

# 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.

**Your Health. Our Commitment.**

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

[WWW.BCBSLA.COM](http://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

## PLUS THESE EXPENSES

*(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 AND OTHER 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
- Limb prosthetics, up to \$50,000 per limb per year, including the repair and replacement of prosthetic devices
- 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 AND OTHER 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. Allowable 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 \$4,500 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. Deductible applies.

## 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](http://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](http://www.express-scripts.com). To find a participating provider, visit the Blue Value web page at [www.bcbsla.com](http://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](http://www.bcbs.com/coverage/bluecard); or
- Call the BlueCard Access line at 1.800.810.BLUE.

## 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 a condition that would have caused an ordinary prudent person to seek medical advice, diagnosis, care or treatment during the



365 days prior to the effective date of coverage, a condition for which medical advice, diagnosis, care, treatment or a prescribed drug was recommended or received during the 365-day period prior to the effective date of coverage or a 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.

## CUSTOMER SERVICE

### Your Answer is Just a Click or a Call Away...

Have a question about your claim? Want to know if a service is covered under your plan? Get the answers to your healthcare questions using our new, secure online Customer Inquiry Form.

This form allows you to submit questions to our Customer Service Department securely and conveniently – any time of day or night. Simply log on to the Blue Cross website at [www.bcbsla.com](http://www.bcbsla.com),

click on Customer, then choose Customer Inquiry Form. Follow the directions on the screen to get started!

You can always call us between 8 a.m. and 5 p.m., Monday through Friday, at 1.800.495.BLUE (2583). This number is also listed on your member ID card.

### 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](http://www.bcbsla.com) and selecting 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 1.800.495.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

### EASY WAYS TO PAY YOUR BILL! (Cont.)

MasterCard or Visa. Just go to [www.bcbsla.com](http://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!

*Pay your bill by phone* – you can call a Customer Service representative at 1.800.495.BLUE (2583) and make a payment with your Visa, MasterCard or checking account.

### Louisiana 2 Step



Louisiana ranks fourth in the nation in adult obesity, first in deaths from diabetes and second on the list of unhealthiest states.\* These are some of the reasons why Blue Cross created the **Louisiana 2 Step**, a statewide public health education campaign to encourage all Louisianians to *eat right and move more*.

\* Centers for Disease Control and Prevention, 2008

The **Louisiana 2 Step** was launched in January 2007 with the simple message that two simple changes to one's daily routine can help improve overall health. The award-winning interactive website at



[www.Louisiana2Step.com](http://www.Louisiana2Step.com) is designed to motivate Louisianians to *eat right* and *move more*. A companion site at [www.2Step4Kids.com](http://www.2Step4Kids.com) brings the same message to children ages 5 through 12 in a kid-friendly format.

### 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 non-limb prosthetics
- Ambulance services to and from hospital
- Sleep studies

This is a partial list. See contract for complete list of limitations and exclusions.



Some benefits are optional. Premiums will vary depending on deductibles, coinsurance, family composition, age, gender, area of residence, tobacco usage, health status and duration of coverage options selected. 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: P.O. Box 98029 · Baton Rouge, LA 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**

**337.231.0005**

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**

**800.495.2583**

**help@bcbsla.com**

5525 Reitz Avenue  
Baton Rouge, Louisiana 70809-3802



Information on the most current rating is available at [www.standardandpoors.com](http://www.standardandpoors.com) or by calling Standard & Poor's at 212.438.2400.

