

FOR INDIVIDUALS



Blue
Max

IF A FULL-COVERAGE
POLICY IS WHAT
YOU'RE LOOKING FOR,
CONSIDER THIS ...



**BLUE
MAX**



**BlueCross BlueShield
of Louisiana**

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

Your Health. Our Commitment.

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

WWW.BCBSLA.COM

BLUE MAX, our most comprehensive individual major medical plan, helps pay for everyday medical expenses, as well as hospitalization. With today's rising medical costs, it's good to know you're covered by a company that's 75 years strong. Find out how BLUE MAX offers more for you.

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
- Applies the deductible to each calendar year with a maximum of three deductibles per family, per calendar year (benefit period)

PPO COVERAGE, OUR PREFERRED CARE NETWORK

- **Plans with \$100, \$250, \$500, \$750 or \$1,000 deductibles:** after you meet your deductible, covered expenses are paid at 80 percent of the allowable charge for care received from PPO physicians and hospitals. Covered expenses are paid at 60 percent of the allowable charge for care received outside the network.
- **Plans with \$2,500 or \$5,000 deductibles:** after you meet your deductible, covered expenses are paid at 70 percent of the allowable charge for care received from PPO physicians and hospitals. Covered expenses are paid at 50 percent of the allowable charge for care received outside the network.
- **Copayments available with most plans:** if you choose a deductible of \$500 or less, most office visits to preferred providers are covered by a copayment of \$20 – no deductible or coinsurance applies. If you choose a deductible of \$750, \$1,000 or \$2,500, your copayment is \$50.
 - Covered expenses are paid at 100 percent of the allowable charge after you meet your deductible and reach an out-of-pocket maximum of \$2,000 per calendar year.



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 Blue Max contract #40XX0551, the contract language will govern the benefits paid. For complete information please refer to the contract.

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 for services rendered from a non-preferred provider.

- One routine Pap smear per benefit period (calendar year)
- One routine physical per benefit period
- Well-baby care for dependent children up to age 24 months
- All immunizations as recommended by physician
- One mammography exam every 12 months, or more frequently if ordered by your physician
- One routine colon (hemocult) test per benefit period
- One routine gynecological exam per benefit period
- One prostate (PSA) screening test and one digital rectal exam per benefit period year for members age 50 and older, or more frequently if recommended by physician

INPATIENT HOSPITAL EXPENSES

(subject to deductible and coinsurance)

- 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 \$5 million overall lifetime maximum, including a \$50,000 per acquisition expense maximum, and drugs to protect against organ and tissue rejection

DOCTOR EXPENSES

- Office visits for covered illness or injury
- Anesthesiologist's fees
- Laboratory and X-ray analysis
- Surgeon's and assistant surgeon's fees
- Consulting doctor's fees
- Hospital visits by the doctor

OTHER COVERED MEDICAL EXPENSES

- Emergency room services
- Blood, blood plasma, blood derivatives and blood processing
- Prescription drugs and medicines for use outside the hospital
- Visits to a registered dietician up to \$250 per calendar year, excluding diabetic education, which is covered under a separate benefit for diabetes
- Outpatient private-duty nursing by a registered nurse or licensed practical nurse up to \$5,000 per benefit period
- Limb prosthetics up to \$50,000 per limb per year, including the repair and replacement of prosthetic devices
- Durable medical equipment, non-limb prosthetic appliances and orthotic devices up to a combined maximum of \$15,000 per benefit period
- Licensed ambulance services for emergency transportation to or from the nearest hospital
- Oral surgery benefits for accidental injury to sound natural teeth and other services and procedures
- X-rays and laboratory analysis and tests done in a doctor's office or clinic
- Outpatient services
- Interpreter expenses for the hearing impaired
- Attention deficit and hyperactivity disorder diagnosis and coverage, up to \$600 for initial diagnosis
- Cleft lip and cleft palate services
- Initial diabetes education up to \$500
- Coverage for hearing aids for children age 17 and under

PRESCRIPTION DRUG COVERAGE

Prescription drugs are available for a copayment when you use a network pharmacy or mail-service pharmacy. Different copayments apply for drugs in each of the following tiers:

Tier 1:	Generic drugs (and certain brand-name drugs)	\$4
Tier 2:	Brand-name drugs (and certain generic drugs)	\$25
Tier 3:	Generic or brand-name drugs with a therapeutic alternative	\$45
Tier 4:	Multi-Source brand drugs	\$60
Tier 5:	Injectables	\$50

For retail pharmacies, the copayment covers up to a 30-day supply. Mail-order services are also available. When ordering drugs by mail, you pay three copayments and receive up to a 90-day supply. A separate copayment is required for each dispensing you receive.

If your deductible is \$1,000, a separate \$250 prescription drug deductible will apply. If your deductible is \$2,500, a prescription drug deductible of \$500 will apply. If your deductible is \$5,000, a prescription drug deductible of \$1,000 will apply. The member must first meet the prescription drug deductible amount before any prescription drug benefits are payable. Once the deductible is met, the member pays a copayment at the time of each prescription purchase.

Members who purchase specialty medications to treat chronic illnesses may now access our Specialty Pharmacy Network. Contact your agent or visit www.bcbsla.com for more information. Click on Customer, then Covered Drugs under QUICK LINKS.

Specialty drugs are limited to a 30-day supply. Certain exclusions and quantity limits apply.

ACCIDENTAL INJURY BENEFIT

- This benefit provides coverage at 100 percent of the allowable charge up to the first \$550 per benefit period of covered expenses incurred as a result of an accidental injury in accordance with health plan benefits. Regular policy benefits apply to allowable charges in excess of \$550.
- This contract also provides a \$10,000 accidental death and dismemberment benefit.

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. Rehabilitation day programs may be authorized in place of inpatient stays. Speech therapy is limited to a combined maximum of \$2,500 in allowable charges each benefit period. Physical and occupational therapies are limited to a combined maximum of \$4,500 in allowable charges each benefit period.

VALUE-ADDED SERVICES

Discount Features

Vision, Hearing and Dental Discount Network

Members can take advantage of special discounts on vision, hearing and dental services. Blue Cross and Blue Shield of Louisiana has contracted with certain providers to give members discounts on vision, hearing and dental services. Members simply present their ID card to one of the participating providers and immediately receive significant savings.

To find a discount provider, visit www.bcbsla.com and click on Find a Doctor or Hospital. Under the Online Louisiana Directory, click on Search Our Directory. From the drop-down menu, choose Discount Dental, Vision & Hearing. Please note that these services are not eligible for benefits under the benefit plan.

Benefits that Travel

The BlueCard® Program – When our members travel, they take their healthcare benefits with them – across the country and around the world. BlueCard® is a national program that 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. Our members have 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/coverage/bluecard; or
- Call the BlueCard Access line at 1.800.495.BLUE.



PREGNANCY CARE OPTION

The pregnancy option is available to members with a \$500 or higher benefit period deductible. This option provides coverage for pregnancy care at the same coinsurance level and deductible you selected for your major medical coverage. If you do not choose the pregnancy option, maternity benefits will be provided after you have incurred \$7,500 in pregnancy-related expenses per benefit period. If the pregnancy benefit is not selected at the time of purchase, it can be added only within 30 days of marriage or within 30 days of your policy's anniversary date. Consult your sales representative for details.

NOTE: Miscarriages and ectopic pregnancies are covered regardless of whether you choose the pregnancy option.

SERVICES NOT COVERED

- services, supplies and treatments that are not medically necessary
- cases covered under Workers' Compensation and employer liability laws

- custodial care
- treatment for mental disorders
- any health conditions, illnesses or diseases listed in an exclusion rider provided by Blue Cross and Blue Shield of Louisiana
- treatment for eating disorders, infertility and TMJ
- corrections for refractive errors of the eye
- contraceptive, fertility and impotence drugs, regardless of medical necessity
- treatment for alcohol and/or drug abuse
- diagnostic admissions

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

PRE-EXISTING CONDITION PERIOD (Cont.)

medical advice, diagnosis, care or treatment during the 365 days prior to the effective date of coverage, 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 or a pregnancy existing on 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.

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 new, 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 Customer, then choose Customer 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 1.800.495.BLUE (2583). This number is also listed on your member ID card.

Easy Ways to Pay your Bill!

Pay your bill automatically – automatic bank draft is the easiest way to pay your bill – you never have to worry about missing a payment! You can set up your monthly payment as an automatic bank draft by logging on to the Blue Cross website at www.bcbsla.com and selecting Customer. Then select Paying Your Bill. There you'll find a downloadable bank draft form and



easy instructions on paying your bill through bank draft. You can also call Customer Service at 1.800.495.BLUE (2583) for assistance.

Pay your bill online — with AccessBlue Customer Tools on the Blue Cross website, you can pay your Blue Max monthly premium using your checking account or your MasterCard or Visa. Just go to www.bcbsla.com and login to AccessBlue from the upper right of any page to get started. Once in AccessBlue, select Pay my bill. It's fast, easy and convenient!

Pay your bill by phone — you can call a Customer Service representative at 1.800.495.BLUE (2583) and make a payment with your Visa, MasterCard or checking account.

Louisiana 2 Step



Louisiana ranks fourth in the nation in adult obesity, first in deaths from diabetes and second on the list of unhealthiest states.* These are some of the reasons why Blue Cross created the **Louisiana 2 Step**, a statewide public health education campaign to encourage all Louisianians to *eat right* and *move more*.

The **Louisiana 2 Step** was launched in January 2007 with the simple message that two simple changes to one's daily routine can help improve overall health.



The award-winning interactive website at www.Louisiana2Step.com is designed to motivate Louisianians to *eat right* and *move more*. A companion site at www.2Step4Kids.com brings the same message to children ages 5 through 12 in a kid-friendly format.

*Centers for Disease Control and Prevention, 2008

Some benefits are optional. Premium will vary depending on deductible, coinsurance, family composition, age, gender, area of residence, tobacco usage, health status and duration of coverage options selected. Applications for coverage may be denied or coverage may be limited based on the health status of the applicant. The Blue Max contract can be terminated for nonpayment of premium, failure to meet eligibility requirements, fraud, non-Louisiana residency and material misrepresentation. Blue Max refers to policy number 40XX0551.

Receipt

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

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

And mail to: P.O. Box 98029 · Baton Rouge, LA 70898-9029

Licensed Representative (PRINT NAME)



Blue
Max

FOR MORE INFORMATION CALL

ALEXANDRIA

318.442.8107

4508 Coliseum Boulevard, Suite A
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

3130 Mercedes Drive
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

337.231.0005

2701 Johnston Street, Suite 200
Lafayette, Louisiana 70503

SHREVEPORT

318.795.4911

One Bellemead Centre
6425 Youree Drive, Suite 300
Shreveport, Louisiana 71105

CUSTOMER SERVICE

BATON ROUGE

225.293.0625

800.495.2583

help@bcbsla.com

5525 Reitz Avenue
Baton Rouge, Louisiana 70809-3802



Information on the most current rating is available at www.standardandpoors.com or by calling Standard & Poor's at 212.438.2400.



**BlueCross BlueShield
of Louisiana**

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

**BLUE
MAX**