

DAILY PROTECTION FOR HOSPITALIZATION

VIP

VARIABLE INCOME PLAN

This is a limited policy.



Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

WWW.BCBSLA.COM

24XX4119 R07/18

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 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 (member only)
- Single Parent (member and child(ren))
- Two Person (member and spouse)
- Family

Option:

- Preferred (____/day)
- Budget (____/day)

Method of Payment:

- Monthly
- Quarterly
- Semi-Annual
- Annual

"Variable Income Plan" refers to contract #40XX1172.

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
Shreveport	318-795-4911

Customer Service

225-291-5370 • 800-392-4087
5525 Reitz Ave.
Baton Rouge, LA 70809-3802
www.bcbsla.com



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