

# DAILY PROTECTION FOR HOSPITALIZATION

This is a limited benefit policy.



## LET'S FACE IT

Going to the hospital is expensive. The financial demands it places on you and your family can be enormous. You need protection and security. Consider this . . .

## Our Variable Income Plan (VIP) Pays Cash Benefits in Addition to Other Coverage You May Have

Sometimes health insurance isn't enough to cover the cost of a hospital stay after deductibles and coinsurance are paid. Our Variable Income Plan (VIP) supplements your regular healthcare coverage by paying you dollars-per-day for any covered hospital stay. For each day you spend in the hospital, our VIP plan can pay cash benefits directly to you.\*

### **Choose Your Option**

VIP offers two options: the Preferred Plan and the Budget Plan.

#### **Preferred Plan:**

Choose \$250, \$200 or \$100 cash benefit for each inpatient hospital day. Payments begin the day you are admitted to the hospital.

### **Budget Plan:**

Choose \$250, \$200 or \$100 cash benefit for each day in the hospital. For this option, payments begin the third day of hospital stay.

<sup>\*</sup> If you assign benefits to an in-state hospital, cash benefits will be paid directly to that hospital.

### **Limitations / Exclusions**

(See contract for complete list.)

Admissions for the following items are not covered: Admissions that are not medically necessary; admissions for pre-existing conditions during the first year of coverage; obstetrical care except maternity complications in certain membership categories; substance abuse and cosmetic treatments; admissions for dental care and treatment and dental appliances; admissions outside of the United States; and, admissions already in progress.

### Renewability

Termination will occur if premium is not paid within 30 days after the due date.\*

\* Premiums are subject to change by the company periodically. Premiums can change when you reach age 35, 50 and 65.



### RECEIPT

Receipt of \$\_\_\_\_\_ is hereby acknowledged for the initial premium.

### Make check payable to:

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

### **Type of Coverage:**

Single	(subscriber o	nlv)
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- Single ((parent/legal guardian) and child(ren))
- Two Person (subscriber and spouse)
- Family

### **Option:**

\_\_ Preferred (\$\_\_\_\_\_/day)

\_\_ Budget (\$\_\_\_\_\_/day)

### **Method of Payment:**

\_ Monthly

Quarterly

Semi-annual

Annual

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 "Individual VIP" contract #40XX1172, the contract language will prevail.

### For more information, call:

Alexandria 318-442-8107 Baton Rouge 225-295-2527 Houma 985-223-3499 Lafayette 337-231-0005 Lake Charles 337-480-5315 318-323-1479 Monroe New Orleans 504-832-5800 504-518-7364 318-795-4911 Shreveport

### **Customer Service**

225-291-5370 • 800-392-4087 5525 Reitz Avenue Baton Rouge, LA 70809 www.bcbsla.com