

FOR INDIVIDUALS



Cancer
and Serious
Disease Plans

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CANCER AND SERIOUS DISEASE PLANS

EXTRA PROTECTION WHEN YOU NEED IT MOST



**BlueCross BlueShield
of Louisiana**

An independent licensee of the Blue Cross and Blue Shield Association.

23XX1628 R12/14

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company

WWW.BCBSLA.COM

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
- Small Pox
- 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 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 and Blue Shield members, features a global network of healthcare providers. BlueCard allows our members to receive healthcare services while traveling or living in another Blue Plan's service area. The program links participating healthcare providers with the 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.bluecardworldwide.com; or
- call the BlueCard Access line at 1-800-810-BLUE.

Customer Service: Your Answer Is Just A Click or A Call Away...

Have a question about your claim? Want to know if a service is covered under your plan? Get the answers to your healthcare questions using our secure online Customer Inquiry Form.

This form allows you to submit questions to our Customer Service Department securely and conveniently – any time of day or night. Simply log on to the Blue Cross website at www.bcbsla.com, click on I'm a Member at the bottom-left of the page, then choose Online Inquiry Form. Follow the directions on the screen to get started!

You can always call us between 8 a.m. and 5 p.m., Monday through Friday, at 1-800-392-4087, or at the number listed on your member ID card.

General Conditions

WAITING PERIOD

There is a 60-day period following the effective date of coverage, 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

Premiums will vary depending on age, gender, area of residence, tobacco usage and CSD plan selection. Rates are changed on the basis of age, area of residence and duration of coverage. Applications for coverage may be denied based on the health status of the applicant. The CSD contracts can be terminated for nonpayment of premium, failure to meet eligibility requirements, fraud, non-Louisiana residency and material misrepresentation. Plan F refers to Cancer and Serious Disease contract #23XX9978. Plan G refers to Cancer and Serious Disease contract #23XX9632. Both are limited benefit policies.

Receipt

Receipt of \$ _____ is hereby acknowledged by _____ for the initial premium.
(APPLICANT'S NAME)

Make check payable to: Blue Cross and Blue Shield of Louisiana

And mail to: P.O. Box 261798 · Baton Rouge, LA 70826-1798

Licensed Representative (PRINTED NAME)

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.



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and Serious
Disease Plans

FOR MORE INFORMATION CALL

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Alexandria, Louisiana 71303

LAKE CHARLES

337-480-5315

219 West Prien Lake Road
Lake Charles, Louisiana 70601-8450

BATON ROUGE

225-295-2527

5525 Reitz Avenue
Baton Rouge, Louisiana 70809-3802

MONROE

318-398-4955

2360 Tower Drive, Suite 102
Monroe, Louisiana 71201

HOUMA

985-853-5965

1437 St. Charles Street, Suite 135
Houma, Louisiana 70360

NEW ORLEANS

504-832-5800

3501 North Causeway Boulevard, Suite 600
Metairie, Louisiana 70002

LAFAYETTE

337-593-5727

2701 Johnston Street, Suite 200
Lafayette, Louisiana 70503

SHREVEPORT

318-795-4911

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Shreveport, Louisiana 71106

CUSTOMER SERVICE

BATON ROUGE

225-291-5370

800-392-4087

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Information on the most current rating is available at www.standardandpoors.com or by calling Standard & Poor's at 212-438-2400.

