2025
Summary of Benefits

Ochsner Health Plan Dual (HMO D-SNP)
H9763-007

Ochsner Health Plan
1-833-674-2112 (TTY: 711)

8:00 a.m. to 8:00 p.m. seven days a week from October 1st to March 31st and 8:00 a.m. to 8:00 p.m. Monday through Friday, April 1st to September 30th.

Jefferson, Orleans, St. Bernard, St. Charles, Plaquemines

H9763_DUAL_007_SB2_2025_M

MEMBER SERVICES:
1-833-674-2112 (TTY: 711)

8:00 a.m. to 8:00 p.m. seven days a week from October 1st to March 31st and 8:00 a.m. to 8:00 p.m. Monday through Friday, April 1st to September 30th.

ochsnerhealthplan.com

Ochsner Health Plan
1450 Poydras St., Suite 110
New Orleans, LA 70112

H9763_DUAL_007_SB2_2025_M

THIS IS A SUMMARY OF DRUG AND HEALTH SERVICES COVERED BY

Ochsner Health Plan Dual (HMO D-SNP) H9763-007

JANUARY 1, 2025 - DECEMBER 31, 2025

Ochsner Health Plan is a Medicare Advantage HMO and HMO D-SNP plan with a Medicare contract. Dual Special Needs Plans also have a contract with the State Medicaid Program. Enrollment in the plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" by calling Member Services toll-free at 1-833-674-2112. Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1st to March 31st and 8:00 a.m. to 8:00 p.m. Monday through Friday, April 1st to September 30th (TTY users call 711), or visit our website at www.ochsnerhealthplan.com.

To join a Ochsner Health Plan Dual (HMO D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, have Medicaid though the state, and live in our service area. The service area for Ochsner Health Plan Dual (HMO D-SNP) includes the following Louisiana Parishes: Jefferson, Orleans, Plaquemines, St. Bernard, and St. Charles.

Ochsner Health Plan Medicare Advantage plans have a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

Please call our member services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Overview of Services		
Monthly premium, deductible, and limits on how much you pay for covered services.		
Monthly Plan Premium	$0	Your monthly premium for prescription drug coverage depends on your Medicaid eligibility. You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party.
Medical Deductible	$0	
Maximum Out of Pocket (MOOP)	$9,350	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit in this plan: • $9,350 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, covered hospital and medical services will be paid in full for the rest of the year by the plan. You will still need to pay your monthly premiums.

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Inpatient hospital		
Inpatient hospital care	$0 or: $1,632 deductible for each benefit period. • Days 1-60: $0 coinsurance per day of each benefit period. • Days 61-90: $408 coinsurance per day of each benefit period. • Days 91 and beyond: $816 coinsurance per each lifetime reserve day after day 90 each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs.	These are the 2024 cost-sharing amounts and may change for 2025. Your cost depends on your Medicaid eligibility. Your provider may need to obtain prior authorization. Except in an emergency, your health care provider must tell the plan of your hospital admission.
Outpatient Hospital		
Outpatient hospital services	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility.	Plan covers medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. Your provider may need to obtain prior authorization.
Ambulatory surgical center (ASC) services	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility.	Your provider may need to obtain prior authorization.

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Doctor visits		
Doctor visits (including visits to Primary Care Providers and specialists)	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility.	No prior authorization required.
Preventive care	$0	
Emergency room services	$0 or 20% up to a $110 maximum coinsurance Your cost depends on your Medicaid eligibility.	
Urgently needed care	$0 or 20% up to a $45 maximum coinsurance Your cost depends on your Medicaid eligibility.	No prior authorization required.
Diagnostic tests and procedures	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility.	Your provider may need to obtain prior authorization.
Lab tests, such as blood work	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility.	Your provider may need to obtain prior authorization.

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Diagnostic services, labs, and imagining (including diagnostic radiology and X-rays)	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility.	Your provider may need to obtain prior authorization.
Hearing exam	$0 or 20% coinsurance for a Medicare-covered exam Members receive $2,000* maximum plan coverage amount per year to use towards routine hearing exams, fitting/evaluations for hearing aids, and hearing aids. Your cost depends on your Medicaid eligibility.	No prior authorization required. *Members must use their Visa Flex Card.
Hearing aids	Members receive $2,000* maximum plan coverage amount per year to use towards routine hearing exams, fitting/evaluations for hearing aids, and hearing aids. Fitting/evaluation is limited to one per ear (one right, one left) every year.	The Ochsner Health Plan Flex Card hearing allowance can be used to help cover costs for routine hearing care including, hearing aids, routine hearing exams and hearing aid fitting/evaluations at participating retailers, online and at qualified hearing provider locations. No prior authorization required. *Members must use their Visa Flex Card.
Dental care	Members receive $3,500 maximum plan coverage amount per year for non-Medicare-covered preventative and comprehensive dental services from a plan specified vendor.	Dental services (including but not limited to, oral exams and cleanings, X-rays, restorative services, endodontics, periodontics, prosthodontics (removable), oral and maxillofacial surgery, and other preventive dental services).

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Routine eye exam	$0 or 20% coinsurance for Medicare-covered eye exams Your cost depends on your Medicaid eligibility. $0 copayment for routine eye exams	No prior authorization required. Routine eye exams are limited to one (1) exam per calendar year.
Glasses or contact lenses	Members receive $400 maximum plan coverage amount per year for non-Medicare-covered eyewear, contact lenses and frames.	No prior authorization required. Routine eye exams and eyewear services must be obtained from plan specified vendor. Visit www. ochsnerhealthplan.com for more information.
Mental or behavioral health services	$0 or 20% coinsurance for each Medicare-covered individual or group psychiatric and behavioral health services. Your cost depends on your Medicaid eligibility.	Your provider may need to obtain prior authorization. This benefit includes inpatient visits, outpatient group therapy or psychiatric visits and outpatient individual therapy or psychiatric visits. See *Evidence of Coverage* for more information.

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Skilled nursing facility	In 2024 the amounts are: • $0 for the first 20 days of each benefit period. • $204 copayment per day for days 21-100 of each benefit period. • You pay all costs for each day after day 100 of the benefit period. These amounts may change for 2025. Your cost depends on your Medicaid eligibility.	Inpatient hospital stay is not required prior to SNF admission. A benefit period begins the day you're admitted as an inpatient in a hospital or SNF. The benefit period ends when you haven't received any inpatient hospital care (or up to 100 days of skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. Your provider may need to obtain prior authorization.
Occupational, physical, or speech therapy	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility.	Your provider may need to obtain prior authorization.
Podiatry (Foot Care)	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility.	0% or 20% coinsurance Your cost depends on your Medicaid eligibility.
Ambulance services	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility. 0% or 20% coinsurance up to a $235 maximum copayment for Worldwide emergency transportation.	Your provider may need to obtain prior authorization for non-emergency transportation.
Transportation	$252 combined monthly allowance on the Flex Card	Eligibility for this additional benefit is determined during enrollment. Not all members qualify. Call Member Services or read the Evidence of Coverage for more information.

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Medicare Part B prescription drugs	$0 or 20% coinsurance Up to $35 copayment for Medicare Part B insulin drugs Your cost depends on your Medicaid eligibility.	Your provider may need to obtain prior authorization. For the administration of these drugs, you will pay the cost-sharing that applies to primary care provider services, specialist services, or the outpatient hospital services (as described under "Physician/ Practitioner Services, including "Doctor's Office Visits" or "Outpatient Hospital Services" in the *Evidence of Coverage*) depending on where you receive drug administration or infusion services.
Part D Prescription Drug Coverage	$0 or $590 deductible $0 or 25% coinsurance $0 or $35 copayment for a one-month supply of each covered Part D insulin drug. Your cost depends on your Medicaid eligibility. Once your out-of-pocket costs have reached $2,000 for the calendar year you pay nothing for your covered Part D Drugs.	Members with Extra Help will have a $0 annual deductible. If you lose full Extra Help, your Part D deductible may be $590. For more information on covered Part D drugs and their utilization management restrictions, please call Member Services or visit ochsnerhealthplan.com
Chiropractic Care	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility.	Manual manipulation of the spine to correct subluxation.

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Diabetes Management		
Diabetes Monitoring Supplies	$0 copayment for preferred brand Abbott test strips and diabetic testing supplies (e.g., solutions, lancets and lancing devices) supplied from a participating pharmacy. Abbott (Freestyle and Precision) glucose monitors are available at no charge from the manufacturer through a participating pharmacy or by calling 1-855-220-9552. Limited to one monitor per year. $0 or 20% coinsurance for each Medicare-covered diabetic testing supply from a participating supplier	Your provider may need to obtain prior authorization.
Diabetes Self-Management Training	$0 copay per item	Your provider may need to obtain prior authorization.
Medicare-Covered Therapeutic Shoes or Inserts	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility.	Your provider may need to obtain prior authorization.
Durable medical equipment (DME) or supplies	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility.	The plan covers wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, prosthetics, orthotics and orthopedic footwear, etc. (Note: For a complete list of DME or supplies call Member Services or read the *Evidence of Coverage.* Requires prior authorization.

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Home Health Services	You pay $0 copay for Medicare-covered services	Your provider may need to obtain prior authorization.
Hospice	You pay nothing for hospice care from any Medicare approved hospice.	You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
Gym Membership	$0 copayment for a health club membership	Must use network fitness facility. Program includes free Home Fitness Kit.
Food and Produce	$252 combined monthly allowance on the Flex Card	$252 monthly allowance on Flex Card may be used for groceries,non-emergency medicaltransportation, utilities and over-the-counter items. See Ochsner Health Plan Flex Card on next page for more information.
General Supports for Living	$252 combined monthly allowance on the Flex Card	$252 monthly allowance on Flex Card may be used for groceries,non-emergency medicaltransportation, utilities and over-the-counter items. See Ochsner Health Plan Flex Card on next page for more information.
Meals	$0 copay for 2 meals per day for 7 days per Medicare-covered inpatient stay	Your provider may need to obtain prior authorization and a referral. Immediately following surgery or inpatient hospital stay. Nutritional need must meet CMS criteria for this benefit. Allowance: 2 meals per day for 7 days per Medicare-covered inpatient discharge. No maximum number of meals per year.

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Opioid Treatment Services	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility.	Your provider may need to obtain prior authorization.
Outpatient Substance Abuse Treatment – Group or Individual	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility.	Your provider may need to obtain prior authorization.
Over-the-Counter (OTC)	$252 combined monthly allowance on the Flex Card ($3,024 maximum per calendar year) towards OTC drugs and health-related items	Unused funds at the end of each month do not roll over.
Ochsner Health Plan Flex Card	The Ochsner Health Plan Flex Card provides members access to two(2) separate "wallets" on a Visa debit card for the following benefits: - $252 maximum allowance per month for covered over-the-counter (OTC) drugs and health related items. It may also be used for fresh groceries, transportation and utilities. Any funds left on the card at the end of each calendar quarter will expire. These funds will not roll over to the following calendar quarter. - $2,000 combined maximum allowance per calendar year for routine hearing care. Any funds left on the card at the end of the calendar year will expire. These funds will not roll over to the following calendar year.	$252 monthly allowance on Flex Card may be used for groceries, non-emergency medical transportation, utilities and over-the-counter items.

Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Renal dialysis	$0 or 20% coinsurance Your cost depends on your Medicaid eligibility.	Your provider may need to obtain prior authorization.

Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Louisiana Department of Health covers and what our plan covers.

Coverage of the benefits depends on your level of Medicaid eligibility. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Louisiana Department of Health, 1-225-342-9500.

BENEFITS	MEDICAID	OCHSNER HEALTH PLAN DUAL (HMO D-SNP)
Ambulance Services	Covered	Covered
Ambulatory surgical center (ASC) services	Covered	Covered
Chiropractic care	Not covered	Covered
Dental care	Covered (QMB, SLMB only)	Covered
Diabetes management	Covered	Covered
Diabetic supplies	Covered	Covered
Diagnostic services, labs, and imagining (including diagnostic radiology and X-rays)	Covered	Covered
Diagnostic tests & procedures	Covered	Covered
Doctor visits (including visits to Primary Care Providers and specialists)	Covered	Covered
Durable medical equipment (DME) or supplies	Covered	Covered
Emergency room services	Covered (Hospital ER)	Covered
Food and produce	Not covered	Covered
Free Standing Birthing Centers	Covered	Not covered
General supports for living	Covered	Covered
Glasses or contact lenses	Covered	Covered
Gym membership	Not covered	Covered
Hearing aids	Covered	Covered

BENEFITS		
	MEDICAID	OCHSNER HEALTH PLAN DUAL (HMO D-SNP)
Hearing exam	Covered	Covered
Home health services	Covered	Covered
Hospice	Covered	Covered
Inpatient hospital care	Covered	Covered
Lab tests, such as blood work	Covered	Covered
Long Term Personal Care Services (ADL)	Covered	Not covered
Medicare Part B prescription drugs	Not covered	Covered
Mental or behavioral health services	Covered	Covered
Midwife Service	Covered	Not covered
Occupational, physical or speech therapy	Covered	Covered
Opioid treatment services	Covered	Covered
Ochsner Health Plan flex card		Covered
Outpatient hospital services	Covered	Covered
Outpatient substance abuse treatment (group or individual)	Covered	Covered
Over-the-counter (OTC)	Not covered	Covered
Part D prescription drug coverage	Not covered	Covered
Podiatry (foot care)	Covered	Covered
Preventive care	Covered	Covered
Renal dialysis	Covered	Covered
Routine eye exam	Covered	Covered
Skilled nursing facility	Covered	Covered
Transportation	Covered	Covered
Urgently needed care	Covered	Covered
LTSS: Adult Day Health Care Community Choice Waiver New Opportunities Waiver Residential Options Waiver Supports Waiver	Covered	Not Covered

What is Medicaid?

Medicaid is a joint Federal and state government program that helps with medical costs for certain people who have limited incomes and resources. Each state decides what counts as income and resources, who is eligible, what services are covered, and the cost for services. States also can decide how to run their program as long as they follow the Federal guidelines.
In addition, there are programs offered through Medicaid that help people with Medicare pay their Medicare costs, such as their Medicare premiums. These "Medicare Savings Programs" help people with limited income and resources save money each year:

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States. You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary without Full Louisiana Medicaid Benefits (QMB only):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A premium (under limited circumstances) and Part B premium, deductibles, coinsurance, and copayment amounts only for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).

- **Qualified Medicare Beneficiary with Full Louisiana Medicaid Benefits (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A premium (under limited circumstances) and Part B premium, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).

- **Specified Low-Income Medicare Beneficiary without Full Louisiana Medicaid Benefits (SLMB only):**
  Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.

- **Specified Low-Income Medicare Beneficiary with Full Louisiana Medicaid Benefits (SLMB+):**
  Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

- **Qualifying Individual (QI):**
  Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts. There may be some services that do not have a member cost share amount.

- **Qualified Disabled and Working Individual (QDWI):**
  Medicaid pays your Part A premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.

Other Full Louisiana Medicaid Benefits:
Medicaid provides full Medicaid benefits. You are eligible for full Medicaid benefits.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Multi-Language Interpreter Service

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-674-2112. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-674-2112. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-674-2112。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-674-2112。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-674-2112. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-674-2112. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-833-674-2112 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-674-2112. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-674-2112번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-674-2112. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Multi-Language Interpreter Service

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول بمساعدتك. هذه سيقوم شخص ما يتحدث العربية 1-833-674-2112على مترجم فوري، ليس عليك سوى الاتصال بنا على خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-674-2112 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-674-2112. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contactenos através do número 1-833-674-2112. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-674-2112. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-674-2112. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-833-674-2112 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

For more information, contact Ochsner Health Plan from 8:00 a.m. to 8:00 p.m. seven days a week from October 1st to March 31st and 8:00 a.m. to 8:00 p.m.

Monday through Friday April 1st to September 30th at 1-833-674-2112(TTY users call 711) or visit www.ochsnerhealthplan.com.

You can access the Ochsner Health Plan provider or pharmacy directory on our website at www.ochsnerhealthplan.com.

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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Enrollment in the plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

This document is available in alternate formats (braille, large print, etc.) and other languages upon request. Please call Member Services at 1-833-674-2112 (TTY/TDD users call 711) from 8:00 a.m. to 8:00 p.m. seven days a week from October 1st to March 31st and 8:00 a.m. to 8:00 p.m. Monday through Friday April 1st to September 30th.

The pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

NOTES

NOTES

Ochsner Health Plan
1450 Poydras St., Suite 110
New Orleans, LA 70112

Member Services:
1-833-674-2112 (TTY: 711)

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Updated: 04/01/2025

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