

FOR INDIVIDUALS



Point of
Service
Plans

FROM A COMPANY YOU
ALREADY KNOW AND TRUST ...



A subsidiary of Blue Cross and Blue Shield of Louisiana,
independent licensees of the Blue Cross and Blue Shield Association.



Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company

WWW.BCBSLA.COM

A wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana, HMO Louisiana, Inc. is a subsidiary of the largest and most experienced health insurer in the state. We're proud to bring you Louisiana Blue Health Plans, our managed care programs with the strength of the Cross and Shield.

MANAGED CARE ... WITH THE POWER OF BLUE!

Louisiana Blue Health Plans has a managed care plan to meet your healthcare needs and budget. Our Point of Service (POS) plan offers outstanding coverage at an affordable price. This plan features healthcare delivery from a primary care physician (PCP) who coordinates your healthcare needs within a strong network of physicians, hospitals and other providers with minimal out-of-pocket expense. POS plans are available in the Baton Rouge, New Orleans and Shreveport service areas.

DIRECT-ACCESS NETWORK

Louisiana Blue Health Plans gives you the choices you deserve when it comes to your health. Our POS plan features "direct access" to network specialists without a referral from your PCP. A higher copayment applies to specialists. Refer to the Benefit Outline for details.

NON-NETWORK BENEFITS

In addition, our POS plan allows you to seek care outside of the network and still receive benefits. If you go to a doctor or hospital that isn't in the HMO Louisiana network, or if you receive care that is not authorized by the company, you must meet a deductible. Once the deductible is met, payments are shared between you and HMO Louisiana on a coinsurance basis.



This is an informational brochure only. It is not a contract nor intended to be construed as a contract. If there is any discrepancy between the language in this document and the language in the Louisiana Blue Health Plans Point of Service contract #13100 00284 provided by HMO Louisiana, Inc., the contract language will govern. For complete information please refer to the contract. POS is available only in the Baton Rouge, New Orleans and Shreveport service areas.

YOUR PRIMARY CARE PHYSICIAN

The PCPs in the Louisiana Blue POS network are committed to total healthcare. They become closely involved with member care and, by practicing preventive medicine, work to detect illnesses in their earliest stages.

The PCP provides or coordinates most of the member's healthcare needs, including routine exams, emergency care and hospitalization.

Consider these advantages offered by the PCP:

- Convenience
- Coordination of medical care and claims filing for services
- Low copayments
- Members pay only one pre-set fee for visits

While OB/GYNs are not classified as PCPs under Louisiana Blue Health Plans, female members are entitled to two well-woman visits per benefit period to an OB/GYN within the HMO Louisiana network for routine gynecological exams.

EASY COPAYMENTS

A copayment is a fixed dollar amount that you pay when you receive services from your primary care physician, specialist or other network provider. You are responsible for a copayment each time a specified covered service is rendered. Choose the plan that fits your budget! See Benefit Outline for details.

FREEDOM FROM PAPERWORK

Our subscribers also enjoy freedom from paperwork hassles. When you see a physician in the HMO Louisiana network, you pay one simple copayment and that's all — no claims filing, no deductibles and no waiting for reimbursement checks. The network physicians submit all claims and authorization requests and our Care Management Unit does the rest!

DEPENDENT OUT-OF-AREA BENEFITS

For added convenience, our POS plan offers a benefit level for members with dependents — such as students — living outside of their designated service area. You can apply to classify these dependents as "out-of-area." With this classification, some benefits and/or limits may vary, but these dependents still receive strong benefits on a deductible/coinsurance basis.

WELLNESS AND PREVENTIVE CARE

Louisiana Blue Health Plans covers a full array of wellness and preventive services:

- one routine physical exam per benefit period
- one digital rectal exam and prostate (PSA) screening test per benefit period for members age 50 and older, or more frequently if recommended by physician
- one routine colon (hemocult) test per benefit period
- two routine gynecological exams each benefit period
- one routine Pap smear per benefit period
- state-mandated immunizations, including those for dependent children under age 6 as required for school entry, and other immunizations as recommended by physician
- routine pediatric exams and immunizations for dependent children, other than those required for school entry
- one mammography exam every 12 months, or more frequently, if recommended by your physician

All services are subject to copayment or coinsurance where applicable. Routine vision exams also are included with all plans. Your copayment covers one routine vision exam every 24 months.

PRESCRIPTION DRUG PROGRAM

Prescription drug benefits are included in all POS plans. Your copayments are based on a five-tier pricing structure, as follows:

TIER	DESCRIPTION	RETAIL COPAYMENT
1	Generic drugs (and certain brand-name drugs)	\$4
2	Brand-name drugs (and certain generic drugs)	\$25
3	Generic or brand-name drugs with a therapeutic alternative	\$45
4	Multi-source brand drugs	\$60
5	Injectables	\$50

PRESCRIPTION DRUG PROGRAM (Cont.)

- A separate copayment is required for each prescription filled. For participating retail pharmacies, the copayment covers up to a 30-day supply or the manufacturer's recommended dosage.
- For mail-order prescriptions, members pay three copayments and receive up to a 90-day supply or the manufacturer's recommended dosage. This convenient program features free delivery of your medication usually within 10-14 days.
- Specialty drugs may be limited to a 30-day supply or the manufacturer's recommended dosage. A separate copayment is required for each dispensing.

Certain drugs are excluded.

Please see contract for details.

Prescription Drug Deductible Option

Louisiana Blue Health Plans offers a plan with a \$500 deductible for prescription drugs. Members must first meet this deductible before any prescription drug benefits are paid. Once the deductible is met, members pay the applicable retail copayment at the time of each prescription purchase.

EMERGENCY CARE

As always, in limb- or life-threatening emergency situations, your first priority is to seek treatment at the nearest facility. In order for you to receive the highest level of benefits, a request for authorization of emergency inpatient admissions must be submitted within 48 hours by you or your provider.

URGENT CARE

Your POS plan also covers urgent care. Generally, an urgent situation is a medical condition that is not considered life-threatening, but could result in serious injury or disability if you neglect to seek medical attention. You have the right to receive treatment for an urgent condition within 30 hours or less.

AUTHORIZATION OF HOSPITAL ADMISSIONS

All elective and non-emergency hospital admissions require authorization before receiving treatment. Additionally, certain outpatient procedures require authorization before they are performed. You or your HMO Louisiana provider should obtain authorization prior to your hospital stay or outpatient procedure to ensure that you receive maximum benefits.

CUSTOMER SERVICE

Your Answer Is Just a Click or a Call Away...



We constantly strive for an exceptional customer experience, with a goal of not just meeting, but exceeding customer expectations. If you have a question about your health plan, visit our website at www.bcbsla.com and click on the **Answer Button**.

- The Answer Button takes you to a portfolio of useful web-based tools for managing your account or researching medical conditions.
- Members who have signed up for AccessBlue, our online self-service portal, can handle many routine customer service needs 24 hours a day, seven days a week.

You may also e-mail us any time at help@bcbsla.com.

For telephone service, call us between 8 a.m. and 5 p.m., Monday through Friday, at 1.800.599.BLUE (2583), which is listed on the back of your ID card.

SERVICES NOT COVERED INCLUDE BUT ARE NOT LIMITED TO:

- charges exceeding the allowable charge
- services covered by Workers' Compensation laws
- cosmetic surgery
- custodial care
- treatment of mental disorders or alcohol and/or drug abuse
- corrections for refractive errors of the eye
- contraceptive, fertility and impotence drugs
- pregnancy care and complications from pregnancy, except for ectopic pregnancies and miscarriages
- sales tax or interest, except for prescription drugs that cost more than the prescription drug copayment
- services, treatments, procedures or equipment deemed medically unnecessary

Please see contract for complete list of limitations and exclusions.

PRE-EXISTING CONDITION EXCLUSION PERIOD

There is a pre-existing condition exclusion period for the coverage of treatment for pre-existing conditions. That period is 365 days from the effective date of coverage. A pre-existing condition is one for which diagnosis, care, treatment, medical advice or

a prescription drug was recommended, received or should have been received during the 365 days prior to the effective date of coverage or pregnancy existing on the effective date of coverage. All pre-existing condition exclusion periods may be reduced for time served under a prior plan's health coverage as per state and federal guidelines.

TERMINATION

The contract may be terminated for nonpayment of premium, failure to meet eligibility requirements, fraud, residency/relocation outside of the HMO Louisiana service area, material misrepresentation or discontinuance of all or a particular type of coverage in the individual market.

VALUE-ADDED SERVICES

Discount Features

As an extra value, all covered members may receive instant discounts from our special network of vision, hearing and dental providers. We've negotiated with these providers to give our covered members significant savings on these services. Since this is a discount-only program and not a policy benefit, covered members enjoy immediate savings at the point of service and do not have to file claims or wait for reimbursement!

To find a participating provider, visit www.bcbsla.com, click on Find a Doctor or Hospital on the home page, then Search Our Directory, then select Discount Dental, Vision and Hearing from the drop-down menu.

Benefits that Travel

The BlueCard® Program – When our members travel, they take their healthcare benefits with them – across the country and around the world. BlueCard® is a national program that allows our members to receive healthcare services while traveling or living in another Blue Plan's service area. The program links participating healthcare providers with the independent Blue Plans across the country and in more than 200 countries and territories worldwide, through a single electronic network. Our members have peace of mind knowing they'll find the care they need if they get sick or injured on the road.

It's easy for members to access a provider outside of their service area:

- They can visit the BlueCard Doctor and Hospital Finder website at www.bcbs.com/coverage/bluecard; or
- Call the BlueCard Access line at 1.800.810.BLUE.



POS BENEFIT OUTLINE

COVERED BENEFITS	PLAN 1 NETWORK	PLAN 2 NETWORK	PLAN 3 NETWORK	PLAN 4 NETWORK	NON-NETWORK <i>(these benefits do not vary by plan)</i>	DEPENDENT OUT-OF-AREA <i>(these benefits do not vary by plan)</i>
Benefit Period – Calendar Year Lifetime Maximum – \$5,000,000						
Benefit Period Deductible	N/A	N/A	N/A	N/A	\$2,000 (\$6,000 family)	\$500 (\$1,500 family)
Out-of-Pocket Maximum	\$1,500 (\$3,000 family)	\$1,500 (\$3,000 family)	\$1,500 (\$3,000 family)	\$2,000 (\$4,000 family)	\$2,000 (\$4,000 family)	\$3,500 (\$7,000 family)
Physician Office Visits <i>(including preventive & wellness services)</i>	\$20 copayment for PCPs, chiropractors, physician's assistant, speech, physical or occupational therapy, cardiac rehab or preventive and wellness care \$40 copayment for specialists and allied health professionals (including other providers not listed above)	\$25 copayment for PCPs, chiropractors, physician's assistant, speech, physical or occupational therapy, cardiac rehab or preventive and wellness care \$45 copayment for specialists and allied health professionals (including other providers not listed above)	\$30 copayment for PCPs, chiropractors, physician's assistant, speech, physical or occupational therapy, cardiac rehab or preventive and wellness care \$50 copayment for specialists and allied health professionals (including other providers not listed above)	\$35 copayment for PCPs, chiropractors, physician's assistant, speech, physical or occupational therapy, cardiac rehab or preventive and wellness care \$55 copayment for specialists and allied health professionals (including other providers not listed above)	60%/40% coinsurance for PCPs, chiropractors, physician's assistant, speech, physical or occupational therapy, cardiac rehab or preventive and wellness care 60%/40% coinsurance for specialists and allied health professionals (including other providers not listed above)	80%/20% co-insurance for PCPs, chiropractors, physician's assistant, speech, physical or occupational therapy, cardiac rehab or preventive and wellness care 100% wellness
Vision Care Exam <i>(one routine eye exam each 24-month period)</i>	\$40 (per exam) any provider	\$45 (per exam) any provider	\$50 (per exam) any provider	\$55 (per exam) any provider	Same as Network Copayment	Same as Network Copayment
Prescription Drug/Retail <i>(Oral contraceptives excluded)</i> <i>(mail order: three copayments for a three-month supply)</i> See tier descriptions in brochure.	Tier 1: \$4 Tier 2: \$25 Tier 3: \$45 Tier 4: \$60 Tier 5: \$50	Tier 1: \$4 Tier 2: \$25 Tier 3: \$45 Tier 4: \$60 Tier 5: \$50	Tier 1: \$4 Tier 2: \$25 Tier 3: \$45 Tier 4: \$60 Tier 5: \$50	(after \$500 deductible) Tier 1: \$4 Tier 2: \$25 Tier 3: \$45 Tier 4: \$60 Tier 5: \$50	Tier 1: \$4 Tier 2: \$25 Tier 3: \$45 Tier 4: \$60 Tier 5: \$50	Tier 1: \$4 Tier 2: \$25 Tier 3: \$45 Tier 4: \$60 Tier 5: \$50
Emergency Room <i>(one visit per day)</i>	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)	60%/40%	80%/20%
Urgent Care <i>(one visit per day)</i>	\$50	\$50	\$50	\$50	60%/40%	80%/20%
Inpatient Hospital Admission	\$200 (3 day max)	\$250 (3 day max)	\$250 (3 day max)	\$300 (3 day max)	60%/40%	80%/20%
Inpatient Physician Services <i>(surgical/medical)</i>	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	60%/40%	80%/20%
Ambulatory Surgical Center <i>(outpatient facility)</i>	\$200	\$250	\$250	\$300	60%/40%	80%/20%
Physician Surgical Services <i>(outpatient)</i>	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	60%/40%	80%/20%
Speech Therapy <i>(up to \$2,500 per benefit period) (outpatient)</i>	\$20 (per visit)	\$25 (per visit)	\$30 (per visit)	\$35 (per visit)	60%/40%	80%/20%
Physical Therapy, Occupational Therapy <i>(up to \$2,500 per benefit period) (outpatient)</i>	\$20 (per visit)	\$25 (per visit)	\$30 (per visit)	\$35 (per visit)	60%/40%	80%/20%
Diagnostic X-Ray & Lab Testing	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	60%/40%	80%/20%
Ambulance	\$50 (per day/provider)	\$50 (per day/provider)	\$50 (per day/provider)	\$50 (per day/provider)	60%/40%	80%/20%
Durable Medical Equipment, Prosthetics & Orthotics <i>(up to \$25,000 per benefit period)</i>	80%/20%	80%/20%	80%/20%	70%/30%	60%/40%	80%/20%
Skilled Nursing Facility <i>(90 days per benefit period)(must be pre-authorized)</i>	80%/20%	80%/20%	80%/20%	80%/20%	60%/40%	80%/20%
Home Health Care Services <i>(60 days per benefit period)(must be pre-authorized)</i>	80%/20%	80%/20%	80%/20%	80%/20%	60%/40%	80%/20%
Hospice Care Services <i>(180 days per benefit period)(must be pre-authorized)</i>	80%/20%	80%/20%	80%/20%	80%/20%	60%/40%	80%/20%
Organ & Tissue Transplant <i>(must have written pre-authorization)</i>	applicable inpatient & outpatient copayments	applicable inpatient & outpatient copayments	applicable inpatient & outpatient copayments	applicable inpatient & outpatient copayments	not covered	80%/20%

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VALUE-ADDED SERVICES (Cont.)

Easy Ways to Pay Your Bill!

Pay your bill automatically – automatic bank draft is the easiest way to pay your bill – you never have to worry about missing a payment! You can set up your monthly payment as an automatic bank draft by logging on to the Blue Cross website at www.bcbsla.com and selecting **Customer**, then Paying your Bill. There you'll find a downloadable bank draft form and easy instructions on paying your bill through bank draft. You can also call Customer Service at 1.800.599.BLUE (2583) for assistance.

Pay your bill online – with AccessBlue Customer Tools on the Blue Cross website, you can pay your monthly premium using your checking account or your MasterCard or Visa. Just go to www.bcbsla.com and login to AccessBlue from the upper right of any page to get started. Once in AccessBlue, select Pay my bill. It's fast, easy and convenient!

WalkingWorksSM



Walking works – in a lot of ways. A brisk-paced walk can help you and your family look and feel better, increase energy and even lower your risk for certain diseases. Give it a try by logging onto www.walkingworks.com, a website sponsored by the Blue Cross and Blue Shield Association. Learn how you can set your own walking goal and get a pedometer to help you meet it. You can start tracking your progress today!

**Louisiana 2 Step:
Eat Right. Move More.**



A balanced diet and 10 minutes of exercise three times a day can make a big difference in the way you look and feel. That's why Blue Cross created the Louisiana 2 Step to make doing the 2 easy for you. So eat healthy and take a hike or dance a jig – doesn't matter what you choose, just do the 2! Go to www.Louisiana2Step.com to find out more.

Premium will vary depending on plan and options selected. Rates are changed on the basis of age, area of residence, tobacco usage and duration of coverage. Applications for coverage may be denied or coverage may be limited based on the health status of the applicant. The POS contract can be terminated for nonpayment of premium, failure to meet eligibility requirements, fraud, non-Louisiana residency, relocation outside of service area and material misrepresentation. Point of Service refers to contract number 13100 00284.

Receipt

Receipt of \$ _____ is hereby acknowledged by _____ for the initial premium and enrollment fee.
(APPLICANT'S NAME)

Make check payable to: HMO Louisiana, Inc.
And mail to: PO Box 98029 · Baton Rouge, Louisiana 70898-9029

Licensed Representative (PRINTED NAME)



**Point of
Service
Plans**

FOR MORE INFORMATION CALL

ALEXANDRIA

318.442.8107

4508 Coliseum Boulevard, Suite A
Alexandria, Louisiana 71303

LAKE CHARLES

337.480.5315

219 West Prien Lake Road
Lake Charles, Louisiana 70601-8450

BATON ROUGE

225.295.2527

5525 Reitz Avenue
Baton Rouge, Louisiana 70809-3802

MONROE

318.398.4955

3130 Mercedes Drive
Monroe, Louisiana 71201

HOUMA

985.853.5965

1437 St. Charles Street, Suite 135
Houma, Louisiana 70360

NEW ORLEANS

504.832.5800

3501 North Causeway Boulevard, Suite 600
Metairie, Louisiana 70002

LAFAYETTE

337.593.5727

2701 Johnston Street, Suite 200
Lafayette, Louisiana 70503

SHREVEPORT

318.795.4911

One Bellemead Centre
6425 Youree Drive, Suite 300
Shreveport, Louisiana 71105

CUSTOMER SERVICE

BATON ROUGE

225.293.0625

800.376.7741

help@bcbsla.com

5525 Reitz Avenue
Baton Rouge, Louisiana 70809-3802



Information on the most current rating is available at www.standardandpoors.com or by calling Standard & Poor's at 212.438.2400.



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