

FOR INDIVIDUALS



Blue
Value®

AFFORDABLE
PROTECTION
YOU CAN'T AFFORD
TO BE WITHOUT ...



Blue
VALUE



**BlueCross BlueShield
of Louisiana**

An independent licensee 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

Blue Cross and Blue Shield of Louisiana helps you plan for the unexpected. Our Blue Value® policy features basic coverage for large, unplanned medical expenses, such as hospital stays and surgery. Valuable protection...just in case.

LIFETIME PROTECTION AND DEDUCTIBLE OPTIONS

- Gives you lifetime protection of \$5 million for each covered family member
- Lets you choose the deductible that's right for you: \$100; \$250; \$500; \$750; \$1,000; \$2,500; or \$5,000
- Applies the deductible to each calendar year with a maximum of three deductibles per family, per calendar year (benefit period)

PPO COVERAGE

After you meet your deductible, covered expenses are paid at 80 percent of the allowable charge for care received from PPO physicians and hospitals. Covered expenses are paid at 60 percent of the allowable charge for care received outside the network.

Covered expenses are paid at 100 percent of the allowable charge after you meet your deductible and reach an out-of-pocket maximum of \$1,000 per member per calendar year.



This is an informational brochure only and is not a contract nor intended to be construed as a contract. If there is any discrepancy between the language in this brochure and the language in the Blue Value contract #40XX0500, the contract language will prevail.

WELLNESS COVERAGE

Your deductible is waived and coinsurance applies for the following services:

- One routine Pap smear per Benefit Period
- One digital rectal exam and one prostate (PSA) screening test per Benefit Period for members age 50 and older, or more frequently if recommended by your physician
- One mammography exam every 12 months, or more frequently if recommended by your physician
- One routine preventive or wellness care office visit for members age 11 or older. Any lab work or diagnostic testing associated with this office visit may not be covered unless it is listed above as a preventive or wellness service. The Benefit Period Deductible Amount does not apply.
- All immunizations as recommended by your physician

Your deductible and coinsurance apply to the following service:

- One hemocult (colon) test each Benefit Period

See contract for details.

INPATIENT HOSPITAL EXPENSES

(subject to deductible and coinsurance)

- Hospital room and board and general nursing services
- Use of operating, treatment and recovery rooms and equipment
- Anesthesia, anesthesia supplies and services rendered by a hospital employee
- X-ray, nuclear medicine, ultrasound and computerized tomography (CAT scans), MRIs, PET scans and cardiac catheterization rendered by a hospital employee
- Inpatient covered rehabilitation services, including physical, occupational and speech therapy
- Drugs and medicines including take-home drugs and medicines
- Transfusion fees and equipment
- Medical and surgical supplies, casts and splints
- Use of a special care unit (such as intensive care unit for a critically ill member requiring an intensive level of care)

- Chemotherapy for cancer treatment (intravenous infusion or injection)
- Blood transfusions, including whole blood and plasma
- Hemodialysis
- Diagnostic services, such as radiology, laboratory and pathology rendered by a hospital employee
- Organ, tissue and bone marrow transplants up to the \$5 million overall lifetime maximum, including \$50,000 for acquisition fees, and drugs to protect against organ rejection
- Oral surgery benefits for accidental injury to sound natural teeth and certain other services and procedures

INPATIENT PROFESSIONAL SERVICES

(subject to deductible and coinsurance)

- Visits by your physician when you are confined to the hospital
- Surgeon's and assistant surgeon's fees
- Anesthesiologist's fees
- Consulting doctor's fees
- Diagnostic services rendered by a hospital employee

Refer to your contract for details.

OUTPATIENT EXPENSES

(subject to deductible and coinsurance)

- Diagnostic services rendered in an outpatient setting and performed within 72 hours of a scheduled hospital admission
- Outpatient surgery when performed at an ambulatory surgery center, or as an outpatient at a hospital
- Surgeon's and assistant surgeon's fees
- Interpreter expenses for the hearing impaired in connection with a covered medical treatment or consultation
- Attention deficit and hyperactivity disorder diagnosis and coverage, up to \$600 for initial diagnosis
- Cleft lip and cleft palate services
- Initial diabetes education up to \$500
- Coverage for hearing aids for children age 17 and under

OUTPATIENT EXPENSES (Cont.)

- Emergency room services for medical emergencies that result in inpatient stays or emergency room services for accidental injuries in accordance with health plan benefits; initial treatment for accidental injuries must be provided within 72 hours of the accident
- 100 percent of the allowable charge for the first \$550 of covered expenses incurred for services in connection with any accident per Benefit Period. Charges in excess of \$550 apply toward regular policy benefits.
- Certain outpatient services for catastrophic illnesses:
 - radiation therapy
 - hemodialysis
 - blood transfusions, including whole blood and plasma
 - chemotherapy for cancer treatment (intravenous infusion or injection)
 - ultrasound, computerized tomography (CAT scans), PET scans, cardiac catheterization, etc. and nuclear medicine

For authorization requirements, see your schedule of benefits.

OUTPATIENT REHABILITATION SERVICES OPTION

Inpatient rehabilitation is covered under this policy. You may also purchase outpatient rehabilitation services, including physical, occupational and speech therapy. This benefit provides coverage for inpatient, outpatient and professional services subject to a combined maximum of \$2,500 per benefit period for physical and occupational therapy. Speech therapy is limited to a separate \$2,500 maximum per benefit period for each member. Rehabilitation day programs may be authorized in place of inpatient stays.

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.

VALUE-ADDED SERVICES

Discount Features

Vision, Hearing and Dental Discount Network

Members can take advantage of special discounts on vision, hearing and dental services. Blue Cross and Blue Shield of Louisiana has contracted with certain providers to give members discounts on vision, hearing and dental services. Members simply present their ID card to one of the participating providers and immediately receive significant savings.

To find a discount provider, visit www.bcbsla.com and click on Find a Doctor or Hospital. Under the Online Louisiana Directory click on Search Our Directory. From the drop-down menu, choose Discount Dental, Vision & Hearing. Please note that these services are not eligible for benefits under the benefit plan.

Prescription Discount Program – Your Blue Cross and Blue Shield of Louisiana member ID card gives you access to discounts on prescription drugs through our pharmacy benefit manager, Express Scripts, Inc., which is an independent company. Simply present your ID card to your pharmacist when filling a prescription and take advantage of special savings. Discounts are also available through the mail-order program. Please note that these are discounts only, not contract benefits.

For more information on the prescription discount program, call the Express Scripts Customer Service Center at 1.800.608.6070 or log on to www.express-scripts.com. To find a participating provider, visit the Blue Value web page at www.bcbsla.com.

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.

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 select Customer. Then select 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 Blue Value 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. Log onto www.walkingworks.com to 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



Folks across Louisiana are starting to do the 2: eating right and moving 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. 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.

SERVICES NOT COVERED

- Physician office visits and related services
- Prescription drugs
- Hospital, surgical or medical services rendered for pregnancy care

- Cases covered under Workers' Compensation and employer liability laws
- Custodial care
- Mental disorders
- Treatment for eating disorders, infertility, and TMJ
- Corrections for refractive errors of the eye
- Alcohol and/or drug abuse
- Diagnostic admissions
- Charges exceeding the allowable charge
- Private duty nursing, durable medical equipment, orthotics or prosthetics
- Ambulance services to and from hospital
- Sleep studies

This is a partial list. 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.



Some benefits are optional. Premiums will vary depending on deductibles, coinsurance, family composition, age, gender, area of residence, tobacco usage and duration of coverage options selected. Rates are changed on the basis of age, area of residence and duration of coverage. Applications for coverage may be denied or coverage may be limited based on the health status of the applicant. The Blue *Value* contract can be terminated for nonpayment of premium, failure to meet eligibility requirements, fraud, non-Louisiana residency and material misrepresentation. Blue *Value* refers to policy number 40XX0500.

Receipt

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

Make check payable to: Blue Cross and Blue Shield of Louisiana
And mail to: PO Box 98029 · Baton Rouge, Louisiana 70898-9029

Licensed Representative (PRINTED NAME)



**Blue
Value**

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

800.599.2583

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.



An independent licensee of the Blue Cross and Blue Shield Association.

