Blue Cross and Blue Shield of Louisiana’s BlueSaver provides the comfort of reliable health care coverage today while you build a financial cushion for medical and non-medical needs of tomorrow. Please read on to learn more about BlueSaver, Blue Cross and Blue Shield of Louisiana’s high-deductible health insurance plan.
THE BLUESAVER PACKAGE

- satisfies requirements of the Internal Revenue Code defining high-deductible health plans
- lifetime protection of $5 million for each covered member
- a choice of deductibles* for individuals or families
- prescription drug coverage
- wellness benefits
- doctors’ office visits for covered illness or injury
- emergency room coverage

TRADITIONAL COVERAGE

Once you meet your individual deductible, covered expenses are paid at 80 percent of the allowable charge. The family deductible, which is an aggregate deductible, may be satisfied by any and all family members. Once the entire family deductible is met, covered expenses are paid for all family members at 80 percent of the allowable charge. The out-of-pocket maximum* includes your deductible and coinsurance. After you meet your out-of-pocket maximum, covered expenses are paid at 100 percent of the allowable charge for that benefit period. Please see the BlueSaver illustration for specific deductibles and out-of-pocket maximums quoted.

PPO COVERAGE

After you meet your individual or family deductible, covered expenses are paid at 100 percent of the allowable charge for care received from our PPO network of physicians and hospitals. For other providers, covered services will be paid at 80 percent of the allowable charges.

The out-of-pocket maximum* includes your deductible and coinsurance. After you meet your out-of-pocket maximum, covered expenses are paid at 100 percent of the allowable charge for that benefit period. Please see the BlueSaver illustration for specific deductibles and out-of-pocket maximums quoted.

BLUESAVER COVERS THESE HOSPITAL & OUTPATIENT FACILITY EXPENSES

- hospital room and board and general nursing services
- use of an operating room, treatment room, recovery room and emergency room
- anesthesia and its administration
- laboratory tests
- oxygen and its administration
- diagnostic services such as radiology, laboratory and pathology services
- telemetry unit for heart patients or an isolation unit
- outpatient medical services rendered in the home, office or other outpatient visits for examination, diagnosis and treatment of an illness or injury other than pre-operative and post-operative medical visits
- eligible organ, tissue and bone marrow transplants ($250,000 lifetime maximum includes up to $50,000 per acquisition expense maximum; accrues to overall $5 million lifetime maximum)
- drugs and medicines
- intravenous injections and solutions
- transfusion fees and equipment
- medical and surgical supplies
- use of special care units

*In order to comply with federal regulations, deductibles and out-of-pocket maximums may have to be adjusted annually to reflect changes in the Consumer Price Index (CPI).
For your protection, we also offer coverage for occupational injuries and diseases for qualified company owners. Qualified owners are covered subscribers who own at least 50 percent of the company and can opt not to purchase Workers’ Compensation coverage for themselves. To qualify, each must choose not to elect Workers’ Compensation coverage. Owners who are covered under this option must notify Blue Cross and Blue Shield of Louisiana if they no longer meet the requirements stated above.

This coverage option requires written documentation and home-office approval. See your representative for details.
COORDINATION OF BENEFITS

Coordination of benefits will be conducted when a participant has additional group coverage. This provision helps keep premiums low by preventing duplicate payments for the same services.

ELIGIBLE GROUPS

All employee groups are eligible to apply. There are no industry restrictions. Firms that have been in business less than one year are subject to home-office rating. Firms that do not have a current carrier, or are seasonal, also are subject to approval. In some cases, firms with a significant number of employees living outside of Louisiana may not be eligible.

ELIGIBLE EMPLOYEES

Most full-time employees, working a minimum of 30 hours per week, and their qualified dependents, are eligible to apply. Individuals on retainer (examples: attorneys, accountants, business consultants and 1099 contract employees) and members of boards of directors are not eligible.

ELIGIBLE DEPENDENTS

Insured employees may cover their eligible spouses. They also may cover their eligible unmarried children and grandchildren who are under 21 years of age (or under 25 if enrolled as a full-time student at an accredited high school, college, university or vocational-technical/trade school). Grandchildren must also reside with and be in legal custody of the employee.

Unmarried children and grandchildren (in legal custody and residing with the employee), who are mentally or physically disabled may be eligible for coverage. They also must be incapable of self-support prior to attaining either of the limiting ages stated above.

GROUP RATES

Rates may increase after the first 12 months and every six months thereafter due to factors including, but not limited to:

- demographic changes of the group, including age changes
- claims experience of all groups in the class of business
- a group’s claims experience, health status and duration of coverage
- an overall rise in medical costs
- regulatory considerations
- changes to benefit plan design

RENEWABILITY

All benefit plans are renewable at the employer’s option, except for any of the following reasons:

- nonpayment of premium
- fraud or misrepresentation
- noncompliance with plan provisions, including not meeting minimum participation and eligibility requirements
- termination of all employer plans in the class of business (90 days’ advance notice will be given)

The employer or Blue Cross and Blue Shield of Louisiana can terminate the contract with 60 days’ advance notice.
**PRESCRIPTION DRUG COVERAGE**

Prescription drugs are common medical expenses incurred by most people. After the deductible is met, the BlueSaver plan provides coverage for generic drugs at 100 percent of the allowable charge and brand-name drugs at 80 percent of the allowable charge. Certain exclusions apply.

**WELLNESS AND PREVENTIVE CARE**

BlueSaver offers a full list of wellness and preventive care benefits. The deductible does not apply to the following services:

- one routine Pap smear per benefit period
- one prostate (PSA) screening and one digital rectal exam per benefit period for members age 50 and older, or as recommended by your physician
- one mammography exam per calendar year
- one routine physical exam per benefit period
- one routine colon (hemoccult) test per benefit period
- well-baby care
- one routine gynecological exam each benefit period
- immunizations as recommended by physician

**PREGNANCY COVERAGE**

This option provides coverage for pregnancy care at the same coinsurance and deductible levels you select for major medical coverage. For groups with less than 15 members, this benefit is optional. Pregnancy benefits automatically are included for groups with 15 or more members. Note: Miscarriages and ectopic pregnancies are covered regardless of whether you choose the pregnancy option.

**REHABILITATION SERVICES**

Covered rehabilitation services include physical, occupational and speech therapy. This benefit provides coverage for inpatient, outpatient and professional services subject to the same deductible, coinsurance limits and lifetime maximum applicable to other services under the contract. Speech therapy benefits are limited to 20 visits per member per calendar year.

**MENTAL DISORDERS/ALCOHOL & DRUG ABUSE COVERAGE OPTIONS**

Option 1 — Coverage for mental disorders is limited to 45 days for inpatient care and 52 outpatient visits per calendar year, subject to any applicable deductible and coinsurance amounts. Coinsurance applies to the out-of-pocket maximums. Alcohol and drug abuse care is limited to seven days of inpatient care and 20 outpatient visits per calendar year, subject to any applicable deductible and coinsurance amounts, which do not apply to the out-of-pocket maximum.

or

Option 2 — Coverage for mental disorders and alcohol and drug abuse care is paid the same as any other illness. All benefits are subject to any applicable deductible and coinsurance amounts. Coinsurance applies to the out-of-pocket maximums.

Please refer to the quote sheets included for the specific option and appropriate deductible and/or coinsurance quoted.
DISCOUNT FEATURES

As an extra value, covered members receive instant discounts from our special network of vision and hearing providers. While these are not contracted benefits, you’ll realize significant savings on these discounted fees. Simply present your Blue Cross ID card to one of the participating providers and immediately receive significant savings.

BENEFITS THAT TRAVEL

The BlueCard® Program — When our members travel, they take their health care benefits with them — across the country and around the world. The BlueCard® program, offered exclusively to Blue Cross and Blue Shield members, features a global network of health care providers. More than 85 percent of all doctors and hospitals throughout the United States contract with Blue Cross and Blue Shield Plans. Outside of the United States, our members have access to doctors and hospitals in more than 200 countries. So our members have the peace of mind knowing they’ll find the care they need if they get sick or injured on the road.

It's easy for members to access a provider outside of their service area:

- They can visit the BlueCard Doctor and Hospital Finder website at www.bcbs.com, or
- call the BlueCard Access line at 1.800.810.BLUE.

HEALTH QUESTIONS

Applicants in groups that have two through 19 eligible employees must answer all health questions on the employee application and are subject to full medical underwriting. For groups with 20 through 50 eligible employees, those who apply out of their eligibility period are also subject to full medical underwriting. Coverage for all such individuals is subject to home-office approval.

PRIOR GROUP COVERAGE

When replacing another group insurer, Blue Cross and Blue Shield of Louisiana adheres to all Louisiana replacement requirements. Credit will be given for any time served toward a waiting period for pre-existing conditions. This applies to employees listed on the current invoice of the previous insurer.

PRE-EXISTING CONDITIONS

A Pre-existing Condition is Defined as:

A physical or mental condition for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period immediately prior to the eligible member's enrollment date. Genetic information will not be treated as a pre-existing condition in the absence of a diagnosis of the condition related to that information. Pregnancy will not be treated as a pre-existing condition.

Pre-existing Condition Exclusion Period

No benefits will be provided for any charges incurred for any pre-existing conditions, subject to the following exclusion periods:

- initial enrollees of a new group policy — 12-month exclusion period (60 days for mental disorders)
- new-hire enrollees if application is received when first eligible — 12-month exclusion period (60 days for mental disorders)
- special enrollees — 12-month exclusion period (60 days for mental disorders)
- late enrollees — 18-month exclusion period (60 days for mental disorders)
**PRE-EXISTING CONDITIONS (CONTINUED)**

**Prior Creditable Coverage**
Credit will be given for all or part of the pre-existing condition exclusion period if proof of prior creditable coverage is provided. This credit will apply when the other eligible creditable coverage was in force within 63 days prior to the effective date under this coverage.

**Pre-existing Condition Exclusions Do Not Apply to:**
- newborns, provided a complete request for enrollment is received within 30 days of the birth;
- adopted children, provided a complete request for enrollment is received within 30 days of adoption or placement of adoption; or
- pregnancy.

**CONTRACT LIMITATIONS AND EXCLUSIONS**

INCLUDING BUT NOT LIMITED TO:

- charges exceeding the allowable charge
- investigational treatments
- sales tax or interest
- infertility treatments
- cosmetic surgery
- weight reduction surgery or programs
- routine eye exams
- eyeglasses and contact lenses
- correction for refractive errors of the eye
- custodial care

See contract for complete list.

This proposal is presented for general information only. It is not a contract, nor intended to be a contract. If there is a discrepancy between this document and the contract, the provisions of the contract will govern. Please refer to the contract (40XX0779) for complete information.
A PROVEN RECORD OF SERVICE

- 70 years of service in Louisiana
- Walk-in local service offices statewide
- An ID card recognized throughout the world

FOR MORE INFORMATION ABOUT BLUESAVER CALL

- Alexandria 318.448.1660
- Baton Rouge 225.295.2556
- Houma 985.223.3499
- Lafayette 337.232.7527
- Lake Charles 337.562.0595
- Monroe 318.323.1479
- New Orleans 504.832.5800
- Shreveport 318.795.0573

BlueSaver

BlueCross BlueShield of Louisiana
An independent licensee of the Blue Cross and Blue Shield Association