

# DAILY PROTECTION FOR HOSPITALIZATION

*This is a limited benefit policy.*



## 2025 | Variable Income Plan (VIP)

# LET'S FACE IT

Going to the hospital is expensive. The financial demands it places on you and your family can be enormous. You need protection and security. Consider this . . .

## **Our Variable Income Plan (VIP) Pays Cash Benefits in Addition to Other Coverage You May Have**

Sometimes health insurance isn't enough to cover the cost of a hospital stay after deductibles and coinsurance are paid. Our Variable Income Plan (VIP) supplements your regular healthcare coverage by paying you dollars-per-day for any covered hospital stay. For each day you spend in the hospital, our VIP plan can pay cash benefits directly to you.\*

### **Choose Your Option**

VIP offers two options: the Preferred Plan and the Budget Plan.

#### **Preferred Plan:**

Choose \$250, \$200 or \$100 cash benefit for each inpatient hospital day. Payments begin the day you are admitted to the hospital.

#### **Budget Plan:**

Choose \$250, \$200 or \$100 cash benefit for each day in the hospital. For this option, payments begin the third day of hospital stay.

*\* If you assign benefits to an in-state hospital, cash benefits will be paid directly to that hospital.*

## Limitations/Exclusions

*(See contract for complete list.)*

Admissions for the following are not covered:

- Admissions that are not medically necessary
- Admissions for pre-existing conditions during the first year of coverage
- Obstetrical care except maternity complications in certain membership categories
- Substance abuse and cosmetic treatments
- Admissions for dental care and treatment and dental appliances
- Admissions outside of the United States
- Admissions already in progress

## Renewability

Termination will occur if premium is not paid within 30 days after the due date.\*

*\* Premiums are subject to change by the company periodically. Premiums can change when you reach age 35, 50 and 65.*



# RECEIPT

Receipt of \$\_\_\_\_\_ is hereby  
acknowledged for the initial premium.

## Make check payable to:

Blue Cross and Blue Shield of Louisiana  
P. O. Box 261798  
Baton Rouge, LA 70898-9029

## Type of Coverage:

- ☐ Single (subscriber only)  
☐ Single ((parent/legal guardian) and child(ren))  
☐ Two Person (subscriber and spouse)  
☐ Family

## Option:

- ☐ Preferred (\$\_\_\_\_\_/day)  
☐ Budget (\$\_\_\_\_\_/day)

## Method of Payment:

- ☐ Monthly  
☐ Quarterly  
☐ Semiannual  
☐ Annual

*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 "Individual VIP" contract #40XX1172, the  
contract language will prevail.*

## For more information, call:

Alexandria	(318) 442-8107
Baton Rouge	(225) 295-2527
Houma	(985) 853-5965
Lafayette	(337) 231-0005
Lake Charles	(337) 480-5315
Monroe	(318) 398-4955
New Orleans	(504) 832-5800 or (504) 518-7364
Shreveport	(318) 795-4911

## Customer Service

(225) 291-5370 • 1-800-392-4087  
5525 Reitz Avenue  
Baton Rouge, LA 70809  
[www.lablue.com](http://www.lablue.com)