

*blue*SELECT®



Affordable
solutions from the
Cross and Shield

blue
SELECT®



**BlueCross BlueShield
of Louisiana**

An independent licensee of the Blue Cross
and Blue Shield Association

www.bcbsla.com

At Blue Cross and Blue Shield of Louisiana, we're seeking solutions to the high cost of health care. Our customers want a quality plan that is affordable, innovative and simple to understand — without sacrificing choice. **BlueSelect®**, our newest health care solution, offers all this ... and more.

LIFETIME PROTECTION AND DEDUCTIBLE OPTIONS



- Gives you lifetime protection of \$5 million for each covered family member
- Lets you choose the deductible that's right for you: \$100, \$250, \$500, \$750, \$1,000, \$2,500 or \$5,000 per calendar year (benefit period)
- Applies the deductible to each calendar year with a maximum of three deductibles per family, per calendar year
- Applies a separate prescription drug deductible of \$2,500 per calendar year, and a \$1,000 prescription drug out-of-pocket maximum after the deductible is met

PPO COVERAGE, OUR PREFERRED CARE NETWORK



- After you meet your deductible, covered expenses are paid at 80 percent of the allowable charge for care received from Preferred Care PPO physicians and hospitals. Covered expenses are paid at 60 percent of the allowable charge for care received outside the PPO network
- Covered expenses are paid at 100 percent of the allowable charge after you meet your deductible and reach an out-of-pocket maximum of \$1,000 per member per calendar year, with a maximum of three deductibles per family per calendar year

PREVENTIVE AND WELLNESS CARE



When you obtain preventive and wellness care services, we waive the deductible and coinsurance for the following services when rendered by a Preferred Care network provider. The deductible and coinsurance will apply to services rendered from a non-preferred provider.

- One routine Pap smear per calendar year
- One routine physical per calendar year
- Routine pediatric exams
- All immunizations as recommended by physician
- One mammography exam per calendar year
- One routine hemocult (colon) test per calendar year
- One routine gynecological exam per calendar year
- One prostate (PSA) screening test and one digital rectal exam per calendar year for members age 50 and older, or more frequently if recommended by physician

This brochure is presented for general information only. It is not a contract nor intended to be construed as a contract. If there is any discrepancy between this document and the BlueSelect® contract #40XX1278, the contract will govern the benefits paid. For complete information, please refer to the contract.



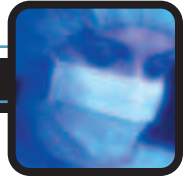
INPATIENT HOSPITAL EXPENSES



These services include, but are not limited to:

- Hospital room and board and general nursing services
- Use of operating, treatment and recovery rooms and equipment
- Anesthesia and its administration
- X-ray, nuclear medicine, sonography and computerized tomography (CAT scans, PET scans, MRIs, etc.)
- Inpatient rehabilitation services, including physical, occupational and speech therapy
- Drugs and medicines, intravenous injections and solutions (take-home drugs and medicines)
- Transfusion fees and equipment
- Medical and surgical supplies, casts and splints
- Use of a special care unit (such as intensive care unit)
- Chemotherapy, including use of materials
- Blood transfusions, including whole blood and plasma
- Hemodialysis
- Diagnostic services, such as radiology, laboratory and pathology
- Organ, tissue and bone marrow transplants up to the overall lifetime maximum, which includes a \$50,000 per transplant acquisition expense maximum, and drugs to protect against organ and tissue rejection
- Oral surgery benefits for accidental injury to sound natural teeth and other services and procedures

INPATIENT PROFESSIONAL SERVICES



These services include, but are not limited to:

- Hospital visits by the doctor
- Anesthesiologist's fees
- Diagnostic services rendered by a hospital employee
- Surgeon's and assistant surgeon's fees
- Consulting doctor's fees

OUTPATIENT AND OTHER MEDICAL EXPENSES



These services include, but are not limited to:

- Diagnostic services rendered in an outpatient setting and performed within 72 hours of a scheduled hospital admission
- Outpatient surgery when performed at an ambulatory surgery center or as an outpatient at a hospital
- Surgeon's and assistant surgeon's fees
- Emergency room services for medical emergencies that result in inpatient hospital stays, or emergency room services for accidental injuries in accordance with health plan benefits
- Blood, blood plasma, blood derivatives and blood processing
- Interpreter expenses for the hearing impaired
- Attention deficit and hyperactivity disorder diagnosis and coverage
- Cleft lip and cleft palate services
- Initial diabetes education
- Coverage for hearing aids for children age 17 and under
- Certain outpatient services for catastrophic illnesses:
 - radiation therapy
 - hemodialysis
 - blood transfusions, including whole blood and plasma
 - chemotherapy for cancer treatment (intravenous infusion or injection)
 - ultrasound, computerized tomography (CAT scans, MRIs, PET scans, cardiac catheterization, etc.) and nuclear medicine

PRESCRIPTION DRUG COVERAGE



BlueSelect® covers prescription drugs with a separate calendar-year deductible of \$2,500. Once you meet this deductible, you pay 50 percent for brand-name drugs and 20 percent for generic drugs, up to a \$1,000 out-of-pocket maximum. Once you reach this maximum, your covered prescriptions are paid at 100 percent for the remainder of that benefit period.

There is no family deductible or family out-of-pocket maximum for this benefit. Additionally, drugs dispensed or administered in a physician's office will be excluded since *BlueSelect*® does not cover physician office visits.

EXTRA FEATURES



Benefits That Travel

If you need medical attention when you're traveling in another state, your benefits travel with you. Your Blue Cross and Blue Shield of Louisiana ID card, the BlueCard,® offers convenient access to contracting health care providers located outside of Louisiana.

Discount Features

As an extra value, you receive instant discounts from our special network of vision, hearing and dental 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 discount providers and immediately receive significant savings.

To find a participating provider, visit www.bcbsla.com, click on [Find a Doctor](#).

ACCIDENTAL INJURY BENEFIT



This benefit provides coverage at 100 percent of the allowable charge for the first \$550 per benefit period of covered expenses incurred as a result of an accidental injury in accordance with health plan benefits. Regular benefits (subject to the calendar-year deductible and coinsurance) apply to charges in excess of \$550.

REHABILITATION SERVICES



Covered rehabilitation services include physical, occupational and speech therapy. This benefit provides coverage for inpatient, outpatient and professional services subject to a combined maximum of \$2,500 per benefit period for physical and occupational therapy. Speech therapy is limited to a separate \$2,500 maximum per benefit period for each member. Rehabilitation day programs may be authorized in place of inpatient stays.

SERVICES NOT COVERED



These services include, but are not limited to, the following:

- Physician office visits and related services
- Prescription drugs typically administered or dispensed in a physician's office
- Services, supplies and treatments that are not medically necessary
- Hospital, surgical or medical services rendered for pregnancy care (NOTE: ectopic pregnancies and miscarriages are covered)
- Cases covered under Workers' Compensation and employer liability laws
- Custodial care
- Treatment for mental disorders
- Treatment for alcohol and/or drug abuse
- Treatment for eating disorders, infertility and TMJ
- Corrections for refractive errors of the eye
- Diagnostic admissions
- Charges exceeding the allowable charge
- Private duty nursing, durable medical equipment, orthotics or prosthetics
- Contraceptive, fertility and impotence drugs, regardless of medical necessity
- Ambulance services to and from a hospital
- Any health conditions, illnesses or diseases listed in any exclusion rider provided by Blue Cross and Blue Shield of Louisiana

This is a partial list. Please see the contract for a complete list of limitations and exclusions.

PRE-EXISTING CONDITION EXCLUSION PERIOD



There is a pre-existing condition exclusion period for the coverage of treatment for pre-existing conditions. That period is 365 days from the effective date of coverage. A pre-existing condition is a condition that would have caused an ordinary prudent person to seek medical advice, diagnosis, care or treatment during the 365 days prior to the effective date of coverage or a condition for which medical advice, diagnosis, care, treatment or a prescribed drug was recommended or received during the 365-day period prior to the effective date of coverage. All pre-existing condition exclusion periods may be reduced for time served under a prior plan's health coverage as per state and federal guidelines.

Premium varies by deductible and coinsurance options selected, family composition, age, gender, area of residence, tobacco usage and duration of coverage. Applications for coverage may be denied or coverage may be limited based on the health status of the applicant. The BlueSelect® contract can be terminated for nonpayment of premium, failure to meet eligibility requirements, fraud, non-Louisiana residency and material misrepresentation. BlueSelect® refers to policy number 40XX1278.

Receipt

Receipt of \$_____ is hereby acknowledged for the initial premium and enrollment fee.

Make check payable to: Blue Cross and Blue Shield of Louisiana
And mail to: P.O. Box 98029 • Baton Rouge, Louisiana 70898-9029

Applicant's Signature

Date

Licensed Representative

Receipt
blueSELECT®

FOR MORE INFORMATION CALL

- Alexandria** **318.442.8107**
4508 Coliseum Boulevard., Suite A
Alexandria, Louisiana 71303
- Baton Rouge** **225.295.2527**
5525 Reitz Avenue
Baton Rouge, Louisiana 70809-3802
- Houma** **985.853.5965**
1437 St. Charles Street, Suite 135
Houma, Louisiana 70360
- Lafayette** **337.593.5727**
2701 Johnston Street • Suite 200
Lafayette, Louisiana 70503
- Lake Charles** **337.480.5315**
219 West Prien Lake Road
Lake Charles, Louisiana 70601-8450
- Monroe** **318.398.4955**
3130 Mercedes Drive
Monroe, Louisiana 71201
- New Orleans** **504.832.5800**
3501 North Causeway Boulevard • Suite 600
Metairie, Louisiana 70002
- Shreveport** **318.795.4911**
One Bellemead Centre
6425 Youree Drive • Suite 300
Shreveport, Louisiana 71105

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



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