

BlueMax

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

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 more than 65 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

TRADITIONAL COVERAGE



- Choose from three coinsurance percentage levels: 80/20 percent, 70/30 percent or 50/50 percent
- Benefits are paid at 80 percent, 70 percent or 50 percent of the allowable charge for the covered expenses after you reach your deductible
- Covered expenses are paid at 100 percent of the allowable charge after you meet your deductible and reach your out-of-pocket maximum per the following schedule:
 - \$1,000 out of pocket, plus deductible, for 80/20 coinsurance
 - \$1,500 out of pocket, plus deductible, for 70/30 coinsurance
 - \$2,500 out of pocket, plus deductible, for 50/50 coinsurance

PPO COVERAGE, OUR PREFERRED PROVIDER OPTION



- 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.
- 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 calendar year.
- If you choose a deductible of \$500 or less, most office visits to preferred providers are covered by a simple, pre-set copayment of \$20 (deductible and coinsurance do not apply).

PREVENTIVE AND WELLNESS CARE



When you obtain preventive and wellness care services, we waive the deductible and coinsurance* for the following services:

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|--|--|
| • One routine Pap smear per calendar year | • One mammography exam per benefit period |
| • One routine physical up to \$150 per calendar year | • One routine colon (hemoccult) test per calendar year |
| • Routine pediatric exams | • One routine gynecological exam per calendar year |
| • All immunizations as recommended by physician | • 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 |

*waived for PPO plans when a preferred provider is used and for traditional plans when a participating provider is used



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 rehabilitational 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 with a \$250,000 lifetime maximum, which includes 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 MEDICAL EXPENSES



- Emergency room services
- Blood, blood plasma, blood derivatives and blood processing
- Prescription drugs and medicines for use outside the hospital
- Outpatient private-duty nursing by a registered nurse or licensed practical nurse up to \$5,000 per calendar year
- Durable medical equipment, prosthetic appliances and orthotic devices up to an aggregate maximum of \$25,000 per calendar year
- 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

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 prevail.



PRESCRIPTION DRUG COVERAGE



Copayment-style coverage applies when you use an Express Scripts, Inc. network pharmacy or mail-service pharmacy if your deductible is \$750 or lower. Different copayments apply for generic drugs, brand-name drugs, brand-name drugs with a therapeutic alternative, multi-source brand drugs and injectable drugs:

- | | | | |
|---|------|----------------|------|
| • Generic drugs | \$10 | • Injectables | \$50 |
| • Brand-name drugs | \$20 | • Multi-Source | \$55 |
| • Brand-name drugs with a therapeutic alternative | \$40 | Brand drugs | |

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.

NOTE: If your deductible is \$1,000 or higher, prescription drugs are subject to usual deductible and coinsurance requirements. You will receive discounts at participating pharmacies at the point of purchase when you present your Blue Cross ID card to the pharmacist.

EXTRA FEATURES



Accidental Injury Benefit

- This benefit provides coverage at 100 percent of the allowable charge for the first \$500 of covered expenses incurred as a result of an accidental injury if services are rendered within 90 days of treatment of the injury. Regular policy benefits apply to charges in excess of \$500.
- This contract also provides a \$10,000 accidental death and dismemberment benefit.

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.

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 20 visits per calendar year.

PREGNANCY CARE OPTION



The pregnancy option is available to members with a \$500 deductible or higher. This option provides coverage for pregnancy care at the same coinsurance level and deductible (\$500 or more) you select for major medical coverage. If you do not choose the pregnancy option, maternity benefits will be provided after you have incurred \$5,000 in pregnancy-related expenses for any one pregnancy. 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.



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 participating providers and immediately receive significant savings.

SERVICES NOT COVERED

INCLUDING BUT NOT LIMITED TO:



- services, supplies and treatments that are not medically necessary
- cases covered under Workers' Compensation and employer liability laws
- custodial care
- treatment for mental disorders
- 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

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.

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

Receipt

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

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

Subscriber's Signature

Date

Licensed Representative

Receipt
BlueMax

FOR MORE INFORMATION CALL

- | | |
|--|--------------|
| <input type="checkbox"/> Alexandria | 318.442.8107 |
| 5417 Jackson Street Extension • Suite B
Alexandria, Louisiana 71303 | |
| <input type="checkbox"/> Baton Rouge | 225.295.2527 |
| 5525 Reitz Avenue
Baton Rouge, Louisiana 70809-3802 | |
| <input type="checkbox"/> Houma | 985.853.5967 |
| 309 Progressive Boulevard
Houma, Louisiana 70360 | |
| <input type="checkbox"/> Lafayette | 337.593.5727 |
| 2701 Johnston Street • Suite 200
Lafayette, Louisiana 70503 | |
| <input type="checkbox"/> Lake Charles | 337.480.5315 |
| 219 West Prien Lake Road
Lake Charles, Louisiana 70601-8450 | |
| <input type="checkbox"/> Monroe | 318.398.4955 |
| 3130 Mercedes Drive
Monroe, Louisiana 71201 | |
| <input type="checkbox"/> New Orleans | 504.832.5800 |
| 3501 North Causeway Boulevard • Suite 600
Metairie, Louisiana 70002 | |
| <input type="checkbox"/> 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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