

# FOR INDIVIDUALS



Blue  
Saver®

GET THE MEDICAL COVERAGE  
YOU NEED TODAY ...  
AND A HEALTH SAVINGS ACCOUNT  
FOR THE FUTURE.



## BlueSaver®



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](http://WWW.BCBSLA.COM)

**Blue Cross and Blue Shield  
of Louisiana's BlueSaver®  
provides the comfort of reliable  
healthcare coverage today  
while you build a financial  
cushion for medical and non-  
medical needs of tomorrow.  
Please read to learn more about  
BlueSaver, Blue Cross and  
Blue Shield of Louisiana's  
high-deductible health  
insurance plan.**

## **WHAT IS A HEALTH SAVINGS ACCOUNT?**

A Health Savings Account, usually referred to as an HSA, is a personal, tax-free savings account to which contributions are made to cover medical expenses. To participate in an HSA, individuals must be covered by a qualified high-deductible health plan and open a health savings account with a financial institution. HSA account holders (or anyone on their behalf) may contribute up to \$3,000 annually to their HSA if they have qualified self-only coverage, or up to \$5,950 if they have qualified family health coverage. Members 55 or older by the end of the taxable year may contribute an extra \$1,000 to the HSA as a catch-up contribution. (These amounts are for 2009, may change annually, and are subject to additional IRS rules. Check with your tax advisor.)

## **THE BLUESAVER PACKAGE**

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

\*Deductibles and out-of-pocket maximums may be adjusted periodically to comply with the laws regulating health savings accounts.



This is an informational brochure only. It is not a contract nor intended to be construed as a contract. If there is any discrepancy between the language in this document and the language in the BlueSaver contract # 40XX0778, the contract language will govern. For complete information please refer to the contract.

## **PPO COVERAGE, OUR PREFERRED CARE NETWORK**

Our Preferred Provider Organization (PPO) plans feature savings on premiums and out-of-pocket costs.

Choose between two coinsurance percentage levels:

- 100/80 – benefits are paid at 100 percent of the allowable charge for network care or 80 percent of the allowable charge for non-network care after you meet your deductible.
- 80/60 – benefits are paid at 80 percent of the allowable charge for network care or 60 percent of the allowable charge for non-network care after you meet your deductible. (This coinsurance option is not available for all deductible amounts.)

The out-of-pocket maximum\* includes your deductible and coinsurance. After you meet your individual or family out-of-pocket maximum, covered expenses are paid at 100 percent of the allowable charge for the remainder of that benefit period (calendar year).

Policies with more than one member must meet the family deductible. See the chart on page 6 for options available.

## **PREVENTIVE AND WELLNESS CARE**

BlueSaver offers a full list of preventive and wellness care benefits. The deductible and coinsurance are waived for the following services when rendered by a Preferred Care network provider. The coinsurance will apply for services rendered by a non-preferred provider.

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

\*Deductibles and out-of-pocket maximums may be adjusted periodically to comply with the laws regulating health savings accounts.

## **BLUESAVER COVERS THESE INPATIENT 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 for examination, diagnosis and treatment of an illness or injury other than pre-operative and post-operative medical visits
- transfusion fees and equipment
- medical and surgical supplies
- use of special care units
- eligible organ, tissue and bone marrow transplants
- drugs and medicines
- intravenous injections and solutions

## **PLUS THESE EXPENSES**

- office visits for covered illness or injury
- surgeon's fees and assistant surgeon's fees
- consulting doctor's fees
- X-rays and laboratory tests performed in a doctor's office or clinic
- laboratory and X-ray analysis
- anesthesiologist's fees
- hospital visits by the doctor
- blood, blood plasma, blood derivatives and blood processing
- 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 an aggregate 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, extraction of impacted teeth and oral surgery services
- interpreter expenses for the hearing impaired

### PLUS THESE PROFESSIONAL EXPENSES (Cont.)

- home healthcare, hospice and skilled nursing care (prior authorization required)
- 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

After the deductible is met, BlueSaver provides coverage for the allowable charge for prescription drugs as follows:

- Plans with 100/80 coinsurance: generic = 100%  
brand-name = 80%
- Plans with 80/60 coinsurance: generic = 80%  
brand-name = 60%

Prescription drugs approved to treat alcohol and/or drug abuse and for the treatment of mental disorders are subject to the following:

- Plans with 100/80 coinsurance: generic = 80%  
brand-name = 50%
- Plans with 80/60 coinsurance: generic = 70%  
brand-name = 50%

Mail-order prescription services are not available at this time. See our website at [www.bcbsla.com](http://www.bcbsla.com) for more information.

Members who purchase specialty medications to treat chronic illnesses may now access our Specialty Pharmacy Network. Contact your agent for details or visit [www.bcbsla.com](http://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 DEATH & DISMEMBERMENT

A \$10,000 accidental death and dismemberment benefit is automatically included with this BlueSaver policy. Benefits are paid for covered loss of life, limb or sight resulting from an accident.

### REHABILITATIVE CARE

This benefit provides coverage for inpatient, outpatient and professional services for physical, occupational and speech therapy. Rehabilitation day programs may be authorized in place of inpatient stays. Speech therapy is limited to \$2,500 in allowable charges each benefit period. Physical and occupational therapies are limited to \$4,500 in combined allowable charges each benefit period. These benefits apply to the benefit period deductible.

### PREGNANCY CARE OPTION

This option provides coverage for pregnancy care subject to your deductible and coinsurance. The family deductible applies to all pregnancy and well-baby charges when a newborn is added to subscriber-only contracts. Consult your sales representative for details.

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

### OUR PPO PROVIDER NETWORK GIVES YOU SAVINGS & THE POWER TO CHOOSE

The PPO network is a select network of preferred provider organization hospitals, physicians and other healthcare providers who have agreed to give our PPO customers discounts off their standard charges. The PPO benefit provides the highest level of benefits when you see a PPO network provider. If you use a provider outside of this network, you receive reduced benefits.

To find a preferred doctor or hospital, visit [www.bcbsla.com](http://www.bcbsla.com), click on Find a Doctor or Hospital, then click Online Louisiana Directory and select Preferred Care PPO.

### SERVICES NOT COVERED INCLUDE BUT ARE NOT LIMITED TO:

- any health conditions, illnesses or diseases listed in an exclusion rider provided by Blue Cross and Blue Shield of Louisiana
- cases covered under Workers' Compensation and employer liability laws
- custodial care
- treatment for alcohol and/or drug abuse
- treatment for mental disorders
- diagnostic admissions
- corrections for refractive errors of the eye
- contraceptive and fertility drugs, regardless of medical necessity
- impotence drugs

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, 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.

## VALUE-ADDED SERVICES

### Discount Features

As an extra value, all covered members may receive instant discounts from our special network of vision, hearing and dental providers. We've negotiated with these providers to give our covered members significant savings on these services. Since this is a discount-only program and not a policy benefit, covered members enjoy immediate savings at the point of service and do not have to file claims or wait for reimbursement!

To find a participating provider, visit [www.bcbsla.com](http://www.bcbsla.com), click on Find a Doctor or Hospital on the home page, then Online Louisiana Directory, then select Discount Dental, Vision and Hearing.

### 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](http://www.bcbs.com/coverage/bluecard); or
- Call the BlueCard Access line at 1.800.810.BLUE.

## 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](http://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.

## DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS

	Deductibles	Out-of-Pocket Maximums*
Single	\$1,200	\$3,400
	\$1,900	\$4,100
	\$2,800	\$5,000
	\$3,300	\$5,500
	\$5,500	\$5,500
Family	\$2,400	\$6,800
	\$3,800	\$8,200
	\$5,600	\$10,000
	\$6,600	\$11,000
	\$10,000	\$11,000

## COINSURANCE OPTIONS

	Network (100% or 80%) <sup>1</sup>	Non-Network (80% or 60%) <sup>2</sup>
Physician office visits	100/0% or 80/20%	80/20% or 60/40%
Preventive & wellness (deductible is waived)	100/0%	80/20% or 60/40%
Emergency room	100/0% or 80/20%	80/20% or 60/40%
Inpatient expenses	100/0% or 80/20%	80/20% or 60/40%
Outpatient expenses	100/0% or 80/20%	80/20% or 60/40%
Prescription drugs:		
Generic	100/0% or 80/20%	100/20% or 80/20%
Brand-Name	80/20% or 60/40%	80/20% or 60/40%
Mental & Nervous/Alcohol & Drug Abuse prescription drugs:		
Generic	80/20% or 70/30%	80/20% or 70/30%
Brand-Name	50/50%	50/50%

\* The deductible and coinsurance accrue to the out-of-pocket maximum. The 80/60 option is not available for all plans. Contact your producer or licensed representative for details.

<sup>1</sup> Once the deductible is met, covered expenses are paid at 100 percent or 80 percent of the allowable charge for network care.

<sup>2</sup> Once the deductible is met, covered expenses are paid at 80 percent or 60 percent of the allowable charge for non-network care.

**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).**

## 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](http://www.bcbsla.com) and selecting Customer. Then select Paying Your Bills. 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 1.800.599.BLUE (2583) for assistance.

*Pay your bill online* – with AccessBlue Customer Tools on the Blue Cross website, you can pay your BlueSaver monthly premium using your checking account or your MasterCard or Visa. Just go to [www.bcbsla.com](http://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](http://www.Louisiana2Step.com) is designed to motivate Louisianians to *eat right and move more*. A companion site at [www.2Step4Kids.com](http://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

Premium varies by deductible, coinsurance options selected, family composition, age, gender, area of residence, tobacco usage, health status and duration of coverage. Applications for coverage may be denied or coverage may be limited based on the health status of the applicant. The BlueSaver contract can be terminated for nonpayment of premium, failure to meet eligibility requirements, fraud, non-Louisiana residency and material misrepresentation. BlueSaver refers to policy number 40XX0778.

## Receipt

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

\$ \_\_\_\_\_ Deductible \_\_\_\_\_ Coinsurance

Method of Payment :  Monthly  Semi-Annual  Quarterly  Annual

	SUBSCRIBER	SUBSCRIBER W/SPOUSE	SUBSCRIBER W/CHILDREN	FAMILY
BlueSaver	_____	_____	_____	_____
Pregnancy Option	_____	_____	_____	_____
VIP*	_____	_____	_____	_____
Total Premium	_____	_____	_____	_____
Enrollment Fee (\$25)	_____	_____	_____	_____
Total	_____	_____	_____	_____

Make check payable to:

Blue Cross and Blue Shield of Louisiana  
Mail to: P.O. Box 98029  
Baton Rouge, LA 70898-9029

\_\_\_\_\_  
Licensed Representative (SIGNATURE/DATE)

\_\_\_\_\_  
Licensed Representative (PRINTED NAME)

\_\_\_\_\_  
Producer Number

\*Ask your representative about this additional policy.  
Completion of an application for coverage is required and coverage is not effective until policy is issued.



**Blue  
Saver**

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](http://www.standardandpoors.com) or by calling Standard & Poor's at 212.438.2400.



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**BlueSaver<sup>®</sup>**