DAILY PROTECTION FOR HOSPITALIZATION
This is a limited benefit policy.

Variable Income Plan (VIP) | 2023
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 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

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*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.*

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**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

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**Customer Service**

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