

# FOR INDIVIDUALS



Point of  
Service  
Plans

FROM A COMPANY YOU  
ALREADY KNOW AND TRUST ...



**HMO  
Louisiana, Inc.**

A subsidiary of Blue Cross and Blue Shield of Louisiana,  
independent licensees 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)

01100 00752 0110R

*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 our managed care programs with the strength of the Cross and Shield.*



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 HMO Louisiana Point of Service contract #13100 00284, 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.

## **MANAGED CARE ... WITH THE POWER OF BLUE!**

HMO Louisiana 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**

HMO Louisiana 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, you must meet a deductible. Once the deductible is met, payments are shared between you and HMO Louisiana on a coinsurance basis.

## **YOUR PRIMARY CARE PHYSICIAN**

The PCPs in the HMO Louisiana 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 the plan, 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. 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 cover a full array of wellness and preventive services:

- one routine physical exam per benefit period
- one routine colon (hemocult) test 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
- 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
- well-baby care for dependent children up to age 24 months
- 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)	\$7
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

- 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.
- A \$500 deductible option is available for some plans. Once the deductible is met, members pay the applicable copayment at the time of purchase.

Members who purchase specialty medications to treat chronic illnesses may now access our Specialty Pharmacy Network. Contact your agent or visit [www.bcbsla.com](http://www.bcbsla.com) for more information. Click on Customer, then Covered Drugs under QUICK LINKS.

Specialty drugs may be limited to a 30-day supply or the manufacturer’s recommended dosage.

*Certain drugs are excluded.*

## LEAD WITH GENERICS – A STEP THERAPY PROGRAM

In some cases, you may be required to try a certain prescription drug to treat a condition in order to receive coverage. If this drug does not work for your condition, we will cover a second prescribed medication.

## 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.

## 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 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.

## 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](http://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](http://www.bcbs.com/coverage/bluecard); or
- Call the BlueCard Access line at 1.800.810.BLUE.

## 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 our 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 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 monthly premium using your checking account or your 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.

### PERSONAL WELLNESS PROGRAM... MY HEALTH COMMITMENT

Good health begins at [www.bcbsla.com](http://www.bcbsla.com), with our **My Health Commitment** wellness program. This program is included in all our insurance plans at no extra cost. With **My Health Commitment**, you can find:

- A Personalized Health Assessment (PHA) to help you learn more about your health. Our PHA goes beyond the standard health risk questions to assess mindset, readiness to change and productivity
- Interactive tools that let you track your weight, blood pressure and cholesterol.
- Fitness and nutrition plans that can be customized for you and your family.

- The *i choose to live healthy* video series that focuses on topics such as back care, nutrition, smoking cessation, stress management and weight management.
- Secure and confidential user log-in and data collection.
- Exclusive access to a national program providing discounts and savings that makes it easier and more affordable to make healthy choices. Save on fitness club memberships, nutrition programs and products, financial well-being services, family care services and healthy travel. You can even save on elective procedures for vision and hearing.

**SECURITY AND CONFIDENTIALITY:** The Personal Health Assessment has been engineered to provide the same level of protection for your confidential health information that online banking and consumer websites offer their clients and account-holders. If you are identified as someone who may benefit from Care Management Services, your information may be shared with medical personnel, and you may be contacted by a Care Management nurse.

The information you provide in the PHA will be used only as permitted by law. This information will not adversely affect your enrollment in your health plan.

### Your Health. Our Commitment.

Begin your personal journey of good health. Go to [www.bcbsla.com](http://www.bcbsla.com) and take your PHA today.

### 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 we created the **Louisiana 2 Step**, a statewide public health education campaign to encourage all Louisianians to *eat right* and *move more*.

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.

\*Centers for Disease Control and Prevention, 2008

# POS BENEFIT OUTLINE

COVERED BENEFITS	PLAN 1 NETWORK	PLAN 2 NETWORK	PLAN 3 NETWORK	PLAN 4 NETWORK	PLAN 5 NETWORK
Benefit Period – Calendar Year Lifetime Maximum – \$5,000,000					
<b>Benefit Period Deductible</b>	N/A	N/A	N/A	N/A	\$1,000 (\$3,000 family)
<b>Out-of-Pocket Maximum</b>	\$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)
<b>Physician Office Visits</b> <i>(including preventive &amp; wellness services)</i>	<b>\$20</b> copayment for PCPs, chiropractors, physician's assistant, speech, physical or occupational therapy, cardiac rehab or preventive and wellness care  <b>\$40</b> copayment for specialists and allied health professionals	<b>\$25</b> copayment for PCPs, chiropractors, physician's assistant, speech, physical or occupational therapy, cardiac rehab or preventive and wellness care  <b>\$45</b> copayment for specialists and allied health professionals	<b>\$30</b> copayment for PCPs, chiropractors, physician's assistant, speech, physical or occupational therapy, cardiac rehab or preventive and wellness care  <b>\$50</b> copayment for specialists and allied health professionals	<b>\$35</b> copayment for PCPs, chiropractors, physician's assistant, speech, physical or occupational therapy, cardiac rehab or preventive and wellness care  <b>\$55</b> copayment for specialists and allied health professionals	<b>\$35</b> copayment for PCPs, chiropractors, physician's assistant, speech, physical or occupational therapy, cardiac rehab or preventive and wellness care  <b>\$55</b> copayment for specialists and allied health professionals
<b>Vision Care Exam</b> <i>(one routine eye exam each 24-month period)</i>	<b>\$40</b> (per exam) any provider	<b>\$45</b> (per exam) any provider	<b>\$50</b> (per exam) any provider	<b>\$55</b> (per exam) any provider	<b>\$55</b> (per exam) any provider
<b>Prescription Drug/Retail</b> <i>(Oral contraceptives excluded) (mail order: three copayments for a three-month supply)</i>  See tier descriptions in brochure.	Tier 1: <b>\$7</b> Tier 2: <b>\$25</b> Tier 3: <b>\$45</b> Tier 4: <b>\$60</b> Tier 5: <b>\$50</b>	Tier 1: <b>\$7</b> Tier 2: <b>\$25</b> Tier 3: <b>\$45</b> Tier 4: <b>\$60</b> Tier 5: <b>\$50</b>	Tier 1: <b>\$7</b> Tier 2: <b>\$25</b> Tier 3: <b>\$45</b> Tier 4: <b>\$60</b> Tier 5: <b>\$50</b>	(after \$500 RX deductible) Tier 1: <b>\$7</b> Tier 2: <b>\$25</b> Tier 3: <b>\$45</b> Tier 4: <b>\$60</b> Tier 5: <b>\$50</b>	(after \$500 RX deductible) Tier 1: <b>\$7</b> Tier 2: <b>\$25</b> Tier 3: <b>\$45</b> Tier 4: <b>\$60</b> Tier 5: <b>\$50</b>
<b>Emergency Room</b> <i>(one visit per day)</i>	<b>\$100</b> (waived if admitted)	<b>\$100</b> (waived if admitted)	<b>\$100</b> (waived if admitted)	<b>\$100</b> (waived if admitted)	<b>\$100</b> (waived if admitted)
<b>Urgent Care</b> <i>(one visit per day)</i>	<b>\$50</b>	<b>\$50</b>	<b>\$50</b>	<b>\$50</b>	<b>\$50</b>
<b>Inpatient Hospital Admission</b>	<b>\$200/day</b> (3 day max)	<b>\$250/day</b> (3 day max)	<b>\$250/day</b> (3 day max)	<b>\$300/day</b> (3 day max)	<b>Plan pays 100%</b> (after deductible)
<b>Inpatient Physician Services</b> <i>(surgical/medical)</i>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b> (after deductible)
<b>Ambulatory Surgical Center</b> <i>(outpatient facility)</i>	<b>\$200</b>	<b>\$250</b>	<b>\$250</b>	<b>\$300</b>	<b>Plan pays 100%</b> (after deductible)
<b>Physician Surgical Services</b> <i>(outpatient)</i>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b> (after deductible)
<b>Speech Therapy</b> <i>(up to \$2,500 per benefit period) (outpatient)</i>	<b>\$20</b> (per visit)	<b>\$25</b> (per visit)	<b>\$30</b> (per visit)	<b>\$35</b> (per visit)	<b>\$35</b> (per visit)
<b>Physical Therapy, Occupational Therapy</b> <i>(up to \$4,500 per benefit period) (outpatient)</i>	<b>\$20</b> (per visit)	<b>\$25</b> (per visit)	<b>\$30</b> (per visit)	<b>\$35</b> (per visit)	<b>\$35</b> (per visit)
<b>Office X-Ray (low tech) &amp; Lab Testing</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>
<b>Office X-Ray (high tech)</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b> (after deductible)
<b>Outpatient Office X-Ray &amp; Lab</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b> (after deductible)
<b>Ambulance</b>	<b>\$50</b> (per day/provider)	<b>\$50</b> (per day/provider)	<b>\$50</b> (per day/provider)	<b>\$50</b> (per day/provider)	<b>\$50</b> (per day/provider)
<b>Limb Prosthetics</b> <i>(up to \$50,000 per limb per year, including the repair and replacement of prosthetic devices)</i>	<b>80%/20%</b>	<b>80%/20%</b>	<b>80%/20%</b>	<b>70%/30%</b>	<b>70%/30%</b> (after deductible)
<b>Durable Medical Equipment, Non-Limb Prosthetics &amp; Orthotics</b> <i>(up to \$15,000 per benefit period)</i>	<b>80%/20%</b>	<b>80%/20%</b>	<b>80%/20%</b>	<b>70%/30%</b>	<b>70%/30%</b> (after deductible)
<b>Skilled Nursing Facility</b> <i>(90 days per benefit period) (must be pre-authorized)</i>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b> (after deductible)
<b>Home Health Care Services</b> <i>(60 days per benefit period) (must be pre-authorized)</i>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b> (after deductible)
<b>Hospice Care Services</b> <i>(180 days per benefit period) (must be pre-authorized)</i>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b>	<b>Plan pays 100%</b> (after deductible)
<b>Organ &amp; Tissue Transplant</b> <i>(must have written pre-authorization)</i>	applicable inpatient & outpatient copayments	applicable inpatient & outpatient copayments	applicable inpatient & outpatient copayments	applicable inpatient & outpatient copayments	applicable inpatient & outpatient copayments

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<b>NON-NETWORK</b> <i>(these benefits do not vary by plan)</i>	<b>DEPENDENT OUT-OF-AREA</b> <i>(these benefits do not vary by plan)</i>
\$2,000 (\$6,000 family)	\$500 (\$1,500 family)
\$2,000 (\$4,000 family)	\$3,500 (\$7,000 family)
<b>60%/40%</b> coinsurance for PCPs, chiropractors, physician's assistant, speech, physical or occupational therapy, cardiac rehab or preventive and wellness care	<b>80%/20%</b> (after deductible) co-insurance for PCPs, chiropractors, physician's assistant, speech, physical or occupational therapy, cardiac rehab or preventive and wellness care
<b>60%/40%</b> coinsurance for specialists and allied health professionals	<b>100% wellness</b>
Same as Network Copayment	Same as Network Copayment
Tier 1: <b>\$7</b> Tier 2: <b>\$25</b> Tier 3: <b>\$45</b> Tier 4: <b>\$60</b> Tier 5: <b>\$50</b>	Tier 1: <b>\$7</b> Tier 2: <b>\$25</b> Tier 3: <b>\$45</b> Tier 4: <b>\$60</b> Tier 5: <b>\$50</b>
<b>60%/40%</b>	<b>80%/20%</b> (after deductible)
<b>60%/40%</b>	<b>80%/20%</b> (after deductible)
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<b>60%/40%</b>	<b>80%/20%</b> (after deductible)
<b>60%/40%</b>	<b>80%/20%</b> (after deductible)
<b>60%/40%</b>	<b>80%/20%</b> (after deductible)
not covered	<b>80%/20%</b> (after deductible)

Premium will vary depending on plan and options selected 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 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

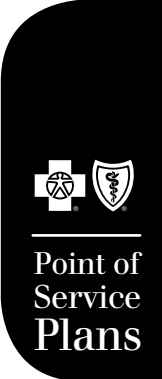
by \_\_\_\_\_ for the initial premium  
(APPLICANT'S NAME)

and enrollment fee.

Make check payable to: HMO Louisiana, Inc.  
And mail to:  
P.O. Box 98029  
Baton Rouge, LA 70898-9029

\_\_\_\_\_

Licensed Representative (PRINTED NAME)



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.



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

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