LOUISIANA BLUE

# SOLUTIONS FOR GROUPS

Insurance plans from Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc.

2027

01MK6683 R09/26 HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross Blue Shield Association.

If there is any discrepancy between the information in this brochure and the benefit plan, the benefit plan prevails. Premium will vary with the level of benefits chosen. For complete information, please refer to the benefit plan.

Benefits are based on allowable charges. Allowable charge is defined as the lesser of the billed charge or the amount established or negotiated by Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc., (hereinafter Louisiana Blue) as the maximum amount allowed for all provider services covered under the terms of the benefit plan.

**NOTICE:** HEALTHCARE SERVICES MAY BE PROVIDED TO YOU AT A NETWORK HEALTHCARE FACILITY BY FACILITY-BASED PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF ANY FEES FOR THOSE OUT-OF-NETWORK SERVICES, IN ADDITION TO APPLICABLE AMOUNTS DUE FOR COPAYMENTS, COINSURANCE, DEDUCTIBLES AND NON-COVERED SERVICES.

SPECIFIC INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK FACILITY-BASED PHYSICIANS CAN BE FOUND AT **WWW.LABLUE.COM/HBP** OR BY CALLING THE CUSTOMER SERVICE PHONE NUMBER ON YOUR MEMBER ID CARD.

Utilization Management decision-making is based only on appropriateness of care and service and existence of coverage. Practitioners or other individuals are not specifically rewarded for issuing denials of coverage. Financial incentives for Utilization Management decision-makers do not encourage decisions that result in underutilization.

Generally, group size is determined by Medical Loss Ratio (MLR) count. Under MLR counts, a group with 50 or fewer employees is considered a small group; 51 or more employees is considered a large group. Talk to a broker to find out which plan options are available to you based on your group size and service area.

# Healthcare Reform

## What does it mean to you?

Healthcare changed when the Affordable Care Act (ACA) — also known as healthcare reform — went into effect in 2010. Here's what you need to know.

## How are Medical Loss Ratio (MLR) counts used?

MLR counts are submitted to your insurance carrier at least once a year and are used to determine what products we may offer your group under the ACA. The MLR count also determines the percentage of each healthcare premium dollar that is required to be spent on applicable medical expenses; otherwise, a rebate may apply.

- Under MLR counts (all employees are counted as "1" — full-time, part-time, ownership, etc.), 2-50 is considered a small group and 51+ is considered large.
- For large MLR groups, the carrier must spend at least 85% of premiums on applicable medical expenses or issue rebates to the group. For small MLR groups, the applicable percentage is 80%.

## Who does the Employer Mandate apply to?

Depending on the group's size, employers may be subject to the Employer Shared Responsibility Requirement — also known as the "Employer Mandate." Under these provisions, Applicable Large Employers (ALEs) must offer minimum essential coverage that is "affordable" and that provides "minimum value" to full-time employees and their dependents or potentially face fines.

## Are you an Applicable Large Employer (ALE)?

ALE counts are not submitted to carriers, but are kept by you, the employer, for your status under the Employer Mandate. Monthly averages of an entire calendar year determine your compliance for the following calendar year. Under the ALE count:

- All employees who work 30 hours/week or more are considered full-time and counted as "1." Part-time worker hours are bucketed monthly and divided by 120 to create Full-Time Equivalents of labor. Full-time plus Full-Time Equivalents determine the size of your company.
- 2-49 Full-Time Equivalents of labor are considered "small." Full-Time Equivalents of 50 or more are considered "large." Generally, the Employer Mandate only applies to large groups.

## ALE large plan requirements

For plans that are large under the ALE counting rules, certain tests must be passed to avoid potential fines under the Employer Shared Responsibility Provisions:

- Does your plan provide minimum essential coverage? (Typically, 95% of full-time employees at 30 hours/week must get an offer.)
- Does your plan provide minimum value? (At least 60% Actuarial Value to the members.)
- Is the coverage affordable? (Employee premium contributions are 10.22% [for 2027] of wages reported in Box 1 of the employee's W-2. This percentage is subject to adjustment by the Internal Revenue Service. This is an increased compared to 2026's required contribution percentage of 9.96%).

**Please note:** These are general guidelines and should not be used as tax, legal or investment advice. Employers should also seek the guidance of their attorney, tax professional or financial advisor.

# Welcome to Louisiana Blue

Louisiana Blue has put Louisiana first since 1934. Our mission remains true — to improve the health and lives of Louisianians. By working with local providers, we tailor our plans and services to meet the specific needs of our members. Selecting a Louisiana-based plan offers personalized care while supporting our local economy and communities. With eight regional offices across the state, we're always accessible when you need us. We are proud to offer:

## Competitive Premiums

With more than 90 years of trusted partnerships, we work with top healthcare systems and providers to deliver high-quality products at competitive prices.

## Top-Quality Doctors

Members have access to a full range of top-quality providers, specialists and clinics that coordinate care, resulting in better health outcomes.

## Excellent Benefits

We offer comprehensive in-network benefits, including all essential health benefits. While staying in-network maximizes savings, we also provide out-of-network coverage. Benefits also include many preventive services covered at 100% and prescription drug coverage for affordable medications.

## Innovative Care Programs

Members can participate in wellness and care management programs that offer health coaching, education and support for those with chronic conditions and serious illnesses. We also offer exclusive discounts through our Blue365®* program to promote a healthy lifestyle.

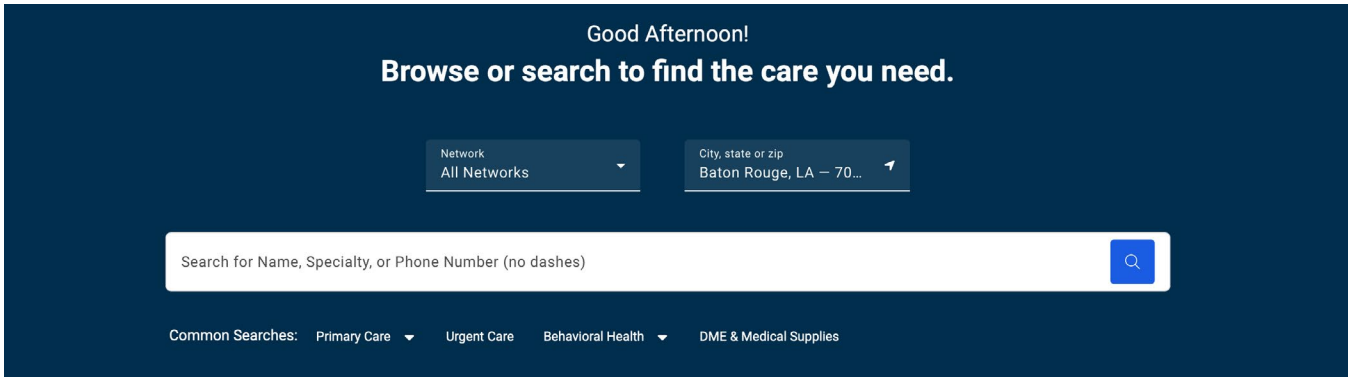
## Digital Solutions

Access your Louisiana Blue insurance faster with MyLABlue (**lablue.com/welcome**), powered by MyChart. Easily track your insurance activity, connect securely with customer service, estimate costs, check the status of your prior authorizations, search in-network providers, download your digital member ID card and much more — online, in the app or through MyChart. MyLABlue makes managing your care simple, secure and stress-free.

*©Blue Cross Blue Shield Association — All Rights Reserved. The Blue365 program is brought to you by the Blue Cross Blue Shield Association. The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies. Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

# Maximize Your Benefits

Louisiana Blue has one of the region's largest provider and facility networks, offering access to care at lower costs. To minimize expenses and maximize health plan benefits, members should use in-network providers. Members can easily find providers in our online Find Care provider directory at **findcare.lablue.com** by selecting their plan's network. It's important for members to always check the provider directory for the most up-to-date providers in their network. Providers are subject to change.




# What Is Telehealth?

Telehealth or virtual care, is a convenient way to be treated for routine, nonemergency health conditions or to access behavioral health services and other forms of care through an online connection. Members can look for a telehealth provider on our Find Care provider directory at **findcare.lablue.com**. Telehealth providers have an **"Offers Virtual Care"** indicator. To learn about your telehealth benefits, call the Customer Service number on your member ID card.

# Understanding Key Terms

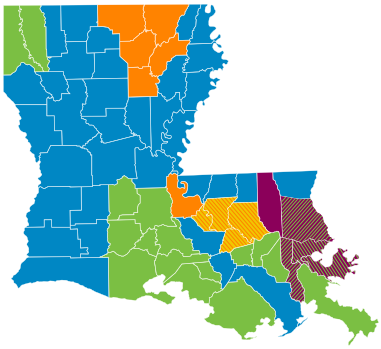
These commonly used terms may be helpful to share with your members to assist them with understanding their health plan.

- **Copayment:** If the plan has a copayment, this means there is a set dollar amount, or flat fee, for some kinds of care, such as at your doctor's office or pharmacy. The copayment, or "copay," will be a lower amount for a primary care provider and higher for specialists.
- **Deductibles:** If a plan is chosen with a deductible, this amount must be paid up front before insurance pays for care. If the plan also has copayments for certain services, these copays will not count toward the deductible. The plan will also have a separate out-of-network deductible.
- **Coinsurance:** Once the deductible has been met, there is a set percentage, or coinsurance, for your care. The lowest coinsurance amount will be paid when you stay in-network for care.
- **Out-of-Pocket Maximum:** What is paid toward medical and pharmacy deductibles, copayments and coinsurance applies to the out-of-pocket maximum. Once the out-of-pocket maximum has been paid, insurance will pay 100% of the cost of covered care for the remainder of the calendar year. A separate out-of-pocket maximum will apply for services received out of the network.
- **Coordination of Benefits:** Dual health coverage is becoming more common because of working couples with dual incomes, working Medicare beneficiaries and the extension of dependent coverage to children up to age 26. Louisiana Blue has guidelines to determine which plan will pay primary and which plan will pay secondary. These rules are outlined in the "coordination of benefits" provisions in your benefit plan, the document that explains your benefits and how they are determined.
- **Authorization:** A determination regarding your admission, continued hospital stay, or other healthcare service or supply which, based on the information provided, satisfies the medical necessity clinical review criteria requirement, appropriateness of the healthcare setting, or level of care and effectiveness. An authorization is not a guarantee of payment and is not a determination about your choice of provider.

For more information about covered services, benefits, limitations and exclusions, as well as how a member or ordering practitioner on behalf of a member may request a review for an override of coverage exclusions, please see the benefit plan.

# Product Options*

All networks include a variety of primary care providers (PCPs) and specialists, including behavioral health providers. To search for the most up-to-date providers in each network, visit our Find Care online provider directory at **findcare.lablue.com**.



| Product Features | Group Care PPO | BlueSaver** | Premier Blue | HMOLA HMO | Blue POS | Blue Connect | Community Blue | Precision Blue | Signature Blue |
|---|---|---|---|---|---|---|---|---|---|
| **Available to small and large groups** | ✓ | ✓ | ✓ | Large groups only | ✓ | ✓ | ✓ | ✓ | ✓ |
| **PCP selection** | Optional | Optional | Optional | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **BENEFITS** | | | | | | | | | |
| **Copayment plan options** | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Coinsurance and deductible plan options** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Pharmacy benefits** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Out-of-network benefits** | ✓ | ✓ | ✓ | Emergency care only | ✓ | ✓ | ✓ | ✓ | ✓ |
| **HSA-eligible plans** | | ✓ | | | | ✓ | | | |
| **HRA-eligible plans** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **NETWORK** | | | | | | | | | |
| **Statewide coverage** | ✓ | ✓ | ✓ | ✓ | ✓ | Greater New Orleans/ Northshore/ Bayou, Lafayette/ Acadiana, Shreveport/ Bossier | Baton Rouge | Greater Baton Rouge, Greater Monroe/ West Monroe | New Orleans, Hammond/ Northshore |
| **Out-of-network coverage** | BlueCard | BlueCard | BlueCard | Emergency care only | Emergency care only | Emergency care only | Emergency care only | Emergency care only | Emergency care only |
| **Network** | Preferred Care PPO | Preferred Care PPO | Preferred Care PPO | HMO Louisiana HMO/POS | HMO Louisiana HMO/POS | Blue Connect HMO/POS | Community Blue HMO/POS | Precision Blue HMO/POS | Signature Blue HMO/POS |

**Please refer to our separate Group Blue Connect, Community Blue, Precision Blue and Signature Blue brochures for more information on our Select Network products.*
***Several embedded and non-embedded deductible options available to meet your needs.*

# Understanding Deductibles

## Embedded vs. Non-Embedded

**Example of Member:** Joe has knee surgery with medical expenses of $6,000.

| **EMBEDDED PLAN:** Blue*Saver* 90/70 $3,800 | |
|---|---|
| Per person deductible within a family | $3,800 |
| Family deductible | $7,600 |

Coinsurance applies after Joe meets his $3,800 deductible or the $7,600 family deductible is met.

With an embedded deductible, coinsurance starts once Joe reaches his individual deductible. Joe will pay $3,800, and the remaining $2,200 will apply coinsurance.

| **NON-EMBEDDED PLAN:** Blue*Saver* 90/70 $3,800 | |
|---|---|
| Per person deductible within a family | $7,600 |
| Family deductible | $7,600 |

Coinsurance applies after Joe and his dependents meet the $7,600 family deductible.

With an non-embedded deductible, Joe's family pays until the entire family deductible is met, enjoying premium savings in exchange for a higher deductible. Joe will pay $6,000 since the family deductible has not been met.

# Top Savings and Spending Accounts for Your Group

**Health Savings Account (HSA):** Tax-advantaged account for saving on qualified medical expenses and may offer tax benefits for both groups and members. Members with eligible Blue*Saver* or Blue Connect Savings Plus high-deductible health plans can contribute pretax dollars to an HSA for deductibles and covered medical expenses. MySmart$aver℠ HSA works directly with employees' plan benefits.

**Health Reimbursement Arrangement (HRA):** Tax-advantaged account funded by employers to help save on healthcare costs. HRAs can be set up in several ways. It also reimburses employees and their families for eligible medical expenses. Employers determine contribution amounts, frequency, rollover options and eligible expenses.

**Flexible Spending Account (FSA):** Tax-advantaged account allows members to plan their spending and set aside pretax money from their paycheck to pay for eligible healthcare expenses. Contributions are accessible on day one. Additional FSA options include:

- Limited Purpose FSA — Members can set aside pretax money to pay for eligible dental and vision expenses.
- Dependent Care FSA — Members can set aside pretax money to help pay for dependent care expenses. Qualifying dependents may be a child under age 13, a disabled spouse or an older parent in eldercare.

HSAs, HRAs, and FSAs are administered by HealthEquity.* For more information, visit employers.lablue.com/saving-and-spending-accounts.

**HealthEquity is an independent company that offers savings and spending accounts to members of Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross Blue Shield Association.*

# Prescription Drug Coverage

Plans include prescription drug coverage. Members should review their plan's covered drug list, or formulary, that includes thousands of generic and brand drugs at www.lablue.com/pharmacy before they go to the pharmacy. Not every drug is covered and some plans may have a separate drug deductible.

Two things a covered drug list can tell a member:

1. If there are other drugs they can take for their health condition that cost less.
2. If there are any rules they must follow before a drug may be covered.

## Prescription Drug Structure

Your plan has either two cost tiers or four cost tiers for drugs. Drugs in the lower tiers cost less than drugs in the higher tiers. To save money, start with a drug in Tier 1.

| **2-Tier Pharmacy Plans**<br>Coinsurance will apply once your deductible is met. | | |
|---|---|---|
| Tier 1 | $ | Generic drugs |
| Tier 2 | $$ | Brand drugs |

| **4-Tier Pharmacy Plans**<br>A separate drug deductible may apply, then copayments or coinsurance. | | |
|---|---|---|
| Tier 1 | $ | Value Drugs: Primarily generic drugs, although some brand-name drugs may fall into this category |
| Tier 2 | $$ | Brand drugs |
| Tier 3 | $$$ | Primarily brand drugs that may have a therapeutic alternative that is in Tier 1 or Tier 2, although some generic drugs may fall into this category. Covered compounded drugs are included in this tier |
| Tier 4 | $$$$ | Specialty Drugs: High-cost brand or generic drugs that are identified as specialty drugs |

## $0 Dollar Drug Copay Program

Our $0 Drug Copay Program offers $0 copay for certain drugs used to treat certain chronic conditions. Members do not have to meet a deductible before getting program drugs for $0. Drugs in this program are regularly recommended to treat asthma, chronic obstructive pulmonary disease (COPD), coronary heart disease, diabetes, heart failure, depression and other common chronic conditions. The $0 Drug Copay Program is available for copay-based pharmacy benefits. The program is not available for coinsurance-only pharmacy benefits. Go to www.lablue.com/CoveredDrugs for a list of drugs in the program.

Drug benefits are managed by Express Scripts.* A mail order program is also available.

**Express Scripts is an independent company that serves as the pharmacy benefit manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

# Essential Programs, Tools and Resources*

## Find Care

Search your network to find a provider for the care you need. When you see a provider in your plan's network, you save money and get the most out of your benefits. You can search common medical procedures to see cost estimates based on your benefits. You can also get drug cost information based on your pharmacy benefits.

Log in at **www.lablue.com** to use the Provider Directory and Cost Estimator Tools or visit **findcare.lablue.com** for the Find Care Provider Directory.

## Selecting a Primary Care Provider

Depending on the health plan, members may need to choose a primary care provider (PCP). If they do not choose a PCP, one will be chosen for them. Members can change their PCP at any time by logging into their account at **my.lablue.com** or by calling the Customer Service number on the back of their member ID card.

## Blue365®: Healthy Discounts and Deals

Blue365®** offers discounts on health and wellness resources 365 days a year. Register for a free online account at **www.blue365deals.com/lablue** to access these exclusive discounts.

## Preventive and Wellness

Visit **www.lablue.com/preventive** for a full list of preventive and wellness services covered at 100% when your members go to an in-network provider.

## BlueCard® Program

BlueCard® is a national program that allows you to receive healthcare services while traveling or living in another Blue Plan's service area. The program links participating healthcare providers with independent Blue Plans across the country and in nearly 200 countries and territories worldwide through a single electronic network.

- With GroupCare PPO, Blue*Saver* and Premier Blue plans, if your member goes to a PPO provider in another state or country, the plan will pay in-network as if he or she were at home.
- With Blue Point of Service and Select Network plans, unless it is emergency care, care obtained outside your member's Louisiana HMO network will be paid at the out-of network benefit level.
- With HMO Network plans, care obtained outside your member's Louisiana HMO network is not covered unless it is emergency care.

For more information, visit **www.lablue.com/find-a-doctor/blue-card-program**.

**This is not an inclusive list, and options may vary based on the plan(s) you have.*

***©Blue Cross Blue Shield Association — All Rights Reserved. The Blue365 program is brought to you by the Blue Cross Blue Shield Association. The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies. Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.*

## Quality Blue Program

Quality Blue partners with primary care providers (PCPs), including general practice, family medicine, internal medicine, pediatrics and geriatrics, to help improve health outcomes and support access to high-quality, cost-effective care. If you see a Quality Blue provider, you are already part of the program.

Members who choose a Quality Blue PCP benefit from enhanced support, including:

- Reminders to help close gaps in care
- Referrals to health coaching programs
- Increased access to preventive services
- A more personalized, patient-centered care experience

You can find a participating PCP by visiting our Find Care directory at **findcare.lablue.com**. Quality Blue PCPs are identified with a special indicator in the directory as shown below:

QUALITY BLUE PROVIDER

Quality Blue is expanding to include select specialists, such as OB-GYNs and gastroenterologists, as well as certain outpatient and inpatient facilities. To learn more about how Quality Blue can support your health, visit **www.lablue.com/QualityBlue**.

## FREE Identity Protection Services

We offer free identity protection services to all eligible members in partnership with Experian. It includes fraud alerts with credit monitoring and identity repair and restoration services if you are the victim of identity theft. The identity protection applies to all parts of life, not just healthcare. Learn more at **www.lablue.com/idprotection**.

## Language Access Services

You can request this brochure in a language other than English. Check the bottom of any page at **www.lablue.com** and click the language of your choice for this and other services or call the Customer Service number on your member ID card. If you are hearing impaired, call 1-800-711-5519 (TTY 711).

## Digital Solutions

MyLABlue is designed to simplify how you manage your health insurance — and your healthcare overall — anytime, anywhere.

We call it our *digital experience* because it's available across multiple platforms:

- Online at **lablue.com**
- Through the MyLABlue app
- And within MyChart

If you already use MyChart, you can now log in to view your **health information** and your **insurance details** all in one place, giving you a simpler way to manage your care and coverage.

**With MyLABlue, you also have access to a variety of tools designed to make managing your health insurance easier. Here are a few highlights:**

- View claims, benefits and deductibles in one place
- Download digital ID cards and search for in-network providers
- Get upfront estimates for medical services
- Message securely with Louisiana Blue representatives
- Check the status of prior authorization requests
- Share access with family members or caregivers

Blue Advantage members will also be able to access their Flex Card and Healthy Rewards.

**To get started**, simply visit **lablue.com/welcome** for step-by-step guidance or scan the QR code to the right.

## Care Management

If your members have diabetes, heart disease, traumatic injuries, serious illnesses or other chronic conditions, our care management programs help guide them through the healthcare system and get the services they need in a timely manner. Members do not pay anything to work with a health coach. Visit **www.lablue.com/managingcare** to learn more.

# Small Business Funding Solutions

## *Self-funded coverage ideal for groups with 5-250 enrolled contracts*

## Simplified • Aggregate Protection • Self-Funded

Louisiana Blue's Small Business Funding Solutions is an exclusive aggregate-only, stop-loss product. We simplify the self-funding process by covering all eligible claims under a single aggregate attachment point. When you choose Small Business Funding Solutions, you don't need separate, specific stop-loss coverage.

## Features

- No separate specific stop-loss
- Funded monthly
- Client retains 50% of aggregate (claims fund) surplus
- Standard Large Group plan designs

## Self-Funded vs. Fully Insured

Under traditional fully insured arrangements, groups generally pay a fixed premium cost per class of coverage each month and nothing more. Likewise, self-funded groups generally pay a fixed cost per class of coverage each month but must also fund monthly claims payments along with funds for unexpected claims fluctuations. Small Business Funding Solutions offers groups the simplicity of the monthly fixed premium payments fully insured groups enjoy while allowing the advantages of being a self-funded group, such as:

- 50% retention of year-end claims account balance
- Lower administrative cost structure
- Full access to plan's claims experience

Please refer to our separate Small Business Funding Solutions brochure for more information, or contact your broker or Regional Office representative if you're interested in Small Business Funding Solutions.

# Trust Louisiana Blue With More Than Medical Benefits

Whole-body health involves looking at the whole person and addressing factors that can impact a member's well-being or contribute to a disease. In addition to medical benefits, Louisiana Blue offers an array of ancillary products that can enhance benefit packages, improve overall health and reduce medical costs.

Regular dental and vision exams can detect many health conditions such as high cholesterol, high blood pressure, diabetes and other conditions like osteoporosis and cancer. Also, addressing and managing risk factors like depression and stress at an early stage can help restore health, prevent many chronic illnesses and stop any progressions across a person's lifetime.

Visit **employers.lablue.com/shop-plans** to learn more about our plan options and ask your broker for more information.

# We're Here to Help!

With Louisiana Blue, you'll have the guidance and support you need.

## Your Broker

Get personal assistance from your broker who can answer your questions, help you choose the plan that's right for you and guide you through the enrollment process. Don't have a broker? Give us a call and we can connect you with someone to help.

## Online Solutions Through the Employers Portal

Our secure online portal lets you manage your group plan with just a click. Go to **employers.lablue.com** to get started with AccessBlue.

## Your Regional Office Representative

Call your local Louisiana Blue Regional Office representative for additional help. Check the back page of this brochure for phone numbers in each region.

If you have questions about how Louisiana Blue will protect and may use or disclose your confidential/protected health information and individually identifiable health information, please visit **www.lablue.com/privacy**.

# Employer Notices

## Change in Premium Amount

Premiums for this Benefit Plan may increase after the group's first 12 months of coverage and every 6 months thereafter, except when premiums may increase more frequently as described herein. We will give the group 45 days written notice of any change in premium rates or 90 days written notice for employer groups with more than 100 enrolled employees. We will send notice to the group's latest address shown in our records. Any increase in premium is effective on the date specified in the rate change notice.

Your premiums are subject to change due to a variety of factors, including, but not limited to, when any of the following events occur: (1) the addition of a newly covered person; (2) the addition of a newly covered entity; (3) a change in age or geographic location of any individual insured or policyholder; (4) or a change in the benefit level of the Benefit Plan from that which was in force at the time of the last rate determination. An increase in premium will become effective on the next billing date following the effective date of the requested change. Continued payment of premium will constitute acceptance of the change.

## Applicable to Large Groups (51+ MLR):

We reserve the right to increase the premiums more often than stated above due to a change in the extent or nature of the risk that was not previously considered in the rate determination process at any time during the life of the Benefit Plan.

## Group Rates

Federal law (the Affordable Care Act) only allows members in the small group market to be rated according to the following factors within a Benefit Plan design:

- Geographic location
- Family composition
- Age
- Tobacco use

## Renewability of Coverage

Louisiana Blue may terminate this Benefit Plan if any one of the following occurs:

- Group commits fraud or makes an intentional misrepresentation.
- Group fails to comply with a material plan provision, including but not limited to provisions relating to eligibility, employer contributions or group participation rules. Termination for a reason addressed in this paragraph will be effective after group receives 60 days written notice.
- In the case of network plans, there is no longer any enrollee under the group Benefit Plan that lives, resides or works in the service area of Louisiana Blue or in the area for which Louisiana Blue is authorized to do business.
- Group's coverage is provided through a bona fide association and the employer's membership in the association ends.
- Louisiana Blue ceases to offer this product or coverage in the market.

## REGIONAL OFFICES

**Alexandria**
**(318) 448-1660**
4508 Coliseum Blvd., Suite A
Alexandria, LA 71303

**Baton Rouge**
**(225) 295-2556**
5525 Reitz Ave.
Baton Rouge, LA 70809

**Houma**
**(985) 223-3499**
1437 St. Charles St., Suite 135
Houma, LA 70360

**Lafayette**
**(337) 232-7527**
5501 Johnston St.
Lafayette, LA 70503

**Lake Charles**
**(337) 562-0595**
219 West Prien Lake Road
Lake Charles, LA 70601

**Monroe**
**(318) 323-1479**
122 St. John St.
Monroe, LA 71201

**New Orleans**
**(504) 832-5800**
3235 North Causeway Blvd.
Metairie, LA 70002

**Shreveport**
**(318) 795-0573**
411 Ashley Ridge Blvd.
Shreveport, LA 71106

help@lablue.com
www.lablue.com

LOUISIANA BLUE