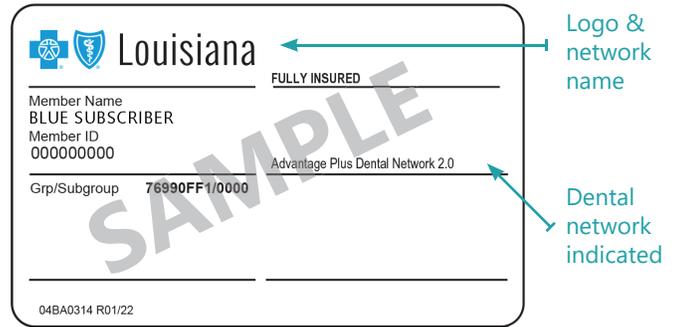
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Advantage Plus and Advantage Plus 2.0 Dental Networks

The **Advantage Plus Dental Network** is our primary dental network for individual members and members with certified dental benefits. The Advantage Plus Dental Network is also the dental network for pediatric essential health benefits.

The **Advantage Plus 2.0 Dental Network** is our primary dental network for members with traditional dental benefits. All administration, customer service needs and claims filing is handled the same as for the Advantage Plus Dental Network.

The Advantage Plus Dental Network and Advantage Plus 2.0 Dental Network are administered by United Concordia Dental (UCD). Providers participating in these networks should adhere to the guidelines set forth by UCD. There is a Blue-Cross-dedicated customer service unit for benefits, authorizations and claims administered by UCD on behalf of Blue Cross. Dental claims should be filed directly with UCD.



Only members with dental benefits have the applicable dental network indicated on their Blue Cross member ID card.

For more information, view the *Dental Networks Speed Guide*, available online at www.bcbsla.com/providers >Resources.

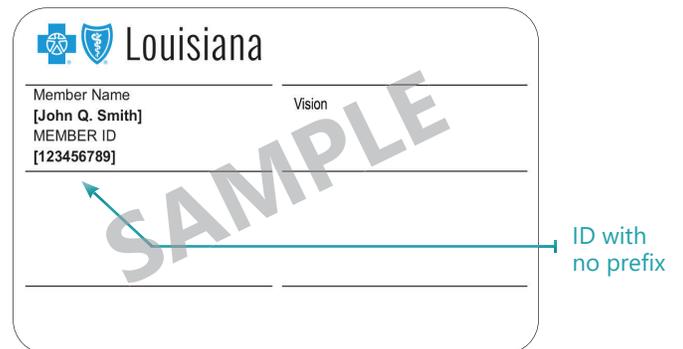
Blue Cross Dental Network

Blue Cross and HMO Louisiana no longer offer members dental benefits that directly access the Blue Cross Dental Network. However, we have maintained our Blue Cross Dental Network for dental services, such as oral surgery, that are covered under members' medical benefits. Dental providers in this network are contracted directly with Blue Cross. Benefits, authorizations and claims for these services are handled directly by Blue Cross.

Stand-alone Vision

Prefix: none

When available, group members may waive medical coverage but still choose a stand-alone vision product from Blue Cross. These members receive a non-medical vision ID card. These ID cards are issued per subscriber. Claim-filing instructions are listed on the back of the ID card.



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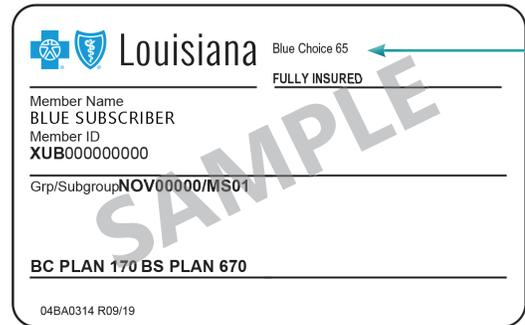
BlueChoice 65

BlueChoice 65 is a series of Medicare supplement plans designed to pay for many of the expenses Medicare does not pay.

Some of the options in this series include:

- Part A deductible coverage
- Part B deductible coverage, coinsurance and excess charges
- Skilled nursing coinsurance

Fully insured BlueChoice 65 members must select a primary care provider.



Product name on ID

BlueChoice 65 SELECT

BlueChoice 65 SELECT plans feature lower premiums and a select network of hospitals that has agreed to waive the Part A deductible and coinsurance.

Note: BlueChoice 65 SELECT refers to certain contracts and is not connected with or endorsed by the U.S. government or the federal Medicare program.

Fully insured BlueChoice 65 SELECT members must select a primary care provider.



Product name on ID

Health Savings Account Debit Cards

Members are issued a debit card separate from their member ID card

Members with a BlueSaver policy may also open a health savings account (HSA). When members open a MySmartSaver HSA, they are issued an HSA debit card in addition to their member ID card. The HSA debit card includes the Blue Cross logo along with the VISA logo.

The card works like any other debit card and allows members to pay for qualified medical and out-of-pocket expenses by swiping the card through any debit card swipe terminal. The funds will be deducted automatically from the member's HSA account. If your office currently accepts credit card payments, there is no additional cost or equipment necessary.



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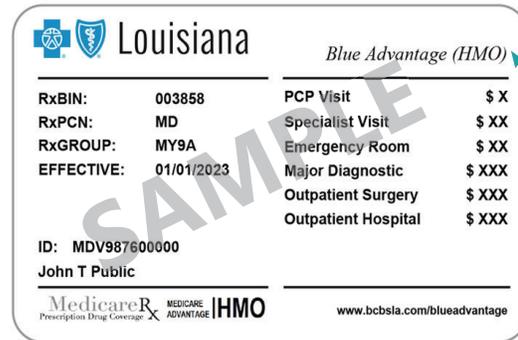
Blue Advantage (HMO) & Blue Advantage (PPO)

Prefix: MDV and PMV

Blue Advantage (HMO) and Blue Advantage (PPO) are our Medicare Advantage plans available to members statewide.

Below are examples of both Blue Advantage member ID cards, which are issued in the subscriber name only. Each Blue Advantage member ID card is used for all types of coverage. This card contains demographic information about the covered member, as well as important coverage information such as copayment or coinsurance responsibilities and important phone numbers.

We encourage you to confirm with members each time you see them, if you are their primary care provider (PCP). The date on the card represents the effective date with the plan, not necessarily the effective date with the PCP. You may confirm member eligibility, current assigned PCP, maximum out-of-pocket and coordination of benefits information via our online Blue Advantage Provider Portal, accessible through iLinkBlue (www.bcbsla.com/ilinkblue) by clicking on the "Blue Advantage" link under "Other Sites."



Network Name



Network Name

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross Blue Shield Association, offers Blue Advantage (PPO).

Healthy Blue and Healthy Blue Dual Advantage

We offer consumers in Louisiana two Healthy Blue options of coverage:

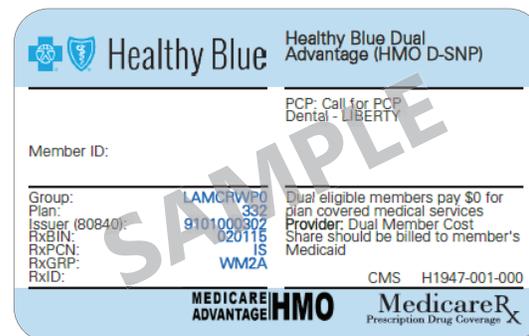
Healthy Blue

This is our Medicaid product designed for consumers eligible for Medicaid or LaCHIP health care coverage. Covered benefits include physical health and mental health services.

Healthy Blue Dual Advantage (HMO D-SNP)

Healthy Blue Dual Advantage is our dual coverage (Medicaid and Medicare Advantage) special needs product (SNP). Healthy Blue Dual Advantage includes supplemental benefits for items or services that are not covered under Medicare Part A, Part B or Part D but are covered by the plan in addition to what Medicare covers.

Healthy Blue and Healthy Blue Dual Advantage (HMO D-SNP) are managed by Elevance Health, on behalf of Blue Cross and Blue Shield of Louisiana. For more information, go to <https://providers.healthyblueela.com>.



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