



NOTICE OF PLAN CHANGES for 2024 *Non-Grandfathered ASO Medical Plans*

Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. are committed to improving the health and lives of Louisianians. We are dedicated to this mission and to providing coverage that meets the healthcare needs and budgets of your employees and their families.

The Cross and Shield has served our communities since 1934, and we are working hard to provide you and your employees with the tools and information needed to stay healthy. We take this responsibility seriously and appreciate your confidence in us to deliver the best possible healthcare solutions for your business.

To keep costs under control, improve the quality of care for your employees, and comply with the Affordable Care Act (ACA) and other healthcare reform laws, we are implementing the benefit changes outlined below for Self-Funded Groups. **These changes will become effective upon your group's anniversary date in 2024.**

The benefit changes listed below will be added to and/or revised in policies for 2024. Additional benefit changes may be added as required by law or mandate and may include enhancements to existing services. If you have questions about the legislative acts identified below, please visit <https://legis.la.gov/legis/home.asp>.

Please review all information below and discuss any optional benefit changes with your producer and/or Blue Cross Representative.

Please read this information carefully.

2024 BENEFIT CHANGES	
Signature Blue Network Expansion	<p>Current The service area for the Signature Blue Select Network includes Jefferson and Orleans parishes.</p> <p>2024 Signature Blue plans will now be available to residents of and employer groups domiciled in St. Tammany Parish. With this expansion, Signature Blue members will have access to participating providers in St. Tammany Parish.</p>
Psychiatric Collaborative Care – Act 457 (2022 Legislative Session)	<p>The Louisiana Legislature enacted Act 457 during the 2022 Regular Session. Act 457 requires coverage of mental health and substance use disorder (MH/SUD) services that are delivered through evidence-based, integrated behavioral healthcare models, such as the Psychiatric Collaborative Care Model.</p> <p>As defined by the American Psychiatric Association and the Centers for Medicare and Medicaid Services, Psychiatric Collaborative Care is a model of behavior health integration where care is typically provided by a team consisting of a primary care physician and a care manager who work in collaboration with a psychiatric consultant. The model combines primary care oversight with care management support and regular psychiatric inter-specialty consultation between the primary care physician, the behavioral care manager, and the psychiatrist.</p> <p>Beginning in 2024, coverage is now available for Psychiatric Collaborative Care. This benefit is only available to groups who offer MH/SUD benefits.</p>

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana Inc. and Southern National Life Insurance Company Inc., are independent licensees of the Blue Cross Blue Shield Association.



<p>The Medically Necessary Fertility Preservation Act – Act 299 (HB 168)</p>	<p>The Louisiana Legislature enacted Act 299 (HB 168) during the 2023 Regular Session. Act 299 is known as The Medically Necessary Fertility Preservation Act. The Medically Necessary Fertility Preservation Act requires coverage for medically necessary expenses for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility. Iatrogenic infertility means an impairment of fertility caused directly or indirectly by surgery, chemotherapy, radiation, or other medical treatment.</p> <p>Coverage for standard fertility preservation services is now available for members who have been diagnosed with cancer for which the necessary cancer treatment may directly or indirectly cause iatrogenic infertility. Standard fertility preservation services include extraction, cryopreservation (freezing) and storage. These benefits are limited to three years or a lifetime maximum of \$10,000, whichever limit is exhausted first. Benefits are subject to any applicable copayments, deductibles, and/or coinsurance depending on your plan.</p> <p>NON-ERISA GROUPS ONLY: Benefits will be updated to comply with Act 299.</p> <p>ERISA GROUPS ONLY: ERISA groups are not subject to Act 299. Please contact your Blue Cross Representative if you would like to provide coverage for standard fertility preservation services as stated above.</p>
<p>Maternity Support Services Provided by Doulas – Act 270 (HB 272)</p>	<p>The Louisiana Legislature enacted Act 270 (HB 272) during the 2023 Regular Session. Act 270 requires coverage by doulas registered with the Louisiana Doula Registry Board for maternity support services provided to pregnant and birthing women before, during and after childbirth.</p> <p>Coverage for maternity support services for pregnant and birthing women before, during and after childbirth is now available when services are provided by a Network Doula. Benefits are subject to any applicable copayments, deductibles, and/or coinsurance depending on your plan. Coverage is limited to \$1,500 per pregnancy.</p> <p>NON-ERISA GROUPS ONLY: Benefits will be updated to comply with Act 270.</p> <p>ERISA GROUPS ONLY: ERISA groups are not subject to Act 270. Please contact your Blue Cross Representative if you would like to provide coverage for maternity support services provided by doulas as stated above.</p>



Smoking Cessation Benefits – Act 281 (HB 578)	<p>The Louisiana Legislature enacted Act 281 (HB 578) during the 2023 Regular Session. Act 281 requires coverage for smoking cessation benefits for a minimum period of six months if a licensed physician recommends and certifies that the smoking cessation benefits may help the person to quit smoking. Smoking cessation benefits means smoking cessation treatments and services, including individual counseling, group counseling, nicotine patches, nicotine gum, nicotine lozenges, nicotine nasal spray, nicotine inhaler, bupropion, and varenicline.</p> <p>First dollar coverage for smoking cessation benefits is now available to members.</p> <p>NON-ERISA GROUPS ONLY: Benefits will be updated to comply with Act 281.</p> <p>ERISA GROUPS ONLY: ERISA groups are not subject to Act 281. Please contact your Blue Cross Representative if you would like to provide coverage for smoking cessation benefits.</p> <p>NOTE: Non-Grandfathered plans are currently compliant with Act 281 because of a past U.S. Preventive Services Task Force (USPSTF) Mandate.</p>
Ground Ambulance Emergency Services – LA Act 453 (SB 109)	<p>The Louisiana Legislature enacted Act 453 (SB 109) during the 2023 Regular Session.</p> <p>Act 453 provides that the minimum reimbursement under a health benefit plan for out-of-network (OON) ground ambulance emergency services shall be:</p> <ol style="list-style-type: none">1. The rate established under existing law for such services by the local governing authority; or2. If no such local rate exists, the lesser of 325% of the current Medicare rate or the ambulance provider's billed charges. <p>Act 453 also prohibits the ambulance provider from billing the member for any amounts other than appropriate cost sharing. It requires payment of clean claims within 30 days of receipt and requires payment directly to the ambulance provider. It also requires copayment, coinsurance, deductible, and other cost-sharing amounts shall not exceed the in-network copayment, coinsurance, deductible, and other cost-sharing amounts for the covered healthcare services received by the enrollee.</p> <p>Act 453 became effective on August 1, 2023.</p> <p>NON-ERISA GROUPS ONLY: Benefits have been updated to comply with Act 453 effective August 1, 2023.</p> <p>ERISA GROUPS ONLY: ERISA groups are not subject to Act 453. Please contact your Blue Cross Representative if you would like update benefits upon 2024 renewal for OON ground ambulance emergency services to take the in-network copayment, coinsurance, deductible, and other cost-sharing amounts.</p>



**Biomarker Genetic
Testing – LA Act 324
(SB 104)**

The Louisiana Legislature enacted Act 324 (SB 104) during the 2023 Regular Session. Act 324 requires coverage for biomarker testing for the purpose of diagnosis, treatment, appropriate management, or ongoing monitoring of an individual's disease or condition.

Biomarker testing shall be covered for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an individual's disease or condition when the test provides clinical utility as demonstrated by medical and scientific evidence, including any one of the following items:

1. Labeled indications for diagnostic tests approved or cleared by the United States Food and Drug Administration or indicated diagnostic tests for a drug approved by the United States Food and Drug Administration.
2. Warnings and precautions listed on a United States Food and Drug Administration approved drug label.
3. National Coverage Determinations of the Centers for Medicare and Medicaid Services or Local Coverage Determinations of Medicare Administrative Contractors.

Blue Cross medical policies and coverage will be updated as required to comply with Act 324.

**Cost of Living
Adjustments (COLAs)
based on IRS Guidelines**

*Special rules apply to the
amounts for each member
within a family.*

The IRS has released 2024 COLAs. Please refer to the table below. All other deductible and out-of-pocket amounts will remain unchanged.

Affordable Care Act (ACA) Annual Out-of-Pocket (OOP) Maximums for Non-Grandfathered (NGF) Plans			
Plan Type	Coverage	2023	2024
Health Savings Account (HSA)* and Non-HSA Qualified Plans	Individual	\$ 9,100	\$9,450
Non-HSA Qualified Plans	Family	\$ 18,200	\$18,900
IRS Out-of-Pocket (OOP) Maximums for HSA-eligible High Deductible Health Plans (Grandfathered & Non-Grandfathered) Applicable to BlueSaver and Blue Connect Savings Plus Plans			
Plan Type	Coverage	2023	2024
HSA Qualified Plans	Individual	\$7,500	\$8,050
HSA Qualified Plans	Family	\$15,000	\$16,100
IRS Deductible Minimums for HSA-eligible High Deductible Health Plans (Grandfathered & Non-Grandfathered) Applicable to BlueSaver and Blue Connect Savings Plus Plans			
Plan Type	Coverage	2023	2024
HSA Plan Type	Individual	\$1,500	\$1,600
HSA Plan Type	Family	\$3,000	\$3,200

*For ACA plans, the OOP Maximum Per Member within a Family may not exceed \$9,450 in 2024.

If you currently offer an HSA-qualified BlueSaver or Blue Connect Savings Plus plan (a qualified high deductible health plan) and would like to change your deductible or max out-of-pocket amounts to remain compliant, please contact your Blue Cross Representative to request changes. **Failure to comply with these IRS guidelines could result in loss of qualified high deductible health plan status.**



Additions and Changes to Preventive and Wellness Services Governed by USPSTF (U.S. Preventive Services Task Force)	<p>The ACA requires preventive and wellness service coverage for the following items and services: U.S. Preventive Services Task Force (USPSTF) recommendation with a rating of 'A' and 'B'; immunizations for routine use in children, adolescents and adults with a recommendation from the Advisory Committee on Immunization Practices (ACIP); for infants, children and adolescents, preventive care and screenings provided in guidelines supported by the Health Resources and Services Administration (HRSA); and for women, preventive care and screenings provided in guidelines supported by HRSA which are currently published by the Women's Preventive Services Initiative (WPSI). These preventive and wellness services will be covered at no cost to members when rendered by a Network provider. The services listed below will be added to and/or revised in policies for 2024. Additional services may be added as required by law and may include enhancements to existing services.</p> <ul style="list-style-type: none">• <u>Screening for Anxiety Disorders in Adults:</u> – Coverage of screening for anxiety disorders in adults, including pregnant and postpartum persons. Notably, this mandate expands current wellness benefits for anxiety screenings for women (previously recommended by Women's Preventive Services Initiative (WPSI)) to all adults.• <u>Screening for Depression and Suicide Risk in Adults</u> – Coverage of screening for depression in the adult population, including pregnant and postpartum persons, as well as older adults (aged 65 years or older). The recommendation on screening for depression and suicide risk is consistent with prior USPSTF recommendations. This recommendation replaces the 2014 USPSTF recommendation on screening for suicide risk in adults and the 2016 recommendation on screening for major depressive disorder in adults. The USPSTF found insufficient evidence to assess the balance of benefits and harms of screening for suicide risk in the adult population, including pregnant and postpartum persons, as well as older adults (aged 65 years or older).
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2024 OPTIONAL BENEFIT CHANGES

Please contact your Blue Cross Representative if you would like to update the benefits listed below.

Affinity Health Group Copay	<p>Current Affinity Health Group (AHG) providers are contracted into BCBSLA PPO and HMOLA networks. Members who seek care from AHG providers pay the applicable office visit cost share according to their product (i.e., deductible/coinsurance or PCP or Specialist copay).</p> <p>2024 All Group Care, Premier Blue, HMOLA HMO and Blue POS plans that take an office visit copay may elect to offer a reduced copay for AHG providers. The copay differential will only apply to PCP and Specialist office visits including pregnancy office visits. The copay differential will not apply to facilities (e.g., Urgent Care).</p> <p>If you would like to offer a copay differential for AHG providers, please contact your Blue Cross Representative.</p>
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Blue Cross and Blue Shield of Louisiana
HMO Louisiana

ST TAMMANY PARISH SCHOOL BOARD
ATTN: LORI F NIEHAUS COMBOY
321 NORTH THEARD STREET
COVINGTON, LA 70433

Please Read: Changes to your policy effective on or before Jan. 1, 2024

Dear Group Leader:

Thank you for trusting Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. with your health insurance needs. The Cross and Shield has served our communities since 1934, and we are working hard to provide you and your employees with the tools and information needed to stay healthy. We take this responsibility seriously and appreciate your confidence in us to deliver the best possible healthcare solutions for your business.

Please read carefully. Below is a list of policy changes that have already become effective, or will become **effective on Jan. 1, 2024**, for new and existing group contracts. Please become familiar with these changes and keep them with your policy.

Please review the Preventive and Wellness brochure for any other changes to your benefits. You can learn more about preventive care at bcbsla.com/preventive.

BENEFIT CHANGES	
Additions and Changes to Preventive Services	<p>The ACA requires preventive and wellness service coverage for the following items and services: U.S. Preventive Services Task Force (USPSTF) recommendation with a rating of 'A' and 'B'; immunizations for routine use in children, adolescents and adults with a recommendation from the Advisory Committee on Immunization Practices (ACIP); for infants, children and adolescents, preventive care and screenings provided in guidelines supported by the Health Resources and Services Administration (HRSA); and for women, preventive care and screenings provided in guidelines supported by HRSA which are currently published by the Women's Preventive Services Initiative (WPSI). These preventive and wellness services will be covered at no cost to members when rendered by a Network provider. The services listed below will be added to and/or revised in policies for 2024. Additional services may be added as required by law and may include enhancements to existing services.</p> <p>USPSTF:</p> <ul style="list-style-type: none">• <u>Aspirin to Prevent Cardiovascular Disease</u> – Coverage for aspirin to prevent cardiovascular disease is no longer available at no cost to a member because it is a Grade C recommendation. This benefit will now be covered subject to contract benefits. This is an update to the existing mandate. <p>NOTE: This change is only applicable to groups who have pharmacy benefits through Blue Cross or HMO Louisiana administered by ESI.</p>

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NON-GRANDFATHERED PLANS ONLY:

WPSI:

Diabetes in Pregnancy – Coverage of a gestational diabetes screening is now available for pregnant women after 24 weeks' gestation (preferably 24 to 28 weeks). Additionally, selective screening for those with risk factors before 24 weeks' gestation, ideally at the first prenatal visit (obese BMI; increased maternal age; history of gestational diabetes; family history of diabetes; ethnicity with increased risk for type 2 diabetes [Hispanic, Native American, South or East Asian, African American, or Pacific Islands descent]). This is an update to the existing mandate.

As always, your satisfaction is our top priority. Please contact your Producer or your Regional Office with questions regarding these changes.

Thank you for choosing us as your health plan.

Sincerely,



Brian Keller

Senior Vice President and Chief Marketing Officer

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