Cancer and Serious Disease Plans for Individuals

Extra Protection When You Need It the Most / This is a limited benefit policy.
A chronic illness can take an emotional and costly toll on you and your family. That’s why Blue Cross and Blue Shield of Louisiana offers affordable coverage for cancer and serious diseases (CSD).

Our CSD plans cover these diseases:
- Cancer (any type)
- Diphtheria
- Encephalitis (sleeping sickness)
- Leukemia
- Polio
- Poliomyelitis
- Rabies
- Scarlet Fever
- Sickle Cell Anemia
- Smallpox
- Spinal Meningitis (Meningococci)
- Tetanus
- Tularemia

Choose the plan that’s best for you
Several comprehensive options are available to fit your coverage needs and budget. Plans may be purchased individually or as family plans.

Plan F – Comprehensive 80
This plan features:
- $100,000 overall lifetime maximum per member
- $3,000 lifetime maximum for inpatient private-duty nursing services (accrues to overall lifetime maximum)
- 100 percent coverage of first $10,000 of allowable charges; thereafter, Plan F covers 80 percent of the allowable charges up to the remaining lifetime maximum

Plan G – Comprehensive 50
This plan features:
- $100,000 overall lifetime maximum per member
- $3,000 lifetime maximum for inpatient private-duty nursing services (accrues to overall lifetime maximum)
- 100 percent coverage of first $10,000 of allowable charges; thereafter, Plan G covers 50 percent of the allowable charges up to the remaining lifetime maximum

Covered Services, Treatments and Supplies
All CSD plans provide coverage for the following benefits. Please see your contract for complete details.

Hospital and Professional Services
- Inpatient room and board, general nursing services, special care unit and skilled nursing services
- Operating, recovery and treatment rooms and equipment
- Drugs and medicines, including take-home prescription drugs
- Blood transfusions
- Anesthesia, including supplies and services
- Medical and surgical supplies, casts and splints
- Diagnostic services and physical therapy from a hospital employee
- X-ray and laboratory services
- Radiation and chemotherapy

Medical and Surgical Benefits
- Inpatient and outpatient surgery, including pre-operative and post-operative medical visits
- Multiple surgical procedures performed at the same surgical setting
- Surgeon’s and assistant surgeon’s fees
- Anesthesia
- Second surgical opinions
- Outpatient services of an ambulatory surgical center, allied health facility or urgent care center

Other Covered Services, Supplies and Equipment
- Ambulance service benefits to or from a hospital
- Durable medical equipment, orthotic devices and prosthetic appliances
- Disposable medical equipment or supplies
- Private-duty nursing services while in the hospital
- Hospice care in a hospital
- Home health care benefits
- Oral surgery benefits
- Physical therapy benefits
- Chiropractic services benefits
- Organ, tissue and bone marrow transplant benefits
- Breast reconstructive surgery services
- Prescription drugs
The BlueCard® Program
The BlueCard® program, offered exclusively to Blue Cross Blue Shield members, features a global network of health care providers. BlueCard allows members to receive health care services while traveling or living in another Blue Plan's service area. The program links participating health care providers with independent Blue Plans across the country and in more than 200 countries and territories worldwide, through a single electronic network.

It's easy to access a provider in the BlueCard system:
- Visit the BlueCard Doctor and Hospital Finder website at www.bcbs.com.
- Call the BlueCard Access line at 800-810-BLUE (2583).

Customer Service: Your Answer Is Just A Click or Call Away
Have a question about your claim? Want to know if a service is covered under your plan? Get the answers to your health care questions by visiting www.bcbsla.com/help.
You also can call us between 8 a.m. and 8 p.m. Monday through Friday at 800-392-4087 or at the number listed on the back of your member ID card.

General Conditions
Waiting Period
Following the effective date of coverage, there is a 60-day period during which time no benefits are available.

Limitations and Exclusions
Below is a partial listing of policy exclusions. Please see your contract for complete details.
- Services, treatment or supplies rendered within 60 days after the effective date of coverage
- Experimental services, supplies or equipment
- Drugs and medicines not approved by the U.S. Food and Drug Administration (FDA)
- Services that are cosmetic or restorative
- Services for mental or nervous disorders
- Services covered by Workers' Compensation or employee liability laws
- Transportation services other than ambulance (see professional benefits for ambulance coverage)
- Speech, occupational or recreational therapy
- Food or food supplements, including gastric tube feedings

Receipt
Receipt of $ _____ is hereby acknowledged by ________________________________ for the initial premium.

Make check payable to: Blue Cross and Blue Shield of Louisiana
And mail to: P.O. Box 261798, Baton Rouge, LA 70826-1798

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 Cancer and Serious Disease contract #23XX9978 or contract #23XX9632, the contract language will prevail.
Regional Offices

ALEXANDRIA
318-442-8107
4508 Coliseum Boulevard, Suite A
Alexandria, LA 71303

BATON ROUGE
225-295-2527
5525 Reitz Avenue
Baton Rouge, LA 70809

HOUMA
985-223-3499
1437 St. Charles Street, Suite 135
Houma, LA 70360

LAFAYETTE
337-231-0005
5501 Johnston Street
Lafayette, LA 70503

LAKE CHARLES
337-480-5315
219 West Prien Lake Road
Lake Charles, LA 70601

MONROE
318-398-4955
2360 Tower Drive, Suite 102
Monroe, LA 71201

NEW ORLEANS
504-832-5800
or
504-518-7364
Orleans Tower Office
1340 Poydras Street, Suite 100
New Orleans, LA 70112

SHREVEPORT
318-795-4911
411 Ashley Ridge Boulevard
Shreveport, LA 71106

CUSTOMER SERVICE – BATON ROUGE
800-392-4087
5525 Reitz Avenue
Baton Rouge, LA 70809-3802
www.bcbsla.com

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