

# FOR INDIVIDUALS



*Blue  
Select*<sup>®</sup>

**AFFORDABLE SOLUTIONS**  
FROM THE CROSS AND SHIELD



*blue*  
**SELECT**<sup>®</sup>



**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)

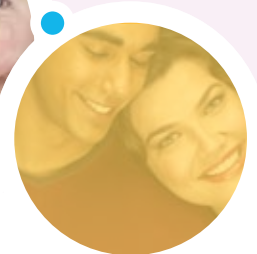
***At Blue Cross and Blue Shield of Louisiana, we're seeking solutions to the high cost of healthcare. Our customers want a quality plan that is affordable, innovative and simple to understand – without sacrificing choice. BlueSelect®, our newest healthcare solution, offers all this ... and more.***

### **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 per calendar year (benefit period)
- Applies the deductible to each calendar year with a maximum of three deductibles per family, per calendar year
- Applies a separate prescription drug deductible of \$2,500 per calendar year per member, and a \$1,000 prescription drug out-of-pocket maximum after the deductible is met

### **PPO COVERAGE, OUR PREFERRED CARE NETWORK**

- After you meet your deductible, covered expenses are paid at 80 percent of the allowable charge for care received from Preferred Care PPO physicians and hospitals. Covered expenses are paid at 60 percent of the allowable charge for care received outside the PPO 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, with a maximum of three deductibles per family per calendar year.



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 BlueSelect® contract #40XX1278, the contract will govern the benefits paid. For complete information, please refer to the contract.

## PREVENTIVE AND WELLNESS CARE

When you obtain preventive and wellness care services, we waive the deductible and coinsurance for the following services when rendered by a Preferred Care network provider. The coinsurance will apply to services rendered from a non-preferred provider.

- One routine Pap smear per benefit period (calendar year)
- One routine physical per benefit period
- Well-baby care for dependent children up to age 24 months
- All immunizations as recommended by physician
- One mammography exam every 12 months, or more frequently if ordered by your physician
- One routine hemocult (colon) test per benefit period
- One routine gynecological exam per benefit period
- One prostate (PSA) screening test and one digital rectal exam per benefit period for members age 50 and older, or more frequently if recommended by physician

## INPATIENT HOSPITAL EXPENSES

These services include, but are not limited to:

- Hospital room and board and general nursing services
- Use of operating, treatment and recovery rooms and equipment
- Anesthesia and its administration
- X-ray, nuclear medicine, sonography and computerized tomography (CAT scans, PET scans, MRIs, etc.)
- Inpatient rehabilitation services, including physical, occupational and speech therapy
- Drugs and medicines, intravenous injections and solutions (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)
- Chemotherapy, including use of materials
- Blood transfusions, including whole blood and plasma

- Hemodialysis
- Diagnostic services, such as radiology, laboratory and pathology
- Organ, tissue and bone marrow transplants up to the overall lifetime maximum, which includes a \$50,000 per transplant acquisition expense maximum, and drugs to protect against organ and tissue rejection
- Oral surgery benefits for accidental injury to sound natural teeth and other services and procedures

## INPATIENT PROFESSIONAL SERVICES

These services include, but are not limited to:

- Hospital visits by the doctor
- Anesthesiologist's fees
- Diagnostic services rendered by a hospital employee
- Surgeon's and assistant surgeon's fees
- Consulting doctor's fees

## OUTPATIENT AND OTHER MEDICAL EXPENSES

These services include, but are not limited to:

- Diagnostic services rendered in an outpatient setting and performed within 72 hours of a scheduled hospital admission
- Outpatient surgery when performed at an ambulatory surgery center or as an outpatient at a hospital
- Surgeon's and assistant surgeon's fees
- Emergency room services for medical emergencies that result in inpatient hospital stays, or emergency room services for accidental injuries in accordance with health plan benefits
- Blood, blood plasma, blood derivatives and blood processing
- Interpreter expenses for the hearing impaired
- Attention deficit and hyperactivity disorder diagnosis and coverage
- Cleft lip and cleft palate services
- Initial diabetes education
- Limb prosthetics up to \$50,000 per limb per year, including the repair and replacement of prosthetic devices
- Coverage for hearing aids for children age 17 and under
- Physical therapy as a result of inpatient admission

## OUTPATIENT AND OTHER MEDICAL EXPENSES (Cont.)

- 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, MRIs, PET scans, cardiac catheterization, etc.) and nuclear medicine

## PRESCRIPTION DRUG COVERAGE

BlueSelect® covers prescription drugs with a separate calendar-year deductible of \$2,500 per person. Once you meet this deductible, you pay 50 percent of the allowable charge for brand-name drugs and 20 percent of the allowable charge for generic drugs, up to a \$1,000 out-of-pocket maximum. Once you reach this maximum, your covered prescriptions are paid at 100 percent for the remainder of that benefit period.

There is no family deductible or family out-of-pocket maximum for this benefit. Additionally, drugs dispensed or administered in a physician's office will be excluded since BlueSelect® does not cover physician office visits.

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 are limited to a 30-day supply. Certain exclusions and quantity limits apply.

## ACCIDENTAL INJURY BENEFIT

This benefit provides coverage at 100 percent of the allowable charge for the first \$550 per benefit period of covered expenses incurred as a result of an accidental injury in accordance with health plan benefits. Regular benefits (subject to the calendar-year deductible and coinsurance) apply to allowable charges in excess of \$550.

## REHABILITATION SERVICES

Covered rehabilitation services include physical, occupational and speech therapy on an inpatient and outpatient basis. Coverage for outpatient physical and occupational therapy are subject to a combined maximum of \$4,500 per benefit period per member. Outpatient 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.

### 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 health-care 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.



## SERVICES NOT COVERED

These services include, but are not limited to, the following:

- Physician office visits and related services
- Prescription drugs typically administered or dispensed in a physician's office
- Services, supplies and treatments that are not medically necessary
- Hospital, surgical or medical services rendered for pregnancy care (NOTE: ectopic pregnancies and miscarriages are covered)
- Cases covered under Workers' Compensation and employer liability laws
- Custodial care
- Treatment for mental disorders
- Treatment for alcohol and/or drug abuse
- Treatment for eating disorders, infertility and TMJ
- Corrections for refractive errors of the eye
- Diagnostic admissions
- Charges exceeding the allowable charge
- Private duty nursing, durable medical equipment, orthotics or non-limb prosthetics
- Contraceptive, fertility and impotence drugs, regardless of medical necessity

- Ambulance services to and from a hospital
- Any health conditions, illnesses or diseases listed in any exclusion rider provided by Blue Cross and Blue Shield of Louisiana
- Sleep studies

This is a partial list. Please see the contract for a 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.

## 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 BlueSelect® 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.

## 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*.

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



Premium varies by deductible and coinsurance options selected, family composition, age, gender, area of residence, tobacco usage, health status and duration of coverage. Applications for coverage may be denied or coverage may be limited based on the health status of the applicant. The BlueSelect® contract can be terminated for nonpayment of premium, failure to meet eligibility requirements, fraud, non-Louisiana residency and material misrepresentation. BlueSelect® refers to policy number 40XX1278.

## 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  
Select®

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.



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**blue  
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