

General Motors (GM) has selected Blue Cross and Blue Shield of Louisiana to provide health insurance for their hourly employees. We have created this convenient Speed Guide to help you locate information quickly for this group.

Effective June 1, 2006, two types of benefits packages are available to GM hourly employees; the PPO plan and the Traditional Care Network (TCN) PPO Plan. Both plan types offer benefit coverage for GM hourly employees through the PPO Preferred Care provider network.

ID CARDS

Providers can easily identify GM hourly employee members based on the Blue Cross logo along with the alpha prefix and group number.

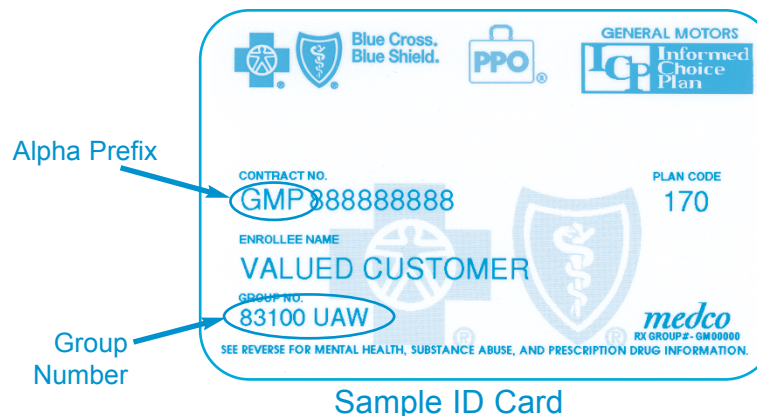
ALPHA PREFIXES AND GROUP NUMBERS

GHP - TCN PPO Plan

Applies to group numbers 83200 and 83500

GMP - PPO Plan

Applies to group number 83100



WHERE TO MAIL CLAIMS

Mail completed claims for processing to:



Blue Cross Blue Shield Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029

PROVIDER INQUIRIES



iLinkBLUE providers can electronically verify a member's benefits, eligibility and claims status as well as submit adjustment requests and problem resolutions directly to Blue Cross for members including BlueCard members at www.bcbsla.com/ilinkblue.



Providers may also call the BlueCard Eligibility® line at 1-800-676-BLUE (2583) for benefits eligibility and coverage questions.

For questions about claims status, adjustments and problem resolution, providers can call the *BlueLine* at 1-800-922-8866.

If you have questions about your network participation, please call or e-mail Network Administration at:

1-800-716-2299, option 3

network.administration@bcbsla.com

SUBMIT CLAIMS ELECTRONICALLY



Providers set up on iLinkBLUE can submit claims electronically at:

www.bcbsla.com/ilinkblue

Benefit Package	Protected & Active PPO Plan	General Retiree PPO Plan	Catastrophic PPO Plan
Eligible Enrollees	Protected-UAW hourly retirees and surviving spouses / Active- UAW active and other Hourly members	UAW hourly retirees and surviving spouses	UAW hourly retirees and surviving spouses
TCN PPO PLAN Group Nos.: 83200 & 83500 In-Network: <hr/> Out-of-Network:	<ul style="list-style-type: none"> No deductible No coinsurance No out-of-pocket maximum <hr/> <ul style="list-style-type: none"> 10 percent coinsurance \$250 single/\$500 family out-of-pocket maximum 	<ul style="list-style-type: none"> \$150 single/\$300 family deductible* 10 percent coinsurance \$250 single/\$500 family out-of-pocket maximum \$50 Emergency Room copayment (waived if patient is admitted) <hr/> <ul style="list-style-type: none"> \$150 single/\$300 family deductible* 30 percent coinsurance \$500 single/\$1000 family out-of-pocket maximum \$50 Emergency Room copayment (waived if patient is admitted) 	<ul style="list-style-type: none"> \$1,250 single/\$2,500 family deductible* 10 percent coinsurance \$2,500 single/\$5000 family out-of-pocket maximum \$100 Emergency Room copayment (waived if patient is admitted) <hr/> <ul style="list-style-type: none"> \$1,250 single/\$2,500 family deductible* 30 percent coinsurance \$5,000 single/\$10,000 family out-of-pocket maximum \$100 Emergency Room copayment (waived if patient is admitted)
PPO Plan Group Number 83100 In-Network: <hr/> Out-of-Network	<ul style="list-style-type: none"> No deductible No coinsurance No out-of-pocket maximum <hr/> <ul style="list-style-type: none"> 20 percent coinsurance \$1,000 single/\$2,000 family out-of-pocket maximum 	<ul style="list-style-type: none"> \$150 single/\$300 family deductible* 10 percent coinsurance \$250 single/\$500 family out-of-pocket maximum \$50 Emergency Room copayment (waived if patient is admitted) <hr/> <ul style="list-style-type: none"> \$150 single/\$300 family deductible* 30 percent coinsurance \$500 single/\$1000 family out-of-pocket maximum \$50 Emergency Room copayment (waived if patient is admitted) 	

***Combined in and out-of-network deductible**

The benefits listed above do not guarantee coverage. The final determination of eligibility and benefits is made upon receipt of the claim.