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318-442-8107

4508 Coliseum Boulevard, Suite A
Alexandria, LA 71303

Baton Rouge
225-295-2527

5525 Reitz Avenue
Baton Rouge, LA 70809-3802

Lafayette
337-593-5727

5501 Johnston Street, Suite 200
Lafayette, LA 70503

Lake Charles
337-480-5315

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

New Orleans
504-832-5800

3501 North Causeway Boulevard, Suite 600
Metairie, LA 70002

Shreveport
318-795-4911

411 Ashley Ridge Boulevard
Shreveport, LA 71106

Houma
985-853-5965

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

Monroe
318-398-4955

3130 Mercedes Drive
Monroe, LA 71201

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5525 Reitz Avenue
Baton Rouge, LA 70809-3802

www.bcbsla.com



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.



**HMO
Louisiana, Inc.**

A subsidiary of Blue Cross and Blue Shield of Louisiana,
independent licensees of the Blue Cross and Blue Shield Association.

Solutions for Individuals

Helping You Choose the Plan
That's Right for You



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What's Inside

This information is presented to help you choose a plan. It is not a contract, nor is it intended to be construed as a contract.

Our Plans:

BlueMax	2
BlueSaver	4
BlueSelect	6
Blue Value	7
Point of Service (POS)	8
Compare Plans	10
Preventive and Wellness Services	12
Wellness	13
More Value: Services and Discounts	14
Online Tools	16
General Information	17

If there is any discrepancy between the information in this brochure and the policy, the policy will prevail. Premium will vary with the level of benefits chosen. For complete information, please refer to the policy.

Benefits are based on allowable charges. Allowable charge is defined as the lesser of the billed charge or the amount established or negotiated by Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. as the maximum amount allowed for all provider services covered under the terms of the policy.

Notice: Healthcare services may be provided to you at a network healthcare facility by facility-based physicians who are not in your health plan. You may be responsible for payment of all or part of those fees for those out-of-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles and non-covered services.

Specific information about in-network and out-of-network facility-based physicians can be found at www.bcbsla.com/hbp or by calling the customer service phone number on your ID card.

Thank You

for choosing Blue Cross and Blue Shield of Louisiana.

We are proud to serve your healthcare needs.

Our Blue Cross and HMO plans offer many benefits and features, including:

We offer five different plans to meet your coverage needs. This booklet gives an overview of each plan by explaining what each covers and showing what you can generally expect to pay out-of-pocket. You might find the chart on page 10 especially helpful. It will help you easily compare plans to find the one that fits the level of care you need and your budget. Our plans offer the advantages of:

- A large network of doctors and hospitals
- Direct access to specialty care without a referral
- Preventive and wellness services — most at no extra cost
- Local customer service
- Online tools to help you get the most from your health plan
- An ID card recognized around the world
- Exclusive member discounts and savings through Blue365®
- No lifetime maximum

CUSTOMER SERVICE



online: www.bcbsla.com



by phone: 1-800-599-BLUE (2583)



in person: 5525 Reitz Avenue
Baton Rouge, LA 70809

BlueMax

BlueMax, our most comprehensive individual major medical plan, helps pay for everyday medical expenses as well as hospitalization. This plan features an accredited statewide network of doctors and hospitals, plus savings for your pocketbook. We now offer plan options with a variety of deductibles and copayments to help you manage your healthcare costs.

BlueMax Policy Features

- Hospitalization and surgery coverage
- Physician office visits and copayment options
- Prescription drug program
- Preventive and wellness care
- Pregnancy care option
- Accidental death and dismemberment
- Limited oral surgery benefits

Coverage Options

Comprehensive BlueMax coverage options with affordable premiums help you manage your healthcare costs wisely. With BlueMax, you get the best of both worlds: maximum benefits with minimum worry — plus the predictability of copayments for doctor visits on most plans.

Here's how it works: you choose the deductible, and the amount you pay out-of-pocket. Each year when you meet your deductible your plan's benefits kick in. If you have a family plan, you pay up to three deductibles.

After you meet your deductible and an out-of-pocket maximum per calendar year we pay for covered expenses at 100 percent of the allowable charge.

Additional Rx Deductible	
Deductible	Rx Deductible
\$500	None
\$750	None
\$1,000	\$250
\$2,500	\$500
\$5,000	\$1,000

Prescription Drug Coverage

Prescription drugs are available for a copayment when you use a network pharmacy or mail-service pharmacy. Different copayments apply for brand-name and generic drugs. Several high deductible options have a separate and additional prescription drug deductible. (See policy.) If you have a plan with a pharmacy deductible, you will pay a copayment when you choose a network pharmacy or mail-service.



Pregnancy Care Option

This option provides coverage for pregnancy care at the same coinsurance level and deductible you select for major medical coverage.

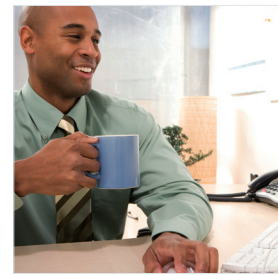
- You must add the pregnancy care option when you buy your policy or you can add it within 30 days of marriage or 30 days of your policy’s anniversary date. Consult your sales rep for details.
- No maternity option is available for the \$5,000 deductible.

If you do not add the pregnancy care option, your plan will still pay limited pregnancy benefits after you’ve paid \$7,500 out-of-pocket for pregnancy-related care.

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

Accidental Injury Coverage

If you are injured in an accident, we will pay the first \$550 of allowable charge. Regular policy benefits apply to charges after \$550.



BlueMax means maximum coverage, minimum worry!

Deductible and Coinsurance	
Deductible	Network Coinsurance
\$500	80/20%
\$750	80/20%
\$1,000	80/20%
\$2,500	70/30%
\$5,000	70/30%

BlueMax refers to policy #40HR1523.

BlueSaver[®]

BlueSaver[®], our high-deductible health plan, allows you to take control of your healthcare financing. With BlueSaver coverage and a health savings account (HSA) from a financial institution, you get sound, affordable health coverage while you build a financial cushion for your medical and non-medical needs.

BlueSaver Policy Features

The BlueSaver Package

- A choice of deductibles for individuals or families
- Out-of-pocket maximum includes deductible
- Pregnancy care option
- Prescription drug coverage
- Mail-order prescriptions, up to a 90-day supply
- Preventive and wellness benefits
- Emergency room coverage
- Doctors' office visits for covered illness or injury

Plus These Expenses

- Hospitalization services
- Hospital visits by the doctor
- X-rays and laboratory tests performed in a doctor's office or clinic
- Limited oral surgery benefits

Coverage Options

Pregnancy Care Option

This option provides coverage for pregnancy care at the same coinsurance level and deductible you select for major medical coverage.

- You must add the pregnancy care option when you buy your policy or you can add it within 30 days of marriage or 30 days of your policy's anniversary date. Consult your sales rep for details.

If you do not add the pregnancy care option, your plan will still pay limited pregnancy benefits after you've paid \$7,500 out-of-pocket for pregnancy-related care.

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



You Will Need a Health Savings Account

A health savings account, or HSA, can be a valuable tool to help you save money for medical expenses. An HSA is a tax-free account that you open to pay qualified medical expenses. If you have BlueSaver you can open and contribute to an HSA. You can use money in your HSA to pay for deductibles and qualified medical expenses, such as doctor visits, hospital care and prescription drugs.

MySmartSaver from the Bancorp Bank* is our preferred health savings account designed to work seamlessly with BlueSaver.

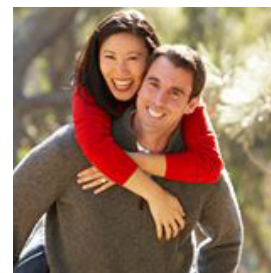
The website for MySmartSaver HSA is www.mysmartsaver.com
The toll free 24/7 customer service number is 800-546-9510.

For a complete list of qualified medical expenses, go to www.irs.gov.

**MySmartSaver is owned by the Bancorp Bank, a wholly owned subsidiary of The Bancorp, Inc. (Nasdaq NM: TBBK) and an independent company that provides HSA options to Blue Cross and Blue Shield of Louisiana customers.*



BlueSaver refers to policy #40HR1527. Blue Cross and Blue Shield of Louisiana is not engaged in rendering tax, legal or investment advice. Before opening an HSA, you should seek the guidance of a tax professional or financial advisor.



We may periodically adjust deductibles and out-of-pocket maximums to comply with laws regulating Health Savings Accounts.

BlueSelect®

BlueSelect features cost-effective plans with basic hospitalization coverage, plus a few extra features like a prescription drug program and outpatient services.

BlueSelect Policy Features



- Statewide PPO network
- Deductible choices from \$500 to \$5,000
- Covered surgery and hospital stays
- Preventive and wellness care
- Prescription drug benefits with separate deductible
- Inpatient and outpatient rehabilitation coverage

We've taken our most basic individual plan and enhanced it with features that our customers requested most – and priced it to fit their budgets.

Prescription Drug Coverage

Prescription drugs are available and subject to a separate deductible and coinsurance. Different coinsurance applies to brand-name and generic drugs. (See chart)

Accidental Injury Coverage

If you are injured in an accident, we will pay the first \$550 of allowable charge. Regular policy benefits apply to charges after \$550.



Blue Value[®]

Blue Cross and Blue Shield of Louisiana helps you plan for the unexpected. Our Blue Value policy features coverage for large, unplanned medical expenses, such as hospital stays and surgery. Valuable protection ... just in case.

Blue Value Policy Features



- Statewide PPO network
- Deductible choices from \$500 to \$5,000
- Covered surgery and hospital stays
- Preventive and wellness care
- Inpatient rehabilitation services
- Outpatient rehabilitation (optional purchase)
- Covers chemotherapy drugs that are administered by IV infusion, injection and oral chemo drugs. (for cancer treatment only) *

Since life can be as unpredictable as weather, it's good to know there are some things you can count on — rain or shine.

The Blue Value policy is our most basic hospitalization coverage option. It features affordable protection for individuals and families.

Accidental Injury Coverage

If you are injured in an accident, we will pay the first \$550 of allowable charge. Regular policy benefits apply to charges after \$550.

**A specialty pharmacy must administer oral chemotherapy drugs in order for benefits to apply.*

Point of Service

Wholly owned by Blue Cross and Blue Shield of Louisiana, HMO Louisiana, Inc. is a subsidiary of the largest and most experienced health insurer in the state. We're proud to bring you our managed care programs with the strength of the Cross and Shield.

Point of Service Benefit Policy Features

- Choice of five plans
- Prescription drug benefits
- Preventive and wellness care
- Out-of-area dependent coverage
- Deductible options for lower premiums
- Limited service areas and networks include Baton Rouge, New Orleans and Shreveport areas

Our Point of Service (POS) plans feature predictable out-of-pocket costs with copayment plans for doctor visits, prescription drugs and hospital stays.

Non-Network Benefits

Our POS plans allow you to seek care outside of the network and still receive benefits. If you go to a doctor or hospital that isn't in the HMO Louisiana network, you must pay a deductible. Once the deductible is met, you share the payment with us through coinsurance.

Dependent Out-of-Area Benefits

For added convenience, our POS plans offer a benefit level for members with dependents — such as students — living outside of their designated service area. Enroll your dependents as “out-of-area” at time of application. These dependents receive all policy benefits, but subject to deductible/coinsurance.



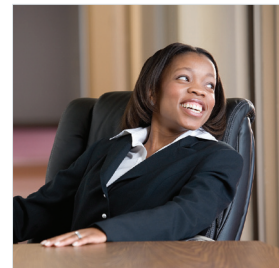
Prescription Drug Program

Prescription drug benefits are included in all POS plans. How much you pay depends on the tier of the drug you buy.

Tier	Description	You Pay
1	Generic drugs (and certain brand-name drugs)	\$7
2	Brand-name drugs (and certain generic drugs)	\$25
3	Generic or brand-name drugs with a therapeutic alternative	\$45
4	Multi-source brand drugs	\$60
5	Injectables	\$50

Other features include:

- A copayment that covers up to a 30-day supply or the manufacturer’s recommended dosage;
- For mail-order prescriptions, you pay three copayments and receive up to a 90-day supply or the manufacturer’s recommended dosage; and
- A \$500 pharmacy deductible option is available for plans 4 & 5. Once the deductible is met, you pay the applicable copayment at the time of purchase.



Convenience with predictable costs.

Covered Benefits	■ BlueMax		■ BlueSaver		■ Blue Select		■ Blue Value	
	Single	Family of 3 or More	Single	Family of 2 or More	Single	Family of 3 or More	Single	Family of 3 or More
Deductible Options for Benefit Period	\$500 \$750 \$1,000 \$2,500 \$5,000	\$1,500 \$2,250 \$3,000 \$7,500 \$15,000	\$1,200 \$1,900 \$2,800 \$3,300 \$5,500	\$2,400 \$3,800 \$5,600 \$6,600 \$10,000	\$500 \$750 \$1,000 \$2,500 \$5,000	\$1,500 \$2,250 \$3,000 \$7,500 \$15,000	\$500 \$750 \$1,000 \$2,500 \$5,000	\$1,500 \$2,250 \$3,000 \$7,500 \$15,000
The Most You Pay Out-of-Pocket	In Addition to Deductible Each Member: \$2,000		\$3,400 \$4,100 \$5,000 \$5,500 \$5,500	\$6,800 \$8,200 \$10,000 \$11,000 \$11,000	In Addition to Deductible Each Member: \$1,000		In Addition to Deductible Each Member: \$1,000	
If You Go to a Doctor's Office	With \$500 deductible, you pay \$20 With \$750-\$2,500 deductible, you pay \$50 With \$5,000 deductible, you pay deductible then coinsurance		Deductible then Coinsurance		Not Covered		Not Covered	
Coinsurance	Network 80/20% 70/30%	Non-Net 60/40% 50/50%	Network 100/0% 80/20%	Non-Net 80/20% 60/40%	Network 80/20%	Non-Net 60/40%	Network 80/20%	Non-Net 60/40%
Preventive Care Services (PPACA)*	We Pay 100%	Coinsurance	We Pay 100%	Coinsurance	We Pay 100%	Coinsurance	We pay 100%	Coinsurance
If You Go to an Emergency Room	Deductible then Coinsurance		Deductible then Coinsurance		Only for accidental injuries or if visit results in inpatient stay (after you pay deductible)		Only for accidental injuries or if visit results in inpatient stay (after you pay deductible)	
If You Are Admitted to an Inpatient Hospital	Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance	
If You Go to an Ambulatory Surgical Center	Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance	
Pregnancy Care	Same as any other condition if option is purchased		Same as any other condition if option is purchased		Not Covered		Not Covered	
Prescription Drugs	Copayment Levels \$7 \$25 \$45 \$60 \$50		Generic: 100% OR 80/20% Brand Name: 80/20% OR 60/40% (After Deductible)		Generic: 80/20% Brand Name: 50/50% (After Deductible)		Only if administered in hospital or outpatient facility for covered services	
Drug Deductible Per Member	\$1,000 deductible/ \$250 drug deductible \$2,500/\$500 \$5,000/\$1000		No Separate Drug Deductible		\$2,500		No Separate Drug Deductible	
Physical, Occupational, Speech Therapy Rehabilitation Services	Copay or Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance		If Option Purchased Deductible then Coinsurance	
Accidental Injury Benefit	100% up to \$550 No deductible		Not Applicable		100% up to \$550 No deductible		100% up to \$550 No deductible	

This is only an outline. All benefits are subject to the terms and conditions of the benefit plan. In the case of a discrepancy, the benefit plan will prevail.

*Preventive Services mandated under the Patient Protection and Affordable Care Act

■ POS Plan 3	■ POS Plan 4	■ POS Plan 5	POS Plan 1-5	POS Dependent <i>Out of Service Area</i>	Covered Benefits
Network	Network	Network	Non-Network		
Single 0 Family 0	Single 0 Family 0	Single \$1,000 Family \$3,000	Single \$2,000 Family \$6,000	Single \$500 Family \$1,500	Deductible Options for Benefit Period
Single \$1,500 Family \$3,000	Single \$2,000 Family \$4,000	In Addition to Deductible Single \$2,000 Family \$4,000	Single \$2,000 Family \$4,000	In Addition to Deductible Single \$3,500 Family \$7,000	The Most You Pay Out-of-Pocket
\$30 Primary Care Physician \$50 Specialist	\$35 Primary Care Physician \$55 Specialist	\$35 Primary Care Physician \$55 Specialist	Deductible then Coinsurance	Deductible then Coinsurance	If You Go to a Doctor's Office
None	None	None	60/40%	80/20%	Coinsurance
Covered 100%	Covered 100%	Covered 100%	Coinsurance	Covered 100%	Preventive Care Services (PPACA)*
\$150 Copayment Waived if Admitted	\$150 Copayment Waived if Admitted	\$150 Copayment Waived if Admitted	\$150 Copayment Waived if Admitted	Deductible then Coinsurance	If You Go to an Emergency Room
\$250 Copayment a Day (3 max)	\$300 Copayment a Day (3 max)	We Pay 100% after Deductible	Deductible then Coinsurance	Deductible then Coinsurance	If You Are Admitted to an Inpatient Hospital
\$250 Copayment a Day	\$300 Copayment a Day	We Pay 100% After Deductible	Deductible then Coinsurance	Deductible then Coinsurance	If You Go to an Ambulatory Surgical Center
Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Pregnancy Care
Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50	Prescription Drugs (See Page 9 for pricing structure)
No Separate Drug Deductible	\$500 (Optional)	\$500 (Optional)	No Separate Drug Deductible	No Separate Drug Deductible	Drug Deductible Per Member
\$30 Copayment	\$35 Copayment	\$35 Copayment	60/40%	80/20%	Physical, Occupational, Speech Therapy Rehabilitation Services
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Accidental Injury Benefit

Preventive and Wellness Services

Listed below is a sample of preventive services available to our customers and their enrolled dependents at no out-of-pocket cost when obtained from a network provider.

Service	Frequency Limit	Age Limit
Routine physical exam	No limit	No limit
Pap Smear	One per year	No limit
Prostate-specific antigen (PSA) test	One per year	Age 50 and older
Routine mammogram, if recommended by a physician	One per year	No limit
Immunizations recommended by a physician	No limit	No limit
Well-baby care for dependent children	No limit	Up to age 24 months
Colonoscopy for adult men and women	One every 10 years	Ages 50 - 75
Asymptomatic bacteriuria for pregnant women	No limit	No limit
Congenital hypothyroidism screening	No limit	Newborns less than age 1
Chlamydial and gonorrhea screenings for women	One per year	No limit
Hearing screening	One per year	Ages 0 - 21
Hepatitis B virus infection screening for pregnant women	No limit	No limit
HIV screening	No limit	No limit
Cholesterol screening	No limit	No limit
Osteoporosis screening in postmenopausal women	One per year	Age 60 and older
Sickle cell disease screening	No limit	Newborns less than age 1
Syphilis infection screening	One per year	No limit
Type 2 diabetes mellitus screening in adults	No limit	No limit
Visual impairment screening	One per year	Ages 0 - 21
Lead screening	One per year	Ages 0 - 6
Developmental screenings	No limit	Ages 0 - 3
Autism screenings	No limit	Ages 1 - 2
Tuberculosis screening	One per year	Ages 0 - 21

- Subject to age requirement limits for certain preventive services.
- Benefits indicated for pregnant women available only if member has pregnancy benefits.

This outline is presented for general information only. It is not a contract, nor intended to be a contract. If there is any discrepancy between this document and the policy, the provisions of the policy will govern. Please refer to the benefit policy for more details.

 **HMO Louisiana, Inc.**
A subsidiary of Blue Cross and Blue Shield of Louisiana, independent licensees of the Blue Cross and Blue Shield Association.

 **BlueCross BlueShield of Louisiana**
An independent licensee of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.

Wellness

My Health, My Way

Better health begins by registering for your online account and joining the **My Health, My Way** wellness program. This program is included in all plans *at no extra cost*. With **My Health, My Way** you can find:

- Interactive tools that let you track your weight, calorie intake, daily activity and more
- Healthcare Advisor – a detailed library of health information from WebMD*
- Fitness and nutrition plans that can be customized for you and your family
- Online wellness videos on topics such as back care, nutrition, smoking cessation, stress management and weight management
- Secure and confidential user log-in and data collection

If our medical team believes you may benefit from Care Management Services, your information may be shared with our medical personnel, and you may be contacted by a Care Management nurse.

The information you provide in the PHA will be used only as permitted by law. Your responses will not adversely affect your premium or enrollment in your health plan.

**Healthcare Advisor is powered by WebMD Health Services, an independent company that provides information on coverage and health topics for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

Blue365®

Living well means having healthy options every day. That's why we offer Blue365 to take our members beyond health insurance and give them access to trusted health and wellness resources 365 days a year. Blue Cross members enjoy special discounts on many services.



Security and Confidentiality: The Personal Health Assessment has been engineered to provide the same level of protection for your confidential health information that online banking and consumer websites offer their clients and account holders.

Learn more
about your
built-in health
benefits at
www.bcbsla.com

More Value: Services and Discounts



Register for your online account to access these exclusive discounts!

Blue365 is a national program that's part of every plan, offering exclusive access to information, discounts and savings, making it easier and more affordable to make healthy choices.

Health and Wellness

- Fitness – discounts on local health club memberships and free access to online tools
- Diet/Weight Control – savings on programs, products and consultations at Jenny Craig, eDiets and NutriSystem
- Vision Discounts – With Blue365 our members can receive routine eye exams, frames, lenses, conventional contact lenses and laser vision correction at substantial savings when using Davis Vision network providers. Members have access to more than 30,000 providers nationwide, including optometrists, ophthalmologists and many retail centers. Members can also save 40 to 50 percent off the overall national average price for Lasik surgery through QualSight LASIK.

Family Care

- Senior Care – discounts on care advisory services
- Child Safety – access to child safety and consumer product information
- Long-Term Insurance – free guidelines and information
- Managing Medicare – resources to understand coverage options from Medicare

Travel

- Healthy Getaways – special discounts on hotel programs and services
- Worldwide Health Coverage – access to doctors and hospitals across the globe
- Travel Tips – a wealth of online travel tips and resources

More Value: Services and Discounts

(continued)

Financial Health

You can save up to 25 percent on federal tax preparation when you prepare your own taxes with H&R Block At Home™.

With H&R Block At Home online solutions, you do your own taxes by following the simple, step-by-step Q&A that searches for hundreds of deductions to help you receive the maximum refund!

Dental Discount Network

Members can take advantage of special discounts on dental services by simply presenting their ID card to a participating provider and immediately receiving significant savings. To find a discount provider, visit www.bcbsla.com and click on Find a Doctor or Drug, then Louisiana Directory. Next to Step 1, from the drop-down Network menu, choose Discount Dental.

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.

Blue National Doctor and Hospital Finder

This mobile app allows you to search a national network of doctors, urgent care centers and hospitals by specialty or name. Some features include:

- A comprehensive listing of providers in Blue networks nationwide
- GPS navigation search
- Map links and directions
- SMS text messaging
- Click-to-call with one tap of your phone screen
- Find the *Doctor and Hospital Finder* in the Apple App Store, or scan this barcode to download.



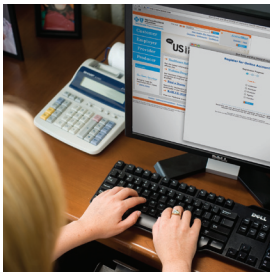
Dental Discount Network

To access a provider outside of your service area, 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.

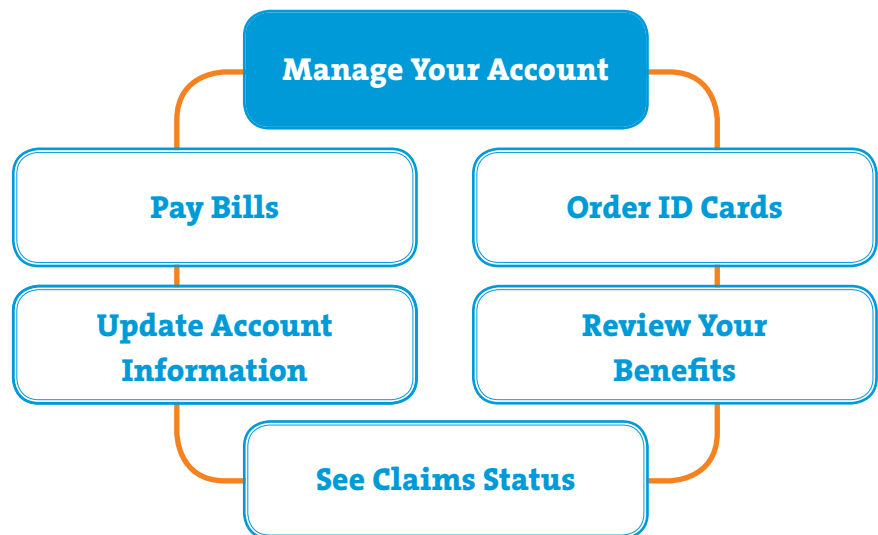


Online Tools

Online Tools



Our members want more ways to manage their health information. That's why we offer password-protected online tools that allow you to review and manage your healthcare information 24 hours a day, seven days a week.



Your online account also gives you exclusive access to wellness tools and discounts, so you can manage your care and make healthier choices.

Follow us on
Facebook
www.facebook.com/bluecrossla

Go to www.bcbsla.com today and click LOG IN for instructions on how to register. Blue Cross provides after-hours telephone support for the sign-up process. So if you need any help registering or logging in, call toll-free 1-800-821-2753, weekdays 6 a.m. to 11 p.m., weekends and holidays 8 a.m. to 11 p.m.

General Information

Your plan will not pay for:

- Services, supplies and treatments that are investigational and are not medically necessary
- Services covered under workers' compensation and employer liability laws
- Custodial care
- Treatment for mental health
- Substance and/or drug abuse
- Treatment for eating disorders, infertility and TMJ
- Lasik or other refractive corrections of the eye
- Fertility and impotence drugs, regardless of medical necessity
- Maternity (POS, BlueSelect and Blue Value)

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

For 365 days after your coverage begins, your plan will not pay for care related to a condition you already had.

There is a pre-existing 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, 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. The pre-existing condition exclusion period may be reduced for time served under a prior plan's health coverage as per state and federal guidelines. No pre-existing condition exclusion period applies to anyone under 19.

Services Not Covered

Pre-Existing Condition Exclusion Period