

### DAILY PROTECTION FOR HOSPITALIZATION This is a limited benefit policy.

## Variable Income Plan (VIP) | 2023

24XX4119 R09/22 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

# 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 health care 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 items 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; and, 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 98029 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
- \_ Semi-annual
- \_ 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	985-223-3499
Lafayette	337-231-0005
Lake Charles	337-480-5315
Monroe	318-398-4955
New Orleans	504-832-5800
	and
	504-518-7364
Shreveport	318-795-4911

#### **Customer Service**

225-291-5370 • 800-392-4087 5525 Reitz Avenue Baton Rouge, LA 70809 www.bcbsla.com