

Blue Cross and Blue Shield of Louisiana

*Don't Turn 65  
Without Us.*



Blue Cross and Blue Shield of Louisiana has been insuring Louisianians for 70 years.

*We give you the choices you deserve when it comes to your health.*

That's why we're proud to offer you *BlueChoice 65*, our series of Medicare supplement plans designed especially for seniors.



**BlueCross BlueShield  
of Louisiana**

An independent licensee of the Blue Cross  
and Blue Shield Association

Not connected with or endorsed by the U.S. government or the federal Medicare Program. Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company. **BlueChoice 65** refers to contracts 40XX0420, 40XX0421, 40XX0422, 40XX0425 and 40XX0428. **BlueChoice 65 SELECT** refers to contracts 40XX0721, 40XX0722, and 40XX0723.

**BlueChoice 65**  
A Medicare Supplement Program

**BlueChoice 65**  
**SELECT**

[www.bcbsla.com](http://www.bcbsla.com)

**They say with age comes wisdom...**

**...and no other local insurer knows more about life after 65 than Blue Cross and Blue Shield of Louisiana. We've provided comfort and security to hundreds of thousands of Louisianians since 1934. Our roots run deep and we're proud to extend our coverage to the people who share our history.**

## **BLUECHOICE 65...THE POWER OF CHOICE**

Turning 65 is a milestone that often brings new opportunities and decisions. One of these important decisions is health care coverage. You may be eligible for Medicare, but did you know that by itself, Medicare won't cover all your expenses?

BlueChoice 65, our series of Medicare supplement plans, is designed to pay for many of the expenses Medicare doesn't pay. Some of the options in this series include:

- Part A deductible coverage
- Part B deductible coverage
- skilled nursing coinsurance
- Part B coinsurance
- Part B excess charges
- prescription drug program

## **BENEFITS THAT TRAVEL**

Your Blue Cross and Blue Shield of Louisiana ID card allows you to travel within the United States with confidence, knowing your health care benefits go with you almost anywhere. Most doctors and hospitals across the country instantly recognize the Cross and Shield as symbols that mean quality, reliable coverage. So, if you're out of town and need emergency medical treatment, you can go to the nearest medical facility and we'll pay your benefits in full.

## **BLUECHOICE 65 SELECT ... SELECTIONS AND SAVINGS**

Our BlueChoice 65 SELECT plans feature lower premiums and a select network of hospitals that have agreed to waive your Part A deductible and coinsurance. Available in Medicare supplement Plans B, C and F, BlueChoice 65 SELECT lets you keep your doctor, and when you use a select hospital for inpatient services you pay no Part A deductible or coinsurance. These select hospitals have agreed to cut certain costs so we can pass the savings on to you.

**All BlueChoice 65 plans offer you:**

- freedom to choose almost any doctor
- prescription drug discount card
- direct access to specialists
- automatic claims filing
- prompt local service
- emergency care in the United States
- competitive rates
- strength of the Cross and Shield

**Please see your agent for a complete listing of benefits.**

Unlike other managed care options, no referrals are necessary – you always have direct access to specialists. Please be sure to check with your doctor to see if he or she has admitting privileges to the select hospital in your area. If you use a non-select hospital for inpatient services, you will be responsible for the Part A deductible and coinsurance, which includes the coinsurance amount for hospitalization from the 61st day through the 90th day in any Medicare benefit period and during the lifetime reserve days. The balance of your eligible charges will be paid by Medicare. And unlike some other managed care programs, there are no network restrictions on outpatient services. *BlueChoice 65 SELECT* lets you choose almost any facility if you need outpatient care.

## **SOME COMMONLY ASKED QUESTIONS ABOUT BLUECHOICE 65 SELECT:**

### ***What are the advantages of choosing BlueChoice 65 SELECT?***

The big advantage is your monthly premium will be lower. We've contracted with select hospitals that have agreed to reduce certain costs so we can pass the savings on to you through lower premiums. You also have the freedom to choose almost any doctor to administer your care and receive outpatient services at most medical facilities.

### ***What's the difference between standard supplemental coverage and select coverage?***

The good news is you can enjoy the same great coverage with either plan you choose. The difference between standard and select is with select you must use one of the select hospitals in order for your Part A deductible and coinsurance to be covered.

### ***With BlueChoice 65 Select, can I keep my own doctor?***

Yes, you can keep your own doctor or choose almost any doctor to administer your care. You don't need a referral to see a specialist. However, your doctor must have admitting privileges to one of the select hospitals in the event you are hospitalized. If you're not sure whether your doctor has admitting privileges at your select hospital, just ask your doctor or hospital administrator.

### ***What if my doctor does not have admitting privileges at a select hospital?***

You can ask your doctor to apply for admitting privileges at your select hospital. If he or she does not want to practice at this hospital and you do not want to change doctors, you may prefer our traditional standardized Medicare supplement policies.

### ***Will I still receive Medicare benefits if I use a hospital that is not in the select network?***

Yes, Medicare will still pay its portion of the charges. You will be responsible for the deductible and coinsurance if you use a non-select hospital.

### ***What if I need special care that is not available at a select hospital?***

If services are not available at a select hospital, we will cover your Part A deductible and coinsurance from a non-select hospital.

### ***Do I have to use a select hospital for outpatient services?***

No. You can choose almost any medical facility for outpatient services. *BlueChoice 65 SELECT* requires only that you use a select hospital for inpatient services.

### ***What if I'm away from home and have an emergency?***

In an emergency, you should go to the nearest medical facility for treatment. We will cover your Part A deductible and coinsurance for emergency care if it is unreasonable for you to obtain services from a select hospital.

For more information on **BlueChoice 65** plans, please call the Blue Cross office nearest you:

Alexandria	(318) 442-8107
Baton Rouge	(225) 295-2527
Houma	(985) 223-3499
Lafayette	(337) 593-5727
Lake Charles	(337) 480-5315
Monroe	(318) 398-4955
New Orleans	(504) 832-5800
Shreveport	(318) 795-4911

Choose almost any doctor and save money, too.

With **BlueChoice 65** and **BlueChoice 65 SELECT**, the savings and the choices are yours.

[www.bcbsla.com](http://www.bcbsla.com)

This brochure is presented for general information only. It is not a contract nor intended to be construed as a contract. If there is any discrepancy between this document and the **BlueChoice 65** contract, the contract will govern the benefits paid. For complete information, please refer to the contract.



**BlueCross BlueShield  
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**OUTLINE OF MEDICARE SUPPLEMENT COVERAGE - Cover Page: 1 of 2**  
**BLUECHOICE 65 PLANS A, B, C & F & BLUECHOICE 65 SELECT PLANS B, C & F**



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These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan A. Some plans may not be available in Louisiana.

See Outlines of Coverage sections for details about ALL plans

**BASIC BENEFITS for plans A-J:**

**Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.  
**Medical Expenses:** Part B coinsurance (Generally, 20% of Medicare-approved expenses), or copayments for hospital outpatient services.

**Blood:** First three pints of blood each year.

A	B*	C*	D	E	F*	F†	G	H	I	J	J†
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
	Part B Deductible	Part B Deductible			Part B Deductible	Part B Deductible				Part B Deductible	Part B Deductible
					Part B Excess (100%)	Part B Excess (100%)	Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
		At-Home Recovery	At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	At-Home Recovery
				Preventive Care NOT covered by Medicare							Preventive Care NOT covered by Medicare

\* If you choose the BlueChoice 65 SELECT policy, Plans B, C or F, you must use a network hospital for inpatient hospital services. No policy benefits will be provided for inpatient hospital services in a non-network hospital, except for emergency treatments.  
 † Plans F and J also have an option called a high-deductible Plan F and a high-deductible Plan J. These high-deductible plans pay the same benefits as Plan F and J after one has paid a calendar year \$1790 deductible. Benefits from high-deductible Plans F and J will not begin until out-of-pocket expenses are \$1790. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include, the plan's separate foreign travel emergency deductible.

**OUTLINE OF MEDICARE SUPPLEMENT COVERAGE - Cover Page: 2 of 2**  
**BLUECHOICE 65 PLANS A, B, C & F & BLUECHOICE 65 SELECT PLANS B, C & F**



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Basic Benefits for Plans K and L include similar services as plans A-J, but cost-sharing for the basic benefits is at different levels.

<b>J</b>	<b>K**</b>	<b>L**</b>
Basic Benefits	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End 50% Hospice cost-sharing 50% of Medicare-eligible expenses for the first three pints of blood 50% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End 75% Hospice cost-sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services
Skilled Nursing Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible
Part B Deductible		
Part B Excess (100%)		
Foreign Travel Emergency		
At-Home Recovery		
Preventive Care NOT covered by Medicare		
	\$4000 Out of Pocket Annual Limit***	\$2000 Out of Pocket Annual Limit***

**\*\* Plans K and L provide for different cost-sharing for items and services than Plans A – J. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called “Excess Charges.” You will be responsible for paying excess charges.**

**\*\*\*The out-of-pocket annual limit will increase each year for inflation.**

**See Outlines of Coverage sections for details and exceptions.**

**Premium Information**

We at Blue Cross and Blue Shield of Louisiana can raise your premium only if we raise the premium for all policies like yours in this state. Your premium will change as you enter a new age bracket or move to a new area. Our age brackets and areas are defined on the chart below. Premiums may be paid on a monthly, quarterly, semi-annual or annual basis. Monthly premiums are shown below.

**Monthly Premiums**

**Area I**

**(all parishes in the state except the Area II parishes listed below)**

Age	BlueChoice 65			BlueChoice 65		BlueChoice 65	
	BlueChoice 65 Plan A	BlueChoice 65 Plan B	BlueChoice 65 SELECT Plan B	BlueChoice 65 Plan C	BlueChoice 65 SELECT Plan C	BlueChoice 65 Plan F	BlueChoice 65 SELECT Plan F
Under 65	\$158.00	\$211.30	\$127.20	\$232.20	\$169.10	\$233.60	\$184.90
65	93.30	121.60	73.30	132.60	96.60	133.60	105.40
66-68	101.00	132.30	79.70	144.00	105.10	145.10	114.70
69-71	109.30	144.10	86.90	157.20	114.60	158.40	125.20
72-74	115.70	153.00	92.20	166.50	121.30	168.20	133.10
75-77	123.00	163.70	98.70	179.30	130.50	180.90	143.00
78-80	127.10	169.60	102.10	186.10	135.70	187.60	148.20
81+	130.30	174.30	105.00	191.60	139.40	192.70	152.40

**Area II**

**(Orleans, Jefferson, Plaquemines, St. Bernard, St. Charles, St. Tammany and Washington Parishes)**

Age	BlueChoice 65			BlueChoice 65		BlueChoice 65	
	BlueChoice 65 Plan A	BlueChoice 65 Plan B	BlueChoice 65 SELECT Plan B	BlueChoice 65 Plan C	BlueChoice 65 SELECT Plan C	BlueChoice 65 Plan F	BlueChoice 65 SELECT Plan F
Under 65	\$182.40	\$244.20	\$147.00	\$268.00	\$195.30	\$270.00	\$213.50
65	107.80	140.60	84.70	153.20	111.60	154.30	121.90
66-68	116.60	152.70	92.10	166.50	121.30	167.80	132.40
69-71	126.20	166.40	100.30	181.60	132.30	183.00	144.70
72-74	133.60	176.40	106.40	192.30	140.30	194.20	153.70
75-77	141.90	189.30	114.10	206.90	150.90	208.90	165.20
78-80	146.70	195.70	118.00	214.60	156.50	216.50	171.10
81+	150.40	201.40	121.20	221.00	161.10	222.80	176.00

**BlueChoice 65**

**BlueChoice 65**  
**SELECT**

*BlueChoice 65 and BlueChoice 65 SELECT are not connected with or endorsed by the U.S. government or the federal Medicare program.*

## **Disclosures**

Use this outline to compare benefits and premiums among policies.

### **Read Your Policy Very Carefully**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all the rights and duties of both you and your insurance company.

### **Right to Return Policy**

If you find that you are not satisfied with your policy, you may return it to Blue Cross and Blue Shield of Louisiana with a written request to cancel. (Attention: Individual Membership and Billing, P.O. Box 98029, Baton Rouge, LA 70898-9029). If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments. If you have questions, you may call our Customer Service Department at **1-800-258-3365** between 8 a.m. and 4 p.m.

### **Policy Replacement**

If you are replacing another health insurance policy, do NOT cancel it until you actually have received your new policy and are sure you want to keep it.

### **Notice**

This policy may not fully cover all of your medical costs. Neither Blue Cross and Blue Shield of Louisiana nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office, consult "*The Medicare Handbook*," or go online at [www.medicare.gov](http://www.medicare.gov) for more details.

### **Complete Answers Are Very Important**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you omit or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

## COMPLAINT, GRIEVANCE AND APPEAL PROCEDURES

We want to know when you are unhappy about the care and/or services you receive from us or from one of our network providers. If you want to register a complaint or file a formal written grievance about us or a provider, please refer to the procedures below.

You may be unhappy about decisions that we make regarding covered services. We will consider your request to change our coverage decision as an appeal. Appeal procedures are outlined below, after the Complaint and Grievance Procedure section. In addition to the appeals rights, your provider is given an opportunity to speak with a Medical Director for an informal reconsideration of our coverage decision. We have an expedited appeals process for situations where the time frame of the standard appeal would seriously jeopardize the life or health of a covered person or would jeopardize the covered person's ability to regain maximum function. That process is outlined following the Standard Appeal Procedure section.

### Complaint and Grievance Procedure

A **complaint** is an oral expression of dissatisfaction with us or with provider services. A quality of care concern addresses the appropriateness of care given to you. A quality of service concern addresses our services, access, availability or attitude of our network providers.

#### To register a complaint:

Call our Customer Service Department at 1-800-599-2583 or 1-225-293-0625. We will attempt to resolve your complaint at the time of your call.

#### To file a formal grievance:

A **grievance** is a written expression of dissatisfaction with us or provider services. If you do not feel your complaint was adequately resolved or you wish to file a formal grievance, you must submit this in writing. Our Customer Service Department will assist you if necessary. Your written grievance must be sent to:

Blue Cross and Blue Shield of Louisiana — Customer Service Unit  
Appeals and Grievance Coordinator  
P. O. Box 98045  
Baton Rouge, LA 70898-9045

A response will be mailed to you within 30 business days after we receive your written grievance. If you are not happy with our handling of your grievance, you have the right to elevate your grievance to the second and final level. Each level of the grievance procedure is reviewed by a separate panel.

### Informal Reconsideration

An **informal reconsideration** is your provider's telephone request to speak to our Medical Director or a peer reviewer on your behalf about a utilization management decision that we have made. An informal reconsideration is typically based on submission of additional information or a peer-to-peer discussion. An informal reconsideration is available only for initial or concurrent review determinations that are requested within 10 days of the denial. We will conduct an informal reconsideration within one working day of the receipt of the request.

### Standard Appeal Procedure

We recognize that disputes may arise between us and our members regarding covered services. An **appeal** is a written request from you to change a prior decision that we have made. Examples of issues that qualify as appeals include denied authorizations, denied claims or determinations of medical necessity. We will distinguish your appeal as either an administrative appeal or a medical necessity appeal.

We intend to make the appeals process one of timely response, timely documentation and timely resolution of such disputes. The procedure has (2) internal levels, including review by a committee at the second level. You are encouraged to provide us with all available information to help us completely evaluate your appeal. Medical necessity appeals also offer you the opportunity to appear in person or by telephone at a committee meeting as well as an opportunity for review by an independent external review organization.

You have the right to appoint an authorized representative to represent you in your appeal. An authorized representative is a person to whom you have given written consent to represent you in an internal or external review of a denial. The authorized representative may be your treating provider, if you appoint the provider in writing and the provider agrees and waives in writing any right to payment from you other than any applicable coinsurance amount. Providers will be notified of the appeal result only if the Provider filed the appeal.

### First Level of Internal Appeal

If you are not satisfied with our denial of services, you, your authorized representative or a provider acting on your behalf must submit a request to appeal the decision in writing. You have 180 days from the date of our denial to request an appeal. Appeals should be submitted in writing to:

Blue Cross and Blue Shield of Louisiana — Customer Service Unit  
Appeals and Grievance Coordinator  
P. O. Box 98045  
Baton Rouge, LA 70898-9045

If you have questions or need assistance putting the appeal in writing, you may call our Customer Service Department at 1-800-599-2583 or 1-225-293-0625. Requests submitted to us after 180 days of the denial will not be considered.

We will investigate your concerns. All appeals of medical necessity denials will be reviewed by health care professionals, including a physician. If our initial denial is overturned on your administrative or medical necessity appeal, we will process your claim and will notify you and all appropriate providers, in writing, of the first-level appeal decision. If our initial denial is upheld, we will notify you and all appropriate providers when applicable, in writing, of our decision. The decision will be mailed within 30 working days of your request, unless you, your authorized representative and we mutually agree that an extension of the time is warranted. At that time, we will inform you of your right to begin the second-level appeal process.

### Second Level of Internal Appeal

Within 60 calendar days of the date of our first-level appeal decision, if you are not satisfied with the decision we made, you may initiate, with assistance from the Customer Service Unit, if necessary, the second level of the appeal process, by writing to:

Blue Cross and Blue Shield of Louisiana — Customer Service Unit  
Appeals and Grievance Coordinator  
P. O. Box 98045  
Baton Rouge, LA 70898-9045

If you have questions or need assistance putting the appeal in writing, you may call the Customer Service Department at 1-800-599-2583 or 1-225-293-0625. Requests submitted to us after 60 days of the denial will not be considered.

A Member Appeals Committee not involved in any previous denial will review all second-level appeals. For medical necessity appeals only, we will advise you or your authorized representative of the date and time of the review meeting, which you or your authorized representative may attend. The review meeting is normally held within 45 working days of our receipt of your request for a second-level appeal.

You or your authorized representative have the right to attend the review meeting for medical necessity appeals, present your position, and ask questions of the committee members present, subject to the rules of procedure established by the committee. If you are unable to appear before the committee, but wish to participate, we will make arrangements for you to participate by means of available technology. For medical necessity appeals, a physician or other health care professional in the same or an appropriate specialty that typically manages the medical condition, procedure, or treatment under review must agree with any adverse decision made by the committee. The committee will mail its decision regarding either your administrative or medical necessity appeal to you within five working days after the meeting. The committee's decision is final and binding as to any administrative appeal. Medical necessity appeals only can be elevated to the third and final review by an independent external review organization.

### Independent External Review

If you still disagree with the medical necessity denial, and have the concurrence of your treating physician, you may request an independent external appeal conducted by a non-affiliated Independent Review Organization (IRO). Within 60 days of receipt of the second-level appeal decision, you should send your written request for an external review to:

Blue Cross and Blue Shield of Louisiana — Customer Service Unit  
Appeals and Grievance Coordinator  
P. O. Box 98045  
Baton Rouge, LA 70898-9045  
1-800-523-6435

Requests submitted to us after 60 days of receipt of the denial will not be considered.

We will provide the IRO all pertinent information necessary to conduct the appeal. The IRO decision will be considered a final and binding decision. The IRO review will be completed within 72 hours after the appeal is commenced if the request is of an urgent or emergent nature. Otherwise, the review will be completed within 30 days from the receipt of the information from us, unless a longer period is agreed to by the parties. The IRO will notify you or your authorized representative and your health care provider of its decision.

### Expedited Internal Appeal

We provide an Expedited Internal Appeal process for review of an adverse determination involving a situation where the time frame of the standard appeal would seriously jeopardize your life, health or ability to regain maximum function. In these cases, we will make a decision no later than 72 hours after the review commences.

An **expedited appeal** is a request concerning an admission, availability of care, continued stay or health care service for a covered person who is requesting emergency services or has received emergency services, but has not been discharged from a facility. Expedited appeals are not provided for review of services previously rendered. An expedited appeal shall be made available to, and may be initiated by, the covered person or an authorized representative, with the consent of the covered person's treating health care provider, or the provider acting on behalf of the covered person.

Requests for an expedited internal appeal may be oral or written and should be made to:

Blue Cross and Blue Shield of Louisiana — Customer Service Unit  
Appeals and Grievance Coordinator  
P. O. Box 98045  
Baton Rouge, LA 70898-9045  
1-800-599-2583 or 1-225-293-0625

We must receive proof that your provider supports this request for an expedited internal appeal. In any case where the expedited internal appeal process does not resolve a difference of opinion between us and the covered person or the provider acting on behalf of the covered person, the appeal may be elevated to a second-level standard internal appeal or an expedited external review.

#### Expedited External Review

An **expedited external review** is a request for immediate review by an IRO of an adverse initial determination not to authorize continued services for members currently in the Emergency Room, under observation in a facility or receiving inpatient care. Your health care provider must request the expedited external review. Expedited external reviews are not provided for review of services previously rendered. An expedited external review of an adverse decision is available if pursuing the standard appeal procedure could seriously jeopardize your life, health or ability to regain maximum function.

Within 60 days of the denial, the provider should contact our Appeals Coordinator at 1-800-599-2583 or 1-225-293-0625 or send a written request to:

Blue Cross and Blue Shield of Louisiana — Customer Service Unit  
Appeals and Grievance Coordinator  
P. O. Box 98045  
Baton Rouge, LA 70898-9045

We will forward all pertinent information to the IRO so the review is completed no later than 72 hours after the review commences.

#### Binding Nature of External Review of a Medical Necessity Decision

The process of seeking a medical necessity appeal is set forth above. All external review decisions are binding on us and the covered person for purposes of determining coverage under a health benefit plan that requires a determination of medical necessity for a medical service to be covered. This appeals process shall constitute your sole recourse in disputes concerning determinations of whether a health service or item is or was medically necessary.

**BLUECHOICE 65 PLAN A**

**Medicare (Part A) — Hospital Services — Per Benefit Period**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<p><b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st through 90th day</p> <p>91st day and after:</p> <ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:</li> <li>• Additional 365 days</li> <li>• Beyond the additional 365 days</li> </ul>	<p>All but \$952</p> <p>All but \$238 a day</p> <p>All but \$476 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>\$238 a day</p> <p>\$476 a day</p> <p>100% of Medicare-eligible expenses</p> <p>\$0</p>	<p>\$952 (Part A Deductible)</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.</p> <p>First 20 days</p> <p>21st through 100th day</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$119 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$119 a day</p> <p>All costs</p>
<p><b>BLOOD</b> First three pints Additional amounts</p>	<p>\$0 100%</p>	<p>3 pints \$0</p>	<p>\$0 \$0</p>
<p><b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>\$0</p>	<p>Balance</p>

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's Core Benefits. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**BLUECHOICE 65 PLAN A**

**Medicare (Part B) — Medical Services — Per Calendar Year**

\* Once you have been billed \$124 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<p><b>MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> (Ex: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment)</p> <p>First \$124 of Medicare-approved amounts*</p> <p>Remainder of Medicare-approved amounts</p>	<p>\$0</p> <p>Generally 80%</p>	<p>\$0</p> <p>Generally 20%</p>	<p>\$124 (Part B Deductible)</p> <p>\$0</p>
<p>Part B excess charges (Above Medicare-approved amounts)</p>	\$0	\$0	All costs
<p><b>BLOOD</b></p> <p>First three pints</p> <p>Next \$124 of Medicare-approved amounts*</p> <p>Remainder of Medicare-approved amounts</p>	<p>\$0</p> <p>\$0</p> <p>80%</p>	<p>All costs</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$124 (Part B Deductible)</p> <p>\$0</p>
<p><b>CLINICAL LABORATORY SERVICES — TESTS FOR DIAGNOSTIC SERVICES</b></p>	100%	\$0	\$0

**Medicare Parts A & B**

<p><b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES</p> <ul style="list-style-type: none"> <li>• Medically necessary skilled care services and medical supplies</li> <li>• Durable medical equipment</li> </ul> <p>First \$124 of Medicare-approved amounts*</p> <p>Remainder of Medicare-approved amounts</p>	<p>100%</p> <p>\$0</p> <p>80%</p>	<p>\$0</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$124 (Part B Deductible)</p> <p>\$0</p>
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**BLUECHOICE 65 PLAN B & BLUECHOICE 65 SELECT PLAN B**  
**Medicare (Part A) — Hospital Services — Per Benefit Period**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\* If you choose BlueChoice 65 SELECT Plan B, you must use a network hospital for these benefits. These benefits will not be provided if you are hospitalized in a non-network hospital, unless the hospitalization is for emergency treatment as described in the policy.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOSPITALIZATION*</b>			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$952	\$952 (Part A Deductible)**	\$0
61st through 90th day	All but \$238 a day	\$238 a day**	\$0
91st day and after:			
<ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:</li> </ul>	All but \$476 a day	\$476 a day**	\$0
<ul style="list-style-type: none"> <li>• Additional 365 days</li> </ul>	\$0	100% of Medicare-eligible expenses	\$0
<ul style="list-style-type: none"> <li>• Beyond the additional 365 days</li> </ul>	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b>			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$119 a day	\$0	Up to \$119 a day
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's Core Benefits. •During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**BLUECHOICE 65 PLAN B & BLUECHOICE 65 SELECT PLAN B**  
**Medicare (Part B) — Medical Services — Per Calendar Year**

\* Once you have been billed \$124 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> (Ex: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment)			
First \$124 of Medicare-approved amounts*	\$0	\$0	\$124 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (Above Medicare-approved amounts)	\$0	\$0	All costs
<b>BLOOD</b> First three pints Next \$124 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$124 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES — TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**Medicare Parts A & B**

<b>HOME HEALTH CARE</b> <b>MEDICARE-APPROVED SERVICES</b> <ul style="list-style-type: none"> <li>• Medically necessary skilled care services and medical supplies</li> <li>• Durable medical equipment               <ul style="list-style-type: none"> <li>First \$124 of Medicare-approved amounts*</li> <li>Remainder of Medicare-approved amounts</li> </ul> </li> </ul>	100%  \$0 80%	\$0  \$0 20%	\$0  \$124 (Part B Deductible) \$0
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**BLUECHOICE 65 PLAN C & BLUECHOICE 65 SELECT PLAN C**

**Medicare (Part A) — Hospital Services — Per Benefit Period**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\* If you choose BlueChoice 65 SELECT Plan C, you must use a network hospital for these benefits. These benefits will not be provided if you are hospitalized in a non-network hospital, unless the hospitalization is for emergency treatment as described in the policy.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<p><b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st through 90th day</p> <p>91st day and after:</p> <ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:                             <ul style="list-style-type: none"> <li>• Additional 365 days</li> <li>• Beyond the additional 365 days</li> </ul> </li> </ul>	<p>All but \$952</p> <p>All but \$238 a day</p> <p>All but \$476 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$952 (Part A deductible)**</p> <p>\$238 a day**</p> <p>\$476 a day**</p> <p>100% of Medicare-eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.</p> <p>First 20 days</p> <p>21st through 100th day</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$119 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$119 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>BLOOD</b> First three pints Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>\$0</p>	<p>Balance</p>

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's Core Benefits. •During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**BLUECHOICE 65 PLAN C & BLUECHOICE 65 SELECT PLAN C**  
**Medicare (Part B) — Medical Services — Per Calendar Year**

\* Once you have been billed \$124 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> (Ex: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment)			
First \$124 of Medicare-approved amounts*	\$0	\$124 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (Above Medicare-approved amounts)	\$0	\$0	All costs
<b>BLOOD</b> First three pints Next \$124 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$124 (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES — BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**Medicare Parts A & B**

<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES			
<ul style="list-style-type: none"> <li>• Medically necessary skilled care services and medical supplies</li> <li>• Durable medical equipment</li> </ul>	100%	\$0	\$0
First \$124 of Medicare-approved amounts*	\$0	\$124 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

**Other Benefits – Not Covered by Medicare**

<b>FOREIGN TRAVEL — NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

**BLUECHOICE 65 PLAN F & BLUECHOICE 65-SELECT PLAN F**  
**Medicare (Part A) — Hospital Services — Per Benefit Period**

- \* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- \*\* If you choose BlueChoice 65 SELECT Plan F, you must use a network hospital for these benefits. These benefits will not be provided if you are hospitalized in a non-network hospital, unless the hospitalization is for emergency treatment as described in the policy.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<p><b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st through 90th day</p> <p>91st day and after:</p> <ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used: <ul style="list-style-type: none"> <li>• Additional 365 days</li> <li>• Beyond the additional 365 days</li> </ul> </li> </ul>	<p>All but \$952</p> <p>All but \$238 a day</p> <p>All but \$476 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$952 (Part A Deductible)**</p> <p>\$238 a day**</p> <p>\$476 a day**</p> <p>100% of Medicare-eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.</p> <p>First 20 days</p> <p>21st through 100th day</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$119 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$119 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>BLOOD</b> First three pints Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>\$0</p>	<p>Balance</p>

\*\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's Core Benefits. •During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**BLUECHOICE 65 PLAN F & BLUECHOICE 65 SELECT PLAN F**  
**Medicare (Part B) — Medical Services — Per Calendar Year**

\* Once you have been billed \$124 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> (Ex: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment)  First \$124 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0  Generally 80%	\$124 (Part B Deductible) Generally 20%	\$0  \$0
Part B excess charges (Above Medicare-approved amounts)	\$0	100%	\$0
<b>BLOOD</b> First three pints Next \$124 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$124 (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES — TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**Medicare Parts A & B**

<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES • Medically necessary skilled care services and medical supplies • Durable medical equipment First \$124 of Medicare-approved amounts* Remainder of Medicare-approved amounts	100%  \$0 80%	\$0  \$124 (Part B Deductible) 20%	\$0  \$0 \$0
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**Other Benefits – Not Covered by Medicare**

<b>FOREIGN TRAVEL — NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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**Blue Cross and Blue Shield of Louisiana  
Individual Sales and Medicare Customer Service Centers**

**Alexandria**

5417 Jackson Street Extension  
Suite B  
Alexandria, LA 71303  
(318) 442-8107

**Baton Rouge**

5525 Reitz Avenue  
Baton Rouge, LA 70809-3802  
(225) 295-2527  
Medicare Customer Service:  
(225) 295-0334

**Houma**

1437 St. Charles St., Suite 135  
Houma, LA 70360  
(985) 853-5965

**Lafayette**

2701 Johnston Street  
Suite 200  
Lafayette, LA 70503  
(337) 593-5727

**Lake Charles**

219 W. Prien Lake Road  
Lake Charles, LA 70601  
(337) 480-5315

**Monroe**

3130 Mercedes Drive  
Monroe, LA 71201  
(318) 398-4955

**New Orleans**

3501 North Causeway Boulevard  
Suite 600  
Metairie, LA 70002  
(504) 832-5800  
Medicare Customer Service:  
(504) 831-0774

**Shreveport**

One Bellemead Centre  
6425 Youree Drive  
Suite 300  
Shreveport, LA 71105  
(318) 795-4911

**Medicare Customer Service in all other areas (800) 258-3365**

**[www.bcbsla.com](http://www.bcbsla.com)**



**BlueCross BlueShield  
of Louisiana**



**BlueCross BlueShield  
of Louisiana**

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

**BlueChoice<sup>®</sup>65**  
**SELECT**

## **MEDICARE SELECT MEMBER HOSPITALS BY PARISH**

### **ACUTE CARE FACILITIES**

#### **ACADIA PARISH**

Acadia-St. Landry Hospital  
810 South Broadway  
Church Point, LA 70525  
(318) 684-5435

American Legion Hospital  
1305 E. Highway 90  
Crowley, LA 70526  
(318) 783-3222

#### **ALLEN PARISH**

Allen Parish Hospital  
Highway 190 West  
Kinder, LA 70648  
(318) 738-2527

#### **ASCENSION PARISH**

St. Elizabeth Hospital  
1125 West Highway 30  
Gonzales, LA 70737  
(225) 647-5000

#### **ASSUMPTION PARISH**

Assumption Community Hospital  
135 Highway 402  
Napoleonville, LA 70390  
(985) 369-3600

#### **AVOYELLES PARISH**

Bunkie General Hospital  
Evergreen Highway  
Bunkie, LA 71322  
(318) 346-6681

#### **BOSSIER PARISH**

Willis-Knighton Bossier Health Center  
2400 Hospital Drive  
Bossier City, LA 71111  
(318) 752-7000

#### **CADDO PARISH**

Doctors Hospital  
1130 Louisiana Ave.  
Shreveport, LA 71101  
(337) 364-0441

North Caddo Memorial Hospital  
1000 South Spruce  
Vivian, LA 71082  
(318) 375-3235

Willis-Knighton Medical Center  
2600 Greenwood Road  
Shreveport, LA 71103  
(318) 632-4600

Willis-Knighton Pierremont  
Health Center  
8001 Youree Drive  
Shreveport, LA 71115  
(318) 212-3000

Willis-Knighton South  
2510 Bert Kouns Industrial Loop  
Shreveport, LA 71118  
(318) 632-5100

#### **CALCASIEU PARISH**

Lake Charles Memorial Hospital  
1701 Oak Park Boulevard  
Lake Charles, LA 70602  
(318) 494-3000

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**ACUTE CARE FACILITIES**

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**DESOTO PARISH**

DeSoto Regional Health System  
207 Jefferson Street  
Mansfield, LA 71052  
(318) 872-4610

**EAST BATON ROUGE PARISH**

Our Lady of the Lake Regional Medical Center  
5000 Hennessy Boulevard  
Baton Rouge, LA 70808  
(225) 765-6565

**IBERIA PARISH**

Iberia Medical Center  
2315 East Main  
New Iberia, LA 70560  
(337) 364-0441

**IBERVILLE PARISH**

River West Medical Center  
59355 River West Drive  
Plaquemine, LA 70764  
(225) 687-9222

**JEFFERSON PARISH**

East Jefferson General Hospital  
4200 Houma Boulevard  
Metairie, LA 70006  
(504) 454-4000

West Jefferson Medical Center  
1101 Medical Center Boulevard  
Marrero, LA 70072  
(504) 347-5511

**JEFFERSON DAVIS PARISH**

Jennings American Legion Hospital  
1634 Elton Road  
Jennings, LA 70546  
(318) 824-2490

**LAFAYETTE PARISH**

Lafayette General Medical Center  
1214 Coolidge Boulevard  
Lafayette, LA 70503  
(318) 289-7991

Lafayette General Surgical Hospital  
1000 West Pinhook Road  
Lafayette, LA 70503  
(337) 289-8088

**LAFOURCHE PARISH**

Lady of the Sea General Hospital  
200 West 134th Street  
Cut Off, LA 70345  
(504) 632-6401

Thibodaux Regional Medical Center  
602 North Acadia Road  
Thibodaux, LA 70301  
(504) 447-5500

**MOREHOUSE PARISH**

Morehouse General Hospital  
323 West Walnut  
Bastrop, LA 71220  
(318) 281-2431

**ORLEANS PARISH**

Touro Infirmary  
1401 Foucher Street  
New Orleans, LA 70115  
(504) 897-7011

**OUACHITA PARISH**

Glenwood Regional Medical Center  
503 McMillian Road  
West Monroe, LA 71291  
(318) 329-4200

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**ACUTE CARE FACILITIES**

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**POINTE COUPEE PARISH**

Pointe Coupee General Hospital  
2202 Hospital Road  
New Roads, LA 70760  
(225) 638-6331

**RAPIDES PARISH**

Christus St. Francis Cabrini Hospital  
3330 Masonic Drive  
Alexandria, LA 71301  
(318)-487-1122

**ST. JAMES PARISH**

St. James Parish Hospital  
2471 Louisiana Avenue  
Lutcher, LA 70071  
(225) 869-5512

**ST. JOHN THE BAPTIST PARISH**

River Parishes Hospital  
500 Rue De Sante  
LaPlace, LA 70068  
(504) 652-7000

**ST. LANDRY PARISH**

Acadian Medical Center  
3501 Highway 190  
Eunice, LA 70535  
(337) 580-7500

Opelousas General Health System  
539 East Prudhomme St.  
Opelousas LA 70570  
(337) 948-3011

**ST. MARTIN PARISH**

St. Martin Hospital  
210 Champagne Blvd.  
Breux Bridge, LA 70517  
(337) 332-2178

**ST. MARY PARISH**

Franklin Foundation Hospital  
1501 Hospital Avenue  
Franklin, LA 70538  
(337) 828-0760

**ST. TAMMANY PARISH**

Slidell Memorial Hospital  
1001 Gause Boulevard  
Slidell, LA 70458  
(504) 643-2200

St. Tammany Parish Hospital  
1202 South Tyler Street  
Covington, LA 70433  
(504) 898-4000

**TERREBONNE PARISH**

Terrebonne General Medical Center  
936 East Main St.  
Houma, LA 70360  
(985) 873-4141

**VERMILLION PARISH**

Abbeville General Hospital  
118 North Hospital Drive  
Abbeville, LA 70510  
(318) 893-5466

**WASHINGTON PARISH**

Riverside Medical Center  
South Main Street  
Franklinton, LA 70438  
(504) 839-3646

**WEBSTER PARISH**

Springhill Medical Center  
2001 Doctors Drive  
Springhill, LA 70175  
(318) 539-1000

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**PSYCHIATRIC FACILITIES**

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**ACADIANA PARISH**

Acadia-St. Landry Hospital  
810 South Broadway  
Church Point, LA 70525  
(318) 684-5435

**ALLEN PARISH**

Allen Parish Hospital  
Highway 190 West  
Kinder, LA 70648  
(318) 738-2527

**AVOYELLES PARISH**

Bunkie General Hospital  
Evergreen Highway  
Bunkie, LA 71322  
(318) 346-6681

**CADDO PARISH**

Willis-Knighton Medical Center  
2600 Greenwood Road  
Shreveport, LA 71103  
(318) 632-4600

**EAST BATON ROUGE PARISH**

Our Lady of the Lake Regional Medical  
Center  
5000 Hennessy Boulevard  
Baton Rouge, LA 70808  
(225) 765-6565

**JEFFERSON PARISH**

West Jefferson Medical Center  
1101 Medical Center Boulevard  
Marrero, LA 70072  
(504) 347-5511

**LAFAYETTE PARISH**

Lafayette General Medical Center  
1214 Coolidge Boulevard  
Lafayette, LA 70503  
(318) 289-7991

**ORLEANS PARISH**

Touro Infirmery  
1401 Foucher Street  
New Orleans, LA 70115  
(504) 897-7011

**ST. JAMES PARISH**

St. James Parish Hospital  
2471 Louisiana Avenue  
Lutcher, LA 70071  
(225) 869-5512

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**REHABILITATION FACILITIES**

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**JEFFERSON PARISH**

West Jefferson Medical Center  
1101 Medical Center Boulevard  
Marrero, LA 70072  
(504) 347-5511

**LAFOURCHE PARISH**

Thibodaux Hospital & Health Centers  
602 North Acadia Road  
Thibodaux, LA 70301  
(504) 447-5500

**ORLEANS PARISH**

Touro Infirmery  
1401 Foucher Street  
New Orleans, LA 70115  
(504) 897-7011