



Our **DENTAL** and **VISION** policies

As you know, there are many changes happening in the healthcare industry as a result of the Affordable Care Act (ACA), more commonly referred to as “healthcare reform.” You may already be experiencing change in your own office and more changes will continue through and beyond 2014. We at Blue Cross and Blue Shield of Louisiana believe it is important you know the ins and outs of these coming changes as they pertain to your daily business, as well as how these changes impact our members—your patients.

As a result of healthcare reform, Blue Cross, including HMO Louisiana, Inc. (HMOLA), has expanded our vision and dental networks to better meet the needs of our members.

Prior to Jan. 1, 2014, we offered dental benefits on group but not individual policies. We offered vision benefits that were embedded within the policy as well as stand-alone vision benefits that could be purchased supplemental to the medical policy.

As of Jan. 1, 2014, our individual members are now able to purchase individual dental policies in the Healthcare Marketplace. We also expanded to two (2) separate dental networks. This means that Blue Cross and HMOLA group and individual members with dental benefits will access one of two dental networks. Group and individual members now have the option to purchase medical policies that include embedded vision benefits. Groups may also purchase stand-alone vision policies.

With healthcare reform comes Essential Health Benefits (EHB), coverage requirements for benefits that are deemed essential to the health of the insured member. Of the many categories of EHB, pediatric dental and vision coverage (for members under age 19) is included in many of the policies we offer in the Healthcare Marketplace.

What can I do to *get involved?*

Join Blue Cross and Blue Shield of Louisiana and the Louisiana Healthcare Education Coalition (LHEC), a civic organization committed to providing unbiased healthcare and wellness information to the people of our state. LHEC is looking for like-minded partners to join in addressing key issues, such as steering through the new healthcare system, the major drivers of healthcare costs, the critical importance of personal wellness and the need for system transformation to increase quality while reducing cost.

To learn more, contact:

lhec@bcbsla.com or visit www.lhec.net



More information on changes to our dental and vision coverage is included in this newsletter.



DENTAL

As of Jan. 1, 2014, there are now two (2) separate dental networks. Blue Cross and HMOLA group and individual members with dental benefits will access one of the following dental networks:

1. Blue Cross Dental Network

The Blue Cross Dental Network is the same network of dental providers accessed by members prior to Jan. 1, 2014.

Members with grandfathered, large group, self-insured group and group stand-alone policies have access to the Blue Cross Dental Network.

Benefits, authorizations and claims are handled directly by Blue Cross. For full information on the requirements for authorizations, filing claims and more, the *Dental Network Office Manual* is available online at www.bcbsla.com/providers >Education on Demand >Manuals. It is also available on the iLinkBLUE *Provider Suite* under the Manuals section; www.bcbsla.com/ilinkblue.

Dental providers in this network are contracted directly with Blue Cross and Blue Shield of Louisiana. To become a Blue Cross Dental Network provider, contact the Network Development department at 1.800.716.2299, option 1.

2. Advantage Plus Dental Network

Now, individual members may also purchase dental policies. As of Jan. 1, 2014, we now offer dental benefit policies for purchase in the Healthcare Marketplace for individual members as well as members with non-grandfathered, small and stand-alone group policies.

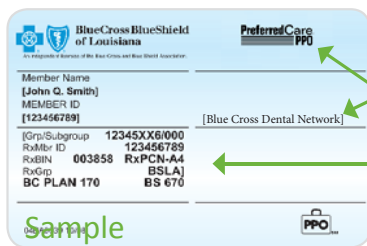
These dental products utilize the Advantage Plus Dental Network, which is administered for Blue Cross by United Concordia Dental (UCD).

Throughout 2014, groups may opt for the Blue Cross Dental Network or the Advantage Plus Dental Network upon their renewal date. The dental network is indicated on the member's ID card. For members with dental coverage that utilizes the Advantage Plus Dental Network, claims must be filed directly to UCD.

Many of the medical policies we offer in the Healthcare Marketplace are embedded with pediatric dental essential health benefits (EHB). The Advantage Plus Dental Network is the dental network for these benefits. See article on Page 3 for more information on these policies.

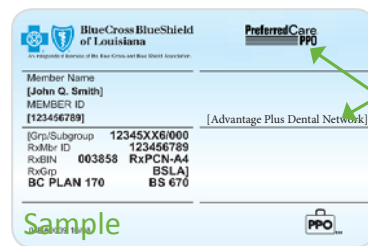
Providers must be contracted directly with UCD to be in-network for members with dental coverage through the Advantage Plus Dental Network. There is a Blue Cross-dedicated customer service unit for benefits, authorizations and claims-administered by UCD on behalf of Blue Cross.

To become an Advantage Plus Dental Network provider, contact UCD directly at 1.800.291.7920, ext. 9.



PPO medical ID card indicates "Blue Cross Dental Network" when dental benefits are through Blue Cross Dental Network

Medical ID cards include prescription information on the card

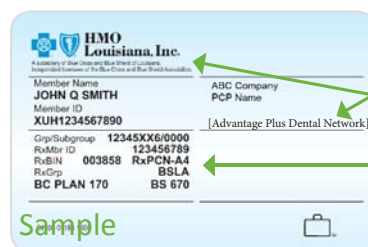


PPO medical ID card indicates "Advantage Plus Dental Network" when dental benefits are administered through UCD



HMO medical ID card indicates "Blue Cross Dental Network" when dental benefits are administered through Blue Cross Dental Network

Medical ID cards include prescription information on the card



HMO medical ID card indicates "Advantage Plus Dental Network" when dental benefits are administered through UCD

Medical ID cards include prescription information on the card.

Note: The dental claims filing address is listed on the back of member ID cards WHEN dental benefits are available.

Stand-alone dental ID cards DO NOT include prescription information on the card

VISION

Prior to Jan. 1, 2014, only HMOLA offered medical policies with embedded vision benefits. As of Jan. 1, 2014, some PPO and HMOLA policies include embedded routine vision benefits and will do so, along with the addition of embedded pediatric routine vision benefits in many of our policies offered on and off the Healthcare Marketplace Exchange. Blue Cross will continue to offer groups the option to purchase stand-alone vision policies to supplement medical policies.

Group members with a medical policy (PPO or HMO) that includes routine-vision benefits (embedded or stand-alone) receives one (1) ID card per member that includes vision claims-filing instructions on the back of the ID card. Members with routine-vision benefits have access to Davis Vision's network of providers. Benefits and claims processing will also be handled directly by Davis Vision.

Members with routine-vision coverage should present their medical ID card to Davis Vision providers for accessing their routine-vision benefits. Claims are handled electronically directly through Davis Vision, with the member paying the cost-share at the point of sale.

To be in-network for members with routine-vision coverage, providers must be contracted directly with Davis Vision. For more information on becoming a Davis Vision provider, contact Davis Vision at 1.800.584.3140.

Note: Throughout 2014 and 2015, we are transitioning groups to Davis Vision as they renew. Blue Cross continues to offer our network of vision providers for Office of Group Benefits (OGB) and BlueCard® members.



Routine vision instructions are included on the back of the member's medical ID cards WHEN the member has benefits available

DENTAL and VISION benefits for members UNDER AGE 19

With healthcare reform comes Essential Health Benefits (EHB), coverage requirements for benefits that are deemed essential to the health of the insured member. Of the many categories of EHB, pediatric services for dental and vision care are included.

As of Jan. 1, 2014, Blue Cross and HMOLA non-grandfathered small group and individual policies will automatically include dental and vision EHB coverage for members under age 19. This is applicable both in and out of the Marketplace.

Adult members (age 19 and older) on the same medical policy will not have dental and vision benefits unless purchased separately (stand-alone) from their medical policy. When stand-alone dental or vision benefits are selected by the member, this could mean that members under age 19 may have dual dental and/or vision coverage. Stand-alone dental and vision information will be listed on the back of the ID cards for adult members.

Members under age 19 on a dental and vision EHB policy will have the same member number as adult members with one difference. Members under age 19 will have the Advantage Plus Dental Network and Davis Vision information on their ID cards. The dental network will be indicated on the front of the member ID card. Dental and vision filing instructions will be listed on the back of the member ID card.





BlueCross BlueShield of Louisiana

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Healthcare Reform: *New Rules, New Challenges, New Opportunities*

Find more online about healthcare reform at:

www.BCBSLA.com/reform



HCR News

HCR News is a newsletter on healthcare reform changes for Blue Cross and Blue Shield of Louisiana network providers. We encourage you to share this newsletter with your staff.

The content in this newsletter is for informational purposes only. Diagnosis, treatment recommendations and the provision of medical care services for Blue Cross members are the responsibilities of healthcare professionals and facility providers.

If you would like to receive this newsletter by email, please contact us at provider.communications@bcbsla.com.

PROVIDER RESOURCES

Reform Web	www.BCBSLA.com/reform www.LHEC.net
Provider Web	www.BCBSLA.com >I'm a Provider
iLinkBLUE & EFT	iLinkBLUE.ProviderInfo@bcbsla.com 1.800.216.BLUE (2583)
Provider Relations	Provider.Relations@bcbsla.com 1.800.716.2299, option 4
Network Development	Network.Administration@bcbsla.com 1.800.716.2299, option 1
Provider Services	1.800.922.8866