

providerTIDBIT

a guide to understanding our processes



Identification Card Guide

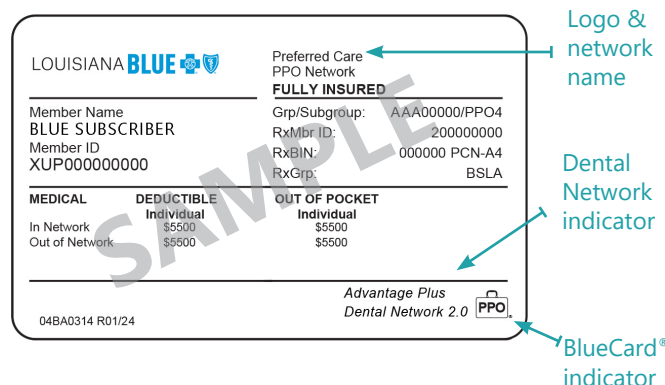
Blue Cross and Blue Shield of Louisiana Identification (ID) cards are useful tools for members and providers. They are designed to assist you in identifying the member's type of coverage. Always ask for a copy of the member ID card at each visit. Please always verify the member's eligibility, benefits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

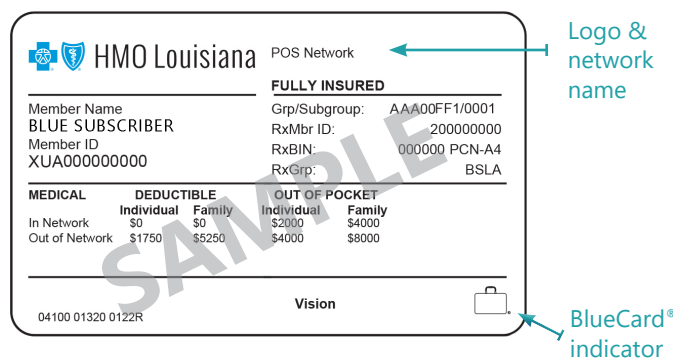
HMO Louisiana, Inc.

Prefix: Varies

HMO Louisiana, Inc. is a wholly owned subsidiary of Louisiana Blue. 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. Certain POS plans may not be available in all parishes. See plan details for more information.

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.lablue.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.

TB00082010

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

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

18NW1743 R01/25

Last reviewed on: 01-29-25

Identification Card Guide

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.lablue.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.

**HMO Louisiana**

Blue Connect
HMO/POS Network
FULLY INSURED

Member Name
BLUE SUBSCRIBER

Member ID
XUG000000000

Grp/Subgroup: AAA00FF1/0001

Rx/Mbr ID: 200000000


RxBIN: 000000 PCN-A4

RxGrp: BSLA

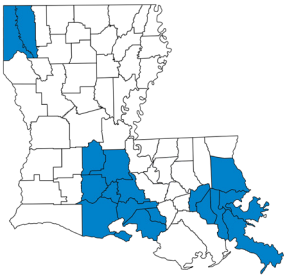
MEDICAL	DEDUCTIBLE	OUT OF POCKET
	Individual	Individual
In Network	\$0	\$2000
Out of Network	\$1000	\$4000

04100 01320 0122R

Vision



Logo & network name



BlueCard® indicator

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Identification Card Guide

Blue High Performance Network®

Blue High Performance Network® (BlueHPN®) 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 healthcare network nationwide.

HMO Louisiana, Inc. offers a BlueHPN network benefit option. Our BlueHPN members have access to other providers participating in the BlueHPN network across the nation.

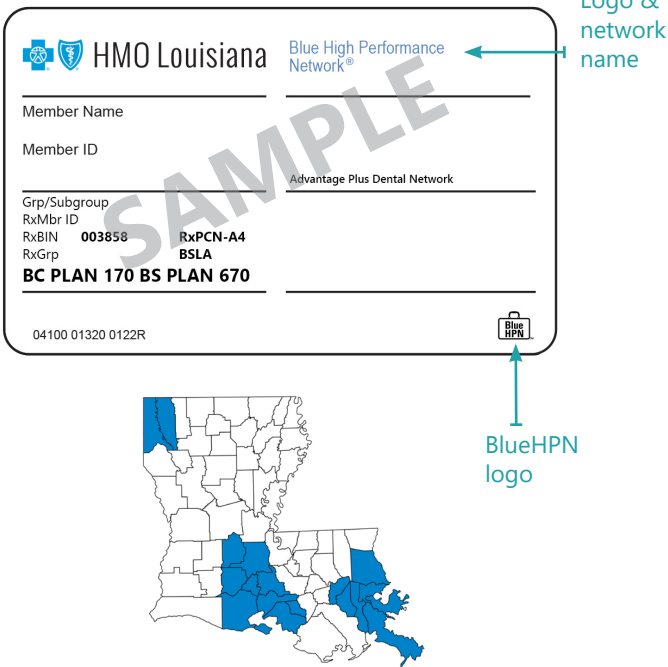
BlueHPN members must access BlueHPN providers to receive full benefits. If you are a BlueHPN provider, you will be reimbursed for services provided to BlueHPN members according to the BlueHPN contract with Louisiana Blue.

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.

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



More →

Identification Card Guide

Community Blue

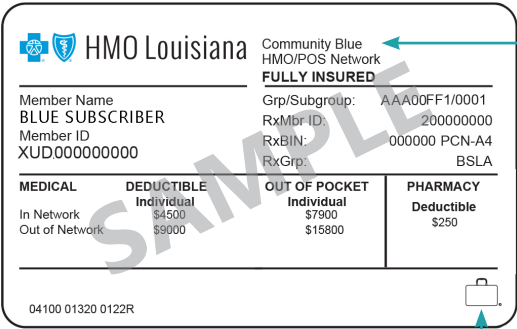
Prefix: XUD, XUJ and XUT

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.lablue.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

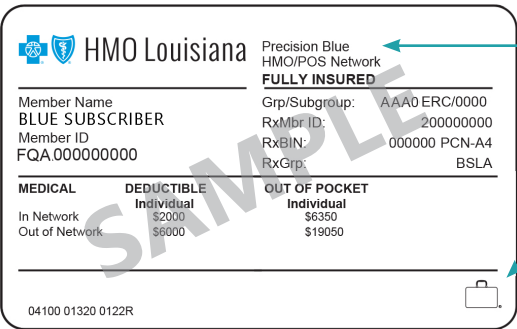
Prefix: FQA, FQT and FQW

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.

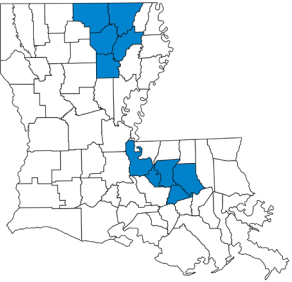
Precision Blue members are identifiable by the HMO Louisiana, Inc. logo and Precision Blue network name printed on the member ID card. Precision Blue ID cards are issued in each member's name. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on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



More →

Identification Card Guide

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 (Jefferson, Orleans and St. Bernard parishes) and Northshore/Hammond areas (St. Tammany and Tangipahoa 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.

**HMO Louisiana**

Signature Blue
HMO/POS Network
FULLY INSURED

Member Name BLUE SUBSCRIBER	Grp/Subgroup: AAA0 FF1/0000
Member ID QBG000000000	RxMbr ID: 2000000000
	RxBIN: 000000 PCN-A4
	RxGrp: BSLA

MEDICAL	DEDUCTIBLE		OUT OF POCKET	
	Individual	Family	Individual	Family
In Network	\$2000	\$4000	\$6350	\$12700
Out of Network	\$4000	\$12000	\$12700	\$25400

04100 01320 0122R

Logo & network name



BlueCard® indicator

Bridge Blue Short-term Medical

HMO Louisiana offers individual short-term medical (STM) policies to qualifying customers. Members may apply at any time throughout the year for this coverage and carry 11 months of coverage with the potential option of renewing twice, with underwriting approval.

On April 3, 2024, the Departments of Health and Human Services (HHS), Labor, and Treasury released a final rule regarding short-term, limited duration insurance policies to impose a nationwide duration limit. STM policies are now limited to a three-month duration term with a maximum period of coverage of no longer than four months, including renewals or extensions that are provided by the same issuer to the same policyholder within a twelve-month period.


With this rule in mind, HMO Louisiana no longer offers new sales for short-term medical (STM) policies. However, if a member is already holding an STM policy on a Bridge Blue product, they may still qualify to renew their policy under the current renewal options.

Existing policy holders can continue under the following Bridge 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.

**HMO Louisiana**

POS Network
FULLY INSURED

Member Name BLUE SUBSCRIBER	Grp/Subgroup: OCT00000/LA35
Member ID XUY000000000	RxMbr ID: 2000000000
	RxBIN: 000000 PCN-A4
	RxGrp: BSLA

MEDICAL	DEDUCTIBLE		OUT OF POCKET	
	Individual	Family	Individual	Family
In Network	\$9000	\$18000	\$15800	\$31600
Out of Network				

04100 01320 0122R

Logo & network name

BlueCard® indicator

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Identification Card Guide

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 HRA1000, Pelican HSA775, 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.lablue.com/providers > Resources.

Pelican HRA1000 (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.

LOUISIANA BLUE

Preferred Care PPO Network

Member Name: BLUE SUBSCRIBER
Member ID: OGS000000000

Grp/Subgroup: 004336 PCD-ADV
RxMbr ID: RX20BZ
RxGrp:

MEDICAL	DEDUCTIBLE Individual	OUT OF POCKET Individual	COINSURANCE
In Network	\$2000	\$5000	Preferred 80%
Out of Network	\$4000	\$10000	All Other 60%

OFFICE OF GROUP BENEFITS
PELICAN HRA 1000
04BA0314 R01/24

Pelican HRA1000

Pelican HSA775 (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 HSA775 benefit plan uses the OGB Preferred Care Network, which is our Preferred Care PPO Network.

LOUISIANA BLUE

Preferred Care PPO Network

Member Name: BLUE SUBSCRIBER
Member ID: OGS000000000

Grp/Subgroup: ST22ERC/2066
RxMbr ID: 003858 PCN-A4
RxGrp: BSLA

MEDICAL	DEDUCTIBLE Individual Family	OUT OF POCKET Individual Family	COINSURANCE
In Network	\$4000 \$4000	\$6650 \$10000	Preferred 80%
Out of Network	\$8000 \$8000	\$20000 \$20000	All Other 60%

OFFICE OF GROUP BENEFITS
PELICAN HSA 775
04BA0314 R01/24

Pelican HSA775

More →

Identification Card Guide

Large Groups with Unique Benefits (cont.)

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

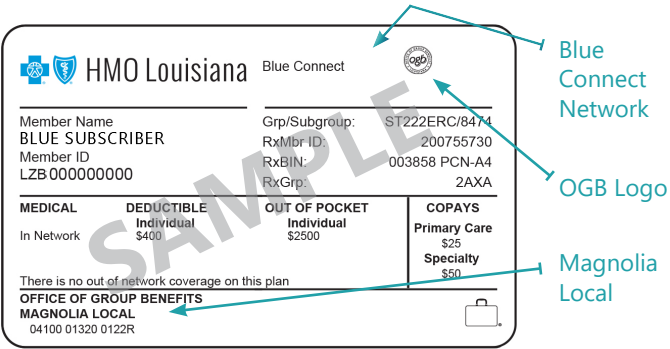
Magnolia Local *(Active employees & retirees with and without Medicare)*

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)

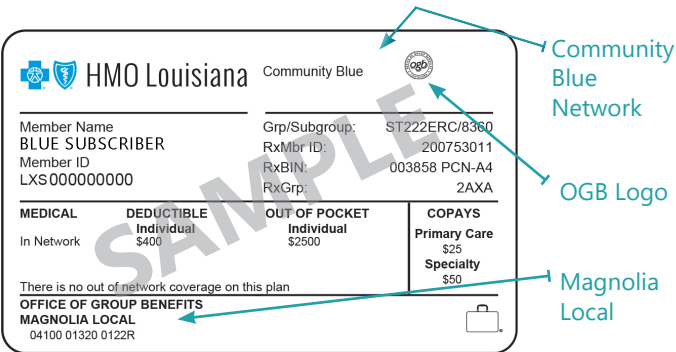


Magnolia Local - Blue Connect

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

More →

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.

LOUISIANA BLUE 

Preferred Care PPO Network 

Member Name
BLUE SUBSCRIBER

Grp/Subgroup:
ST22ERC/2083

Member ID
OGS000000000

RxBIN:
003858 PCN-A4


OGS000000000

RxGrp:
BSLA

MEDICAL	DEDUCTIBLE	OUT OF POCKET	COPAYS
In Network	Individual \$400	Individual \$3500	Primary Care \$25 Specialty \$50

The is no out of network coverage on this plan

OFFICE OF GROUP BENEFITS
MAGNOLIA LOCAL PLUS
04BA0314 R01/24



PPO Preferred Care Network

OGB Logo


Magnolia Local Plus


Magnolia Local Plus

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.

LOUISIANA BLUE 

Preferred Care PPO Network 

Member Name
BLUE SUBSCRIBER

Grp/Subgroup:
ST22ERC/2014

Member ID
OGS000000000


RxBIN:
004336 PCN-ADV

OGS000000000

RxGrp:
RX20BZ

MEDICAL	DEDUCTIBLE	OUT OF POCKET	COINSURANCE
In Network	Individual N/A	Individual N/A	Preferred 90%
Out of Network	Family \$2700	Family \$8500	All Other 70%

OFFICE OF GROUP BENEFITS
MAGNOLIA OPEN ACCESS
04BA0314 R01/24



PPO Preferred Care Network

OGB Logo

Magnolia Open Access


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.

LOUISIANA BLUE 

Preferred Care PPO Network 

Member Name


Grp/Subgroup:

Member ID

MEDICAL	DEDUCTIBLE	OUT OF POCKET	Tier 1 COPAYS
OchPlus	Individual \$0	Individual \$3000	Primary Care \$25
BCBSLA PPO	Family \$5000	Family \$9000	Specialty \$45
Out of network	Individual \$14000	Individual \$8050	
	Family \$14000	Family \$16100	
		Unlimited	

OCHSNER HEALTH

04BA0314 R01/24



PPO Preferred Care Network

Ochsner Health Logo

Ochsner Health

More →

Identification Card Guide

Large Groups with Unique Benefits (cont.)

Select Network EPO Plans

Select network exclusive provider organization (EPO) designs are available to self-funded groups.

Tiered benefits apply to members of a select network EPO. More details about this coverage can be found in iLinkBlue.

In-network benefits will apply to Tier 1 and Tier 2 network providers. Members receive the highest level of benefits when using Tier 1 network providers and when required authorization of services is obtained. The provider must participate in the member-patient's specific select network to be considered a Tier 1 provider for that member.

The member ID card identifies a self-funded group member as participating in a select network EPO under the medical deductible and out of pocket information.

We offer four select network EPO variations:

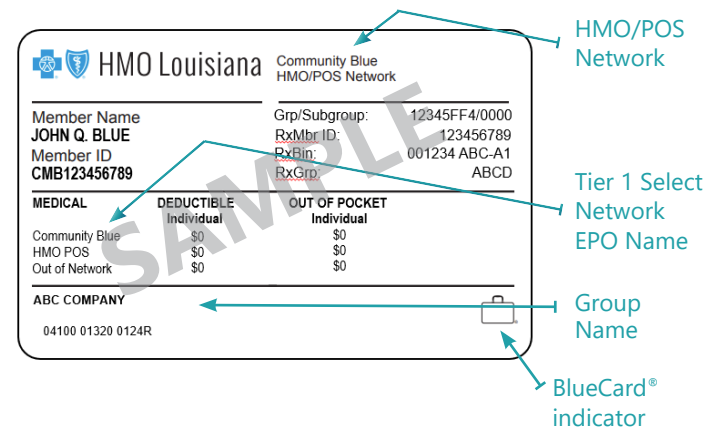
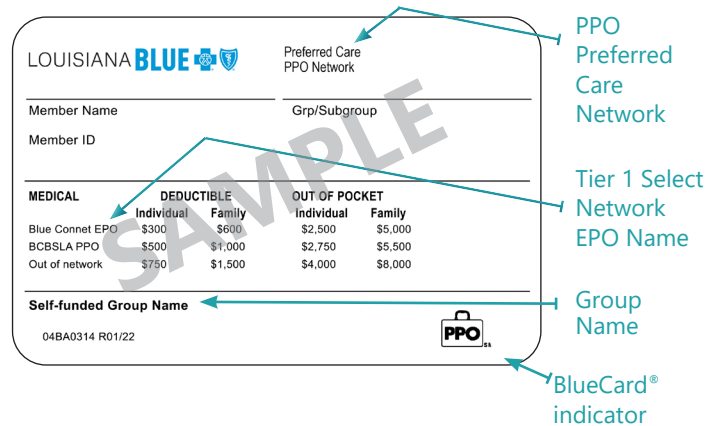
- **Blue Connect EPO PPO** – accesses Blue Connect network providers for Tier 1 benefits
- **Community Blue EPO PPO** – accesses Community Blue network providers for Tier 1 benefits
- **Precision Blue EPO PPO** – accesses Precision Blue network providers for Tier 1 benefits
- **Signature Blue EPO PPO** – accesses Signature Blue network providers for Tier 1 benefits

Preferred Care PPO providers are considered as in-network Tier 2 providers for members of a select network EPO PPO.

We offer one select network EPO HMO/POS variation:

- **Community Blue EPO HMO/Point of Service** - accesses Community Blue Network providers for Tier 1 benefits and HMO/POS network for Tier 2 benefits

Preferred Care PPO providers and non-par providers are considered as out-of-network Tier 3 providers for members of a select network EPO HMO/POS.



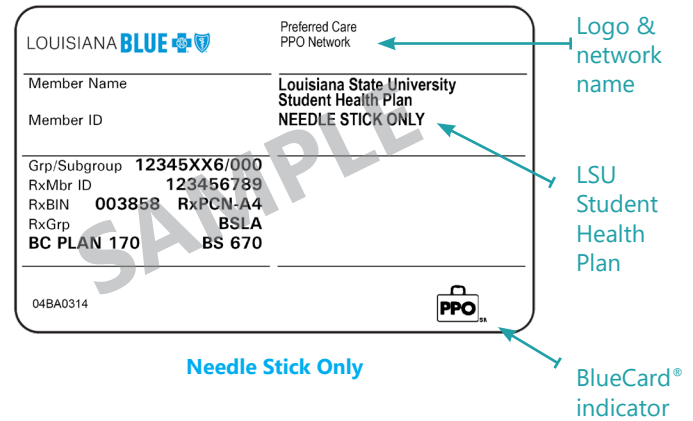
Identification Card Guide

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 blood-borne 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

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

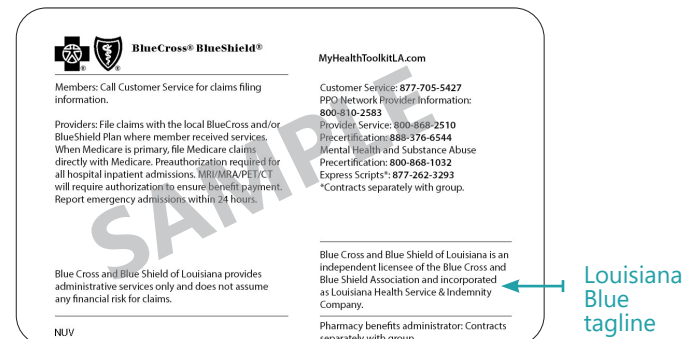
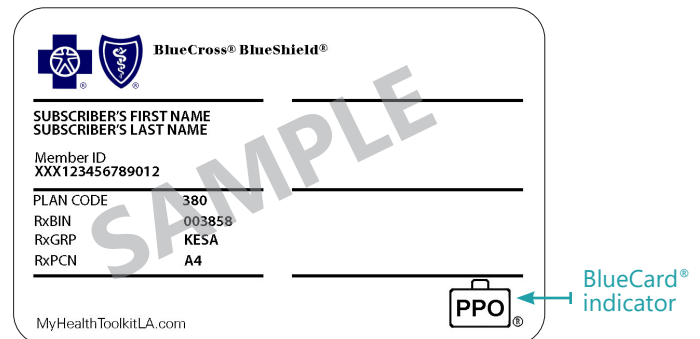
Member ID cards for these members look different. Our National Alliance members can be identified by the Louisiana Blue tagline on member ID cards. A complete listing of our National Alliance groups and prefixes is available on iLinkBlue (www.lablue.com/ilinkblue) under the **Resources** section.

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** applications for eligibility and benefits. These are 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 Louisiana Blue 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.lablue.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.*



Identification Card Guide

Federal Employee Program (FEP)

Prefix: "R" (followed by eight digits)

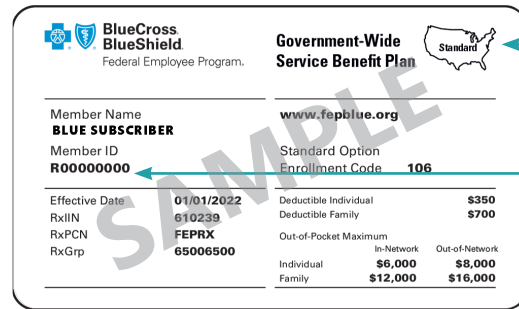
The Federal Employee Program (FEP) provides benefits to federal employees and their dependents. These members access the **Preferred Care PPO Network**. FEP now offers two separate health benefit programs:

1. Federal Employee Health Benefits (FEHB) (Federal employees & retirees and their dependants)

FEHB members may choose one of three available benefit plans:

FEP Blue Standard™

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
Member ID: R00000000
Effective Date: 01/01/2022
RxIIN: 610239
RxPCN: FEPRX
RxGrp: 65006500

www.fepblue.org
Standard Option Enrollment Code: 106

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

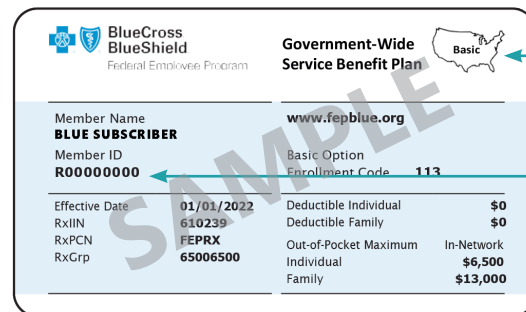
Plan option

ID has an "R" then eight digits

FEP Blue Standard

FEP Blue Basic™

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
Member ID: R00000000
Effective Date: 01/01/2022
RxIIN: 610239
RxPCN: FEPRX
RxGrp: 65006500

www.fepblue.org
Basic Option Enrollment Code: 113

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

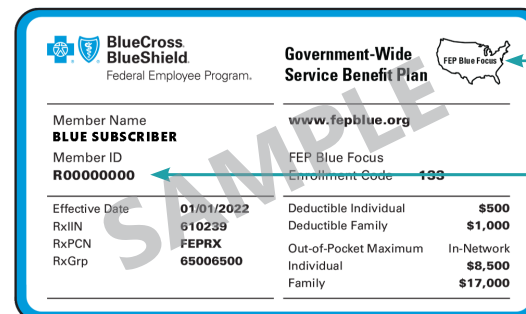
Plan option

ID has an "R" then eight digits

FEP Blue Basic

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
Member ID: R00000000
Effective Date: 01/01/2022
RxIIN: 610239
RxPCN: FEPRX
RxGrp: 65006500

www.fepblue.org
FEP Blue Focus Enrollment Code: 133

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

Plan option

ID has an "R" then eight digits

FEP Blue Focus

More →

Identification Card Guide

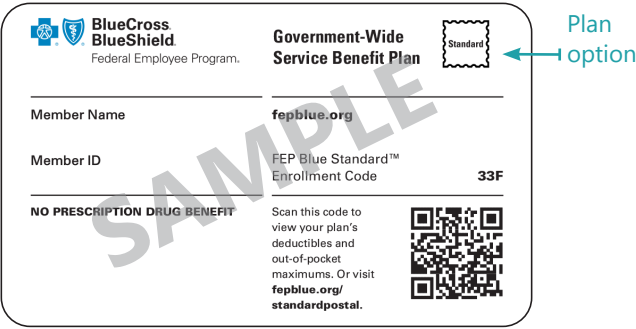
FEP (continued)

2. Postal Service Health Benefits (PSHB) *(Postal service employees & retirees and their dependants)*

PSHB members may choose one of three available benefit plans:

FEP Blue Standard™

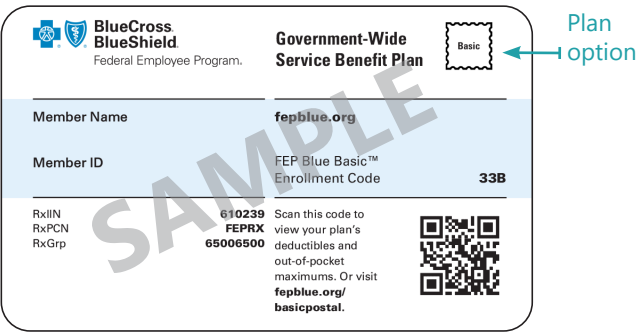
Members receive the highest level of benefits when they receive care from in-network providers and reduced benefits when they receive care from out-of-network providers.



FEP Blue Standard

FEP Blue Basic™

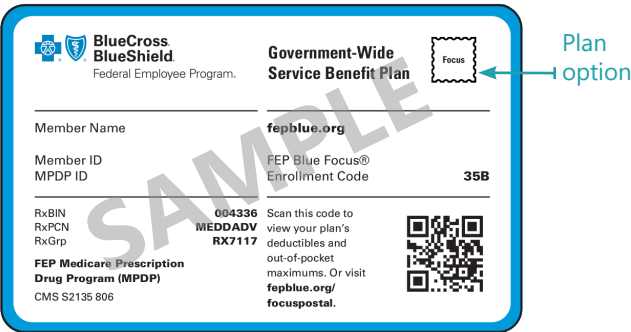
Members receive no benefits when they receive care from out-of-network providers except for select situations such as emergency care.



FEP Blue Basic

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.



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.

More →

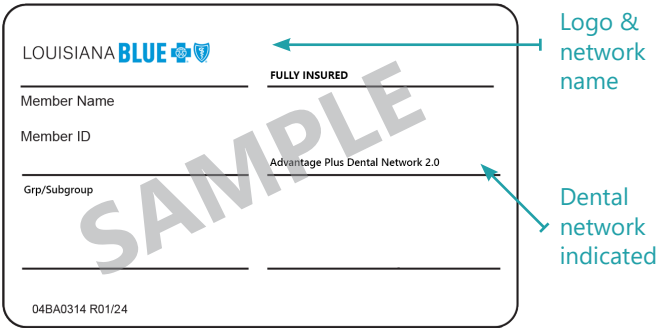
Identification Card Guide

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 Louisiana Blue dedicated customer service unit for benefits, authorizations and claims administered by UCD on behalf of Louisiana Blue. Dental claims should be filed directly with UCD.



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

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

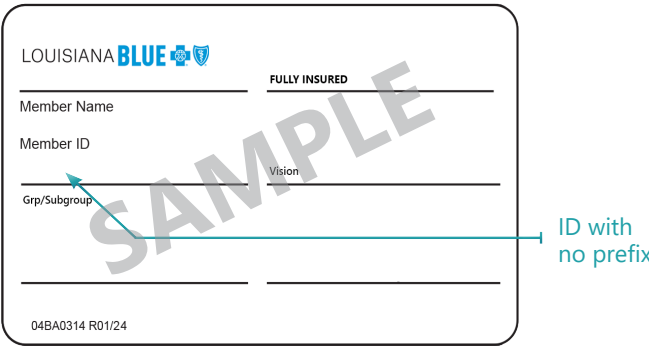
Louisiana Blue Dental Network

Louisiana Blue and HMO Louisiana no longer offer members dental benefits that directly access the Louisiana Blue Dental Network. However, we have maintained our Louisiana Blue 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 Louisiana Blue. Benefits, authorizations and claims for these services are handled directly by Louisiana Blue.

Stand-alone Vision

Prefix: None

When available, group members may waive medical coverage but still choose a stand-alone vision product from Louisiana Blue. 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.



More →

Identification Card Guide


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.

LOUISIANA 

Blue Choice 65
FULLY INSURED

Member Name

Member ID

Grp/subgroup DEC00000/MS01

BC PLAN 170 BS PLAN 670


04BA0314 R01/24

Product name on ID

BlueChoice 65 PLUS

BlueChoice 65 PLUS provides the same benefits as BlueChoice 65, with the option of Plan G dental benefits.

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

LOUISIANA 

Blue Choice 65 Plus
FULLY INSURED

Member Name

Member ID

Grp/Subgroup SEP00000/MS01

Advantage Plus Dental Network

BC PLAN 170 BS PLAN 670

04BA0314 R01/24


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.

LOUISIANA 

Blue Choice 65 Select
FULLY INSURED

Member Name

Member ID

Grp/subgroup AUG00000/MS01

BC PLAN 170 BS PLAN 670

04BA0314 R01/24


Product name on ID

BlueChoice 65 SELECT PLUS

BlueChoice 65 SELECT PLUS features the same benefits as BlueChoice 65 SELECT, with the option of Plan G dental benefits.

Note: BlueChoice 65 SELECT PLUS 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 PLUS members must select a primary care provider.

LOUISIANA 

Blue Choice 65 Select Plus
FULLY INSURED

Member Name

Member ID

Grp/subgroup AUG00000/MS01

Advantage Plus Dental Network

BC PLAN 170 BS PLAN 670

04BA0314 R01/24

Product name on ID

More →

Identification Card Guide


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.lablue.com/ilinkblue) by clicking on the "Blue Advantage" link under "Other Sites."

LOUISIANA **BLUE**  *Blue adVantage (HMO)*


RxBIN:	003858		
RxPCN:	MD	Part B Deductible	\$ 0 \$ 198
RxGROUP:	2GCA	PCP	\$ 0 \$ 10
EFFECTIVE:	01/01/1900	Specialist	0% 20%
ISSUER:	(80840)	Emergency Room	\$ 0 \$ 90
	9151014609	Outpatient Surgery	0% 20%

ID: MDV987600000 www.bcbsla.com/blueadvantage

John T Public **MEDICARE ADVANTAGE HMO**

MedicareRx Prescription Drug Coverage  * Provider must check member's current Medicaid status. See back of card.

Network Name



LOUISIANA **BLUE**  *Blue adVantage (PPO)*

RxBIN:	003858		
RxPCN:	MD	PCP Visit	\$ X
RxGROUP:	MY9A	Specialist Visit	\$ XX
EFFECTIVE:	01/01/2024	Emergency Room	\$ XX
ISSUER:	(80840)	Major Diagnostic	\$ XXX
	9151014609	Outpatient Surgery	\$ XXX
		Outpatient Hospital	\$ XXX

Medicare limiting charges apply.

ID: PMV987600000 www.bcbsla.com/blueadvantage

John T Public **MEDICARE ADVANTAGE PPO**

MedicareRx Prescription Drug Coverage  

Network Name

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 healthcare 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 Louisiana Blue. For more information, go to

<https://providers.healthybluea.com>.


 **Healthy Blue** **Medicaid**

JOHN Q SAMPLE
Member ID
123456789

Primary care provider (PCP):
Address:
Telephone #:
After-hours #:

Effective date:


RxBIN: 020107
RxPCN: FG
RxGRP: WKLA

LOUISIANA **BLUE**  *Blue adVantage (HMO)*

RxBIN:	003858		
RxPCN:	MD	Part B Deductible	\$ 0 \$ 198
RxGROUP:	2GCA	PCP	\$ 0 \$ 10
EFFECTIVE:	01/01/1900	Specialist	0% 20%
ISSUER:	(80840)	Emergency Room	\$ 0 \$ 90
	9151014609	Outpatient Surgery	0% 20%

ID: MDV987600000 www.bcbsla.com/blueadvantage

John T Public **MEDICARE ADVANTAGE HMO**

MedicareRx Prescription Drug Coverage  * Provider must check member's current Medicaid status. See back of card.

More →

Identification Card Guide

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 Louisiana Blue logo along with the HealthEquity and VISA logos.

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.

