

Solutions for Individuals



**BlueCross BlueShield
of Louisiana**

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



**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.

What's Inside

Blue Max	2
BlueSaver	4
Blue Select	6
Blue Value	7
Point of Service (POS) Plan	8
Benefits Overview Comparison Chart	10
General Information	12
Online Tools	14
Value-Added Services	15

Special note: This information is presented for general information only. It is not a contract, nor is it intended to be construed as a contract. If there is any discrepancy between the information in this brochure and the benefit plan, the benefit plan will prevail. Premium will vary with the level of benefits chosen. For complete information, please refer to the benefit plan.

Benefits are based on allowable charges. Allowable charge is defined as the lesser of the billed charge or the amount established or negotiated by Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc., as the maximum amount allowed for all provider services covered under the terms of the benefit plan.

Notice: Healthcare services may be provided to you at a network healthcare facility by facility-based physicians who are not in your health plan. You may be responsible for payment of all or part of those fees for those out-of-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles, and non-covered services.

Specific information about in-network and out-of-network facility-based physicians can be found at www.bcbsla.com or by calling the customer service phone number on the back of your ID card.

Thank You

for choosing Blue Cross and Blue Shield of Louisiana.

We are proud to serve your healthcare needs.
Our Blue Cross and HMO plans offer many benefits and features, including:

- a large network of doctors and hospitals
- direct access to specialty care without a referral
 - preventive and wellness services
- online tools to help you get the most from your health plan
 - an ID card recognized across the globe
 - local customer service
- access to discounts and savings through Blue 365®

CUSTOMER SERVICE



online: www.bcbsla.com



by phone: 1.800.599.BLUE (2583)



in person: 5525 Reitz Avenue
Baton Rouge, LA 70809

Please keep this brochure handy for more details.

Blue Max

Blue *Max*, our most comprehensive individual major medical plan, helps pay for everyday medical expenses as well as hospitalization. Our PPO features an accredited statewide network of doctors and hospitals, with savings to your pocketbook. Plus, we now offer plan options with a variety of deductibles and copayments to manage your healthcare costs.

Blue *Max* plans feature

- Broad networks
- Physician office visits and copayment options
- Prescription drug program
- Preventive and wellness care
- Maternity option

Coverage Options

Comprehensive Blue *Max* coverage options with affordable premiums help you manage your healthcare costs wisely. With Blue *Max*, you get the best of both worlds: maximum benefits with minimum worry — plus the predictability of copayments for doctor visits on most plans.

You can choose the deductible that's right for you: \$500, \$750, \$1,000, \$2,500 or \$5,000. The deductible applies to each calendar year with three deductibles per family, per calendar year.

- If you choose a deductible of \$500, most office visits to our PPO providers are covered by a copayment of \$20 – no deductible or coinsurance applies. If you choose a deductible of \$750, \$1,000 or \$2,500, your copayment is \$50.
- Covered expenses are paid at 100 percent of the allowable charge after you meet your deductible and reach an out-of-pocket maximum of \$2,000 per calendar year.



Prescription Drug Coverage

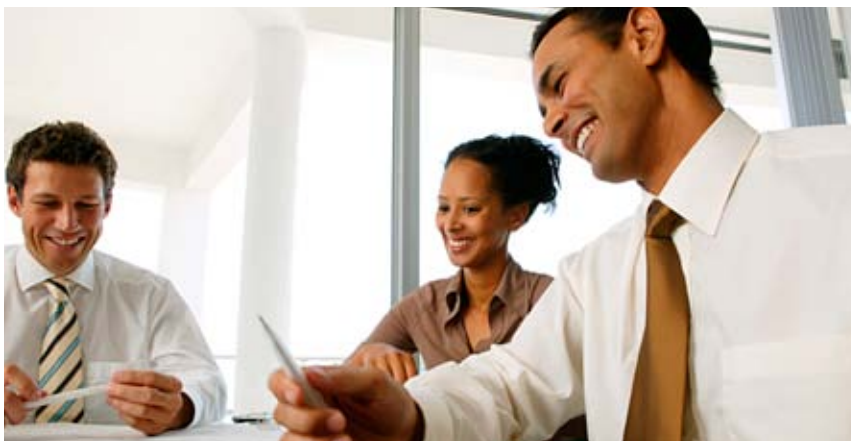
Prescription drugs are available for a copayment when you use a network pharmacy or mail-service pharmacy. Different copayments apply for brand-name and generic drugs.

Pregnancy Care Option

The pregnancy option is available to members with a \$500 or higher calendar-year deductible. This option provides coverage for pregnancy care at the same coinsurance level and deductible you selected for your major medical coverage.

The pregnancy benefit must be selected at the time of purchase, or it can be added only within 30 days of marriage or within 30 days of your policy's anniversary date. Consult your sales representative for details.

NOTE: Miscarriages and ectopic pregnancies are covered regardless of whether you choose the pregnancy option.



Blue Max refers to policy #40HR1523.



**Blue Max means –
maximum coverage...
minimum worry!**

BlueSaver[®]

BlueSaver[®], our high-deductible health plan, allows you to take control of your healthcare financing. With BlueSaver coverage and a health savings account (HSA) from a financial institution, you get sound, affordable health coverage while you build a financial cushion for your medical and non-medical needs.

4

Blue Saver

BlueSaver benefits include:

Get the medical coverage you need today and health savings for the future.

- qualified high-deductible health plan that meets IRS requirements for HSAs
- wide range of deductibles for individuals and families
- wellness and preventive care with no deductible
- prescription drug coverage for brand and generic drugs
- wide selection of doctors, hospitals and specialists
- deductibles accrue to out-of-pocket maximums
- pregnancy coverage option
- rehabilitation services

What is a Health Savings Account?

A health savings account, or HSA, can be a valuable tool to help you save money for medical expenses. An HSA is a tax-free account established primarily to pay qualified medical expenses. Most people who are covered under an IRS-qualified high-deductible health plan like BlueSaver can open and contribute to an HSA. Money in the HSA can be used to pay for deductibles and qualified health services, such as doctor visits, hospital care and prescription drugs.

My SmartSaver from the Bancorp Bank* is our preferred health savings account designed to work seamlessly with BlueSaver.

**My SmartSaver is owned by the Bancorp Bank, a wholly owned subsidiary of The Bancorp, Inc. (Nasdaq NM: TBBK) and an independent company that provides HSA options to Blue Cross and Blue Shield of Louisiana customers.*



HSA advantages

- **Tax-deductible contributions and distributions**

The money you deposit into your HSA will reduce your taxable income for the year, even if you don't itemize your taxes. If you make deposits to the account, the money can be 100-percent tax-deductible, up to the IRS maximum.

Withdrawals made for qualified medical expenses are tax-free. A complete list of qualified medical expenses is available through the Internal Revenue Service at www.irs.gov.

- **Unused contributions roll over**

Another advantage is that you don't have to use the money you contribute to your HSA each calendar year. The money can remain in the account and earn interest until you need it – whether that's next month, next year or in 10 years. When you reach 65, the account can be used as retirement savings or continue to be used for medical expenses. You decide.



BlueSaver refers to policy #40HR1527.



**Empowering YOU
to take control.**

BlueSelect®

At Blue Cross and Blue Shield of Louisiana, we're seeking solutions to the high cost of healthcare. Our customers want a quality plan that is affordable, innovative and simple to understand – without sacrificing choice. BlueSelect®, our newest healthcare solution, offers all this ... and more.

6

Blue Select

BlueSelect benefits:



We've taken our most basic individual plan and enhanced it with features that our customers requested most – and priced it to fit their budgets.

- Statewide PPO network
- Deductibles choices from \$500 to \$5,000
- Covered surgery and hospital stays
- Preventive and wellness care
- Prescription drug benefits with separate deductible
- Inpatient and outpatient rehabilitation coverage

Blue Select features cost-effective plans with basic coverage, plus a few extra features like a prescription drug program and outpatient services.



Blue Value[®]

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

Blue Value benefits:



Since life can be as predictable as weather, it's good to know there are some things you can count on — rain or shine.

- Statewide PPO network
- A variety of deductibles
- Covered surgery and hospital stays
- Preventive and wellness care
- Accidental injury coverage
- Inpatient rehabilitation services
- Outpatient rehabilitation option

The Blue Value plan is our most basic coverage option, that features affordable protection for individuals and families.

Point of Service Plans

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.

Point of Service benefit features:

Our Point of Service (POS) plans feature predictable out-of-pocket costs with copayment plans for doctor visits, prescription drugs and hospital stays.

- Choice of five plans
- Prescription drug benefits
- Preventive and wellness care
- Out-of-area dependent coverage
- Deductible options for lower premiums
- Limited service areas and network

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.

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.



Prescription Drug Program

Prescription drug benefits are included in all POS plans. Your copayments are based on a five-tier pricing structure, as shown in the chart below.

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

Other features include:

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



POS refers to policy #13HR01220.

Covered Benefits	■ Blue Max		■ BlueSaver		■ Blue Select		■ Blue Value	
	Single	Family	Single	Family	Single	Family	Single	Family
Benefit Period Deductible Options	\$500	\$1,500	\$1,200	\$2,400	\$500	\$1,500	\$500	\$1,500
	\$750	\$2,250	\$1,900	\$3,800	\$750	\$2,250	\$750	\$2,250
	\$1,000	\$3,000	\$2,800	\$5,600	\$1,000	\$3,000	\$1,000	\$3,000
	\$2,500	\$7,500	\$3,300	\$6,600	\$2,500	\$7,500	\$2,500	\$7,500
	\$5,000	\$15,000	\$5,500	\$10,000	\$5,000	\$15,000	\$5,000	\$15,000
Out-of-Pocket Maximums	\$2,000 per member		\$3,400 \$4,100 \$5,000 \$5,500	\$6,800 \$8,200 \$10,000 \$11,000	\$1,000 per member		\$1,000 per member	
Physician Office Visits	\$20 Copay with \$500 deductible plan \$50 CoPay with \$750-\$2,500 deductible plans Coinsurance with \$5,000 deductible plan.		Deductible then Coinsurance		Not Covered		Not Covered	
Coinsurance	Network 80/20% 70/30%	Non-Net 60/40% 50/50%	Network 100/0% 80/20%	Non-Net 80/20% 60/40%	Network 80/20%	Non-Net 60/40%	Network 80/20%	Non-Net 60/40%
Preventive & Wellness Services	Covered 100%	Deductible then Coinsurance	Covered 100%	Coinsurance	Covered 100%	Coinsurance	Covered 100%	Deductible then Coinsurance
Emergency Room Coverage	Deductible then Coinsurance		Deductible then Coinsurance		Available only for accidental injuries or if visit results in inpatient stay (after deductible)		Available only for accidental injuries or if visit results in inpatient stay (after deductible)	
Inpatient Hospital Admission	Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance	
Ambulatory Surgical Center	Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance	
Pregnancy Care Option	Coverage is same as any other condition		Coverage is same as any other condition		Not Available		Not Available	
Prescription Drugs	Five Copayment Levels \$7 \$25 \$45 \$60 \$50		Generic: 100/0% OR 80/20% Brand Name: 80/20% OR 60/40% (after deductible is met)		Generic: 80/20% Brand Name: 50/50% After \$1,000 drug out-of-pocket maximum 100% coverage for brand and generic		Not Covered unless administered in hospital or outpatient facility for covered services.	
Prescription Deductible	Separate pharmacy deductible on Plans with \$1,000 deductible or higher.		No separate pharmacy deductible		\$2,500		Not Available	

This is only an outline. All benefits are subject to the terms and conditions of the Contract. In the case of a discrepancy, the Contract will prevail.

■ POS Plan 1	■ POS Plan 2	■ POS Plan 3	■ POS Plan 4	■ POS Plan 5	POS Plan 1-5	POS Dependent <i>Out of State</i>
Network	Network	Network	Network	Network	Non-Network	
None	None	None	None	Single \$1,000 Family \$3,000	Single \$ 2,000 Family \$6,000	Single \$500 Family \$1,500
Single \$1,500 Family \$3,000	Single \$1,500 Family \$3,000	Single \$1,500 Family \$3,000	Single \$2,000 Family \$4,000	Single \$2,000 Family \$4,000	N/A	Single \$3,500 Family \$7,000
\$20 PCP Copay \$40 Specialist Copay	\$25 PCP Copay \$45 Specialist Copay	\$30 PCP Copay \$50 Specialist Copay	\$35 PCP Copay \$50 Specialist Copay	\$35 PCP Copay \$55 Specialist Copay	Deductible then Coinsurance	Deductible then Coinsurance
Not Available	Not Available	Not Available	Not Available	Not Available	60/40%	80/20%
Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Deductible then Coinsurance	100%
\$100 Copay (Waived if admitted)	\$100 Copay (Waived if admitted)	\$100 Copay (Waived if admitted)	\$100 Copay (Waived if admitted)	\$100 Copay (Waived if admitted)	Deductible then Coinsurance	Deductible then Coinsurance
\$200 copay per day (3 max)	\$250 copay per day (3 max)	\$250 copay per day (3 max)	\$300 copay per day (3 max)	Plan pays 100% after deductible	Deductible then Coinsurance	Deductible then Coinsurance
\$200 copay per day (3 max)	\$250 copay per day (3 max)	\$250 copay per day (3 max)	\$300 copay per day (3 max)	Plan pays 100% after deductible	Deductible then Coinsurance	Deductible then Coinsurance
Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50
Not Available	Not Available	Not Available	\$500	\$500	Not Available	Not Available

General Information

The following programs, benefits and features apply to all plans.

Preventive and Wellness Services

Preventive Care

Blue Cross is committed to preventive care. Detecting illnesses in their earliest stages ensures better health for our members and reduces medical costs for everyone.

The following wellness services provided by a network provider are covered:

- routine physical exam
- routine hemocult (colon) test
- routine gynecological exams
- well-baby care for dependent children up to 24 months
- immunizations as ordered by a physician
- routine Pap smear
- routine mammography exam every 12 months

Screening for the following:

- autism
- breast cancer
- cervical cancer
- depression (adult)
- HIV
- lipid disorders (adults)
- prostate (PSA) screening test per benefit period (men age 50 and over or as recommended by a physician)
- Phenylketonuria (PKU)
- type 2 diabetes mellitus (adult)
- visual impairment in children younger than age 5 years
- obesity

For a complete list of preventive and wellness benefits, go to www.healthcare.gov/center/regulations/prevention.html.

Preventive and wellness care services received from non-network providers are subject to deductible and coinsurance.

These services are not covered:

- services, supplies and treatments that are not medically necessary
- cases covered under Workers' Compensation and employer liability laws
- custodial care
- treatment for mental disorders, substance and/or drug abuse
- treatment for eating disorders, infertility and TMJ
- corrections for refractive errors of the eye
- contraceptive, fertility and impotence drugs, regardless of medical necessity
- diagnostic admissions
- POS – Maternity

This is a partial list. Please see the contract for a complete list of limitations and exclusions.

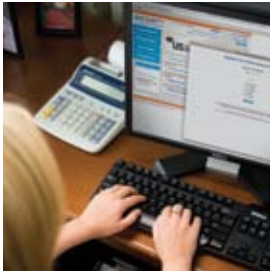
There is a pre-existing condition exclusion period for the coverage of treatment for pre-existing conditions. That period is 365 days from the effective date of coverage. A pre-existing condition is a condition that would have caused an ordinary prudent person to seek medical advice, diagnosis, care 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. This exclusion period does not apply to anyone under 19 years of age.

Services not Covered

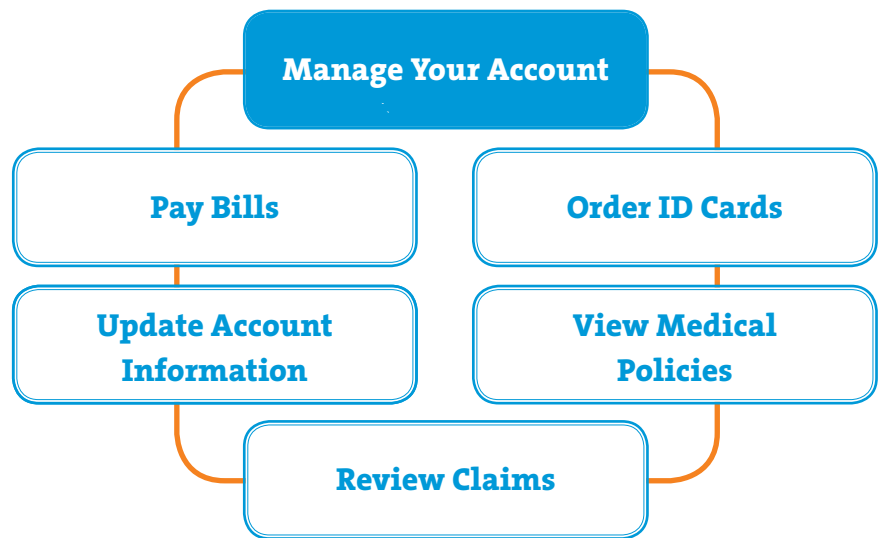
Pre-Existing Condition Exclusion Period

Online Tools

AccessBlue Online Tools



Our members want more ways to manage their health information. That's why we created *AccessBlue* – a password-protected online tool that allows you to review and manage your healthcare information 24 hours a day, seven days a week.



AccessBlue also gives our members exclusive access to wellness tools and discounts, so you can manage your account and get healthy.

Go to www.bcbsla.com for instructions on how to register.

Value-Added Services

My Health Commitment

Good health begins by registering for *AccessBlue* and joining the **My Health Commitment** wellness program. This program is included in all 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
- Healthcare Advisor – Review health information from WebMD*
- 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

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.

* *Healthcare Advisor is powered by WebMD Health Services, an independent company that provides information on coverage and health topics for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

Wellness



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.

Begin your personal journey of good health at www.bcbsla.com and take your PHA today.

Value-Added Services

(continued)



To access these discounts you must register for AccessBlue.

Blue365®

Living well means having healthy options every day. That's why we offer Blue365® to take our members beyond health insurance and give them access to trusted health and wellness resources 365 days a year – and enjoy special member values on many services.

Blue365® is a national program that's part of every plan, offering exclusive access to information, discounts and savings, making it easier and more affordable to make healthy choices.

Health & Wellness

- Fitness – discounts on local health club memberships and free access to online tools
- Diet/Weight Control – savings on programs, products and consultations at Jenny Craig, eDiets and NutriSystem
- Vision Discounts – With Blue365® our members can receive routine eye exams, frames, lenses, conventional contact lenses and laser vision correction at substantial savings when using Davis Vision network providers. Members have access to more than 30,000 providers nationwide, including optometrists, ophthalmologists and many retail centers. Members can also save 40 to 50 percent off the overall national average price for Lasik surgery through QualSight LASIK.

Family Care

- Senior Care — discounts on care advisory services
- Child Safety – resources to child safety and consumer product information
- Long-Term Insurance – free guidelines and information
- Managing Medicare – resources to understand coverage options from Medicare

Travel

- Healthy Getaways – special discounts on hotel programs and services
- Worldwide Health Coverage – access to doctors and hospitals across the globe
- Travel Tips – a wealth of online travel tips and resources

Members can explore all the healthy choices through the Wellness Discount link in *AccessBlue* at www.bcbsla.com.

Dental Discount Network

Members can take advantage of special discounts on dental services by simply presenting their ID card to one of the participating providers and immediately receiving significant savings.

To find a discount provider, visit www.bcbsla.com and click on Find a Doctor or Hospital. Under the Online Louisiana Directory, click on Search Our Directory. From the drop-down menu, choose Discount Dental.

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.

Dental Discount Network

Benefits that Travel

To access a provider outside of your service area, visit the BlueCard Doctor and Hospital Finder website at www.bcbs.com/coverage/bluecard; or call the BlueCard Access line at 1.800.495.BLUE.

Alexandria
318.442.8107

4508 Coliseum Boulevard, Suite A
Alexandria, Louisiana 71303

Lafayette
337.231.0005

5501 Johnston Street, Suite 200
Lafayette, Louisiana 70503

New Orleans
504.832.5800

3501 North Causeway Blvd., Suite 600
Metairie, Louisiana 70002

Baton Rouge
225.295.2527

5525 Reitz Avenue
Baton Rouge, Louisiana 70809-3802

Lake Charles
337.480.5315

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

Shreveport
318.795.0573

411 Ashley Ridge Boulevard
Shreveport, LA 71106

Houma
985.853.5965

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

Monroe
318.398.4955

3130 Mercedes Drive
Monroe, Louisiana 71201

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



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