

DAILY PROTECTION FOR HOSPITALIZATION This is a limited benefit policy.

Variable Income Plan (VIP) | 2024

24XX4119 R04/24 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

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.

* 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 only)
- __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
Monroe	318-323-1479
New Orleans	504-832-5800
	Oľ
	504-518-7364
Shreveport	318-795-4911

Customer Service

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