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BlueCross BlueShield
of Louisiana

An independent licensee of the Blue Cross and Blue Shield Association.

Your Health. Our Commitment.

BlueSaver[®]


BlueSaver[®]
FOR GROUPS



YOUR HEALTH. OUR COMMITMENT.

23XX3126 R01/10

What's Inside



*Looking back on 75 years
of commitment to
the health of Louisiana*

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This proposal 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 benefit plan, the provisions of the benefit plan will govern. For complete information, please refer to the benefit plan.

Premium will vary with the amount of benefits chosen. BlueSaver refers to benefit plan #40XX0779.

Cafeteria Plan refers to contract #28XX1592.



Information on the most current rating is available at www.standardandpoors.com or by calling Standard & Poor's at **212.438.2400**.

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 on 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 \$3,050 annually to their HSA if they have qualified self-only coverage, or up to \$6,150 annually 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 2010, may change annually, and are subject to additional IRS rules. Check with your tax advisor.)

THE BLUESAVER PACKAGE

- satisfies requirements of the Internal Revenue Code defining 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
- doctors' office visits for covered illness or injury
- emergency room coverage

PPO COVERAGE

After you meet your individual or family deductible, covered expenses will be paid at either 100 percent or 80 percent (depending on the option you choose for your group) of the allowable charge for care received from our PPO network of physicians and hospitals. For other providers, covered services will be paid at either 80 percent or 60 percent (whichever option was chosen for your group) of the allowable charges. The 80/60 coinsurance option is not available for all deductible amounts.

**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).*



The out-of-pocket maximum* includes your deductible and coinsurance. After you meet your out-of-pocket maximum, covered services will be paid at 100 percent of the allowable charge for that benefit period. Please see the BlueSaver illustration for specific deductibles and out-of-pocket maximums quoted.

BLUESAVER COVERS THESE 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 rendered in the home, office or other outpatient visits for examination, diagnosis and treatment of an illness or injury other than pre-operative and post-operative medical visits
- eligible organ, tissue and bone marrow transplants up to the lifetime maximum (includes up to \$50,000 per acquisition expense maximum)
- drugs and medicines
- transfusion fees and equipment
- medical and surgical supplies
- use of special care units

**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).*

PLUS THESE EXPENSES

- office visits for covered illness or injury
- surgeon's fees and assistant surgeon's fees
- consulting doctor's fees
- anesthesiologist's fees
- hospital visits by the doctor
- blood, blood plasma, blood derivatives and blood processing
- prescription drugs and medicines for use outside the hospital
- visits to a registered dietician up to \$250 per calendar year, excluding diabetic education (dietician visits for diabetics are covered under a separate benefit for diabetes and diabetes self-treatment training and education)
- outpatient private-duty nursing by a registered nurse or licensed practical nurse up to \$5,000 per calendar year
- limb prosthetics up to \$50,000 per limb per year; this includes the repair and replacement of prosthetic devices
- durable medical equipment, non-limb prosthetics and orthotic devices up to a combined maximum of \$15,000 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, extraction of impacted teeth and other services as listed in your contract
- certain X-rays and laboratory tests performed in a doctor's office or clinic
- a full list of state-mandated benefits

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

Preferred Provider Organization Network

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 greater discounts for covered services.

The PPO benefit provides the highest level of benefits when you see a PPO network provider. If you use a provider outside of the network, you receive reduced benefits. There is a 30 percent reduction in benefits for services received in non-member hospitals.

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%

Broad Pharmacy Network

Our prescription drug program is part of a nationwide network of pharmacies. Blue Cross also covers prescriptions filled at non-participating pharmacies. At these locations, benefits for covered prescriptions are based on the discounted plan price, or "allowable charge," that would have been charged at a participating pharmacy, less any applicable coinsurance. Members may have to pay the balance above the allowable charge at non-participating pharmacies.

Specialty Pharmacy Network

Blue Cross maintains a Specialty Pharmacy Network designed to help our members who are using specialty medications to treat chronic illnesses. Specialty drugs are biotechnology medications or other drug products that often require special ordering, handling, patient education and/or customer service. Specialty pharmacies are different from retail or mail-order pharmacies, as they handle these specialty drugs and medications that must be administered in a doctor's office.

Members who purchase specialty medications outside of the Specialty Pharmacy Network may be required to pay full price for the medications and submit a paper claim for reimbursement. You can see a list of specialty medications online at www.bcbsla.com. Click on Customer, then Covered Drugs under QUICK LINKS. You may also call a Blue Cross customer service representative at the number on your ID card for a list of specialty drugs and pharmacies.

Lead With Generics - A Step Therapy Program

In some cases, you may be required to try a certain prescription drug to treat a condition in order to receive coverage. If this drug does not work for your condition, we will cover a second prescribed medication.

Prior Authorization

Certain prescription drugs and supplies require prior authorization. Please check your Schedule of Benefits, visit the website at www.bcbsla.com or call the Customer Service number on your ID card to see what drugs and supplies require prior authorization.

Quantity Per Dispensing Limitations & Allowances

Covered prescriptions have a quantity limit described in your benefit plan (typically up to a 30-day supply at a retail pharmacy and up to a 90-day supply for mail-order). These limits are based on the manufacturer's recommended dosage and duration of therapy, common usage for episodic or intermittent treatment, FDA-approved recommendations and/or clinical studies and/or as determined by HMO Louisiana. QPD limits/allowances are subject to quantity limits per day supply, per dispensing event or any combination thereof.

NOTE: *specialty drugs may be limited to a 30-day supply.*

Limitations/Exclusions – including, but not limited to:

- drugs used for cosmetic purposes, weight reduction or impotence
- fertility drugs
- investigative drugs

Please refer to the benefit plan for a complete list.

WELLNESS AND PREVENTIVE CARE

The following wellness and preventive care benefits are included with all plans. Coverage is based on 100 percent of the allowable charge and the benefit period deductible does not apply when services are performed by a Preferred Provider. The deductible and coinsurance may apply for members who receive services from a non-Preferred Provider.

- one routine physical exam per member per benefit period
- one prostate-specific antigen (PSA) test per benefit period
- one routine mammogram every 12 months or more often if recommended by a physician
- one routine pelvic exam per benefit period
- one hemocult (colon) test per benefit period
- one routine Pap smear per benefit period
- immunizations
- well-baby care for dependent children up to age 24 months

REHABILITATION SERVICES

Covered rehabilitation services include physical, occupational and speech therapy. Physical therapy and occupational therapy are covered up to a \$4,500 combined maximum per benefit period. Speech therapy is covered up to a \$2,500 maximum per benefit period.



The BlueSaver® Plan

- *Owner 24-Hour Coverage*
- *Pregnancy Coverage*
- *Organ, Tissue and Bone Marrow Transplant Benefits*
- *Mental Disorders/Alcohol and Drug Abuse Coverage Options*
- *Care Management*
- *Customer Service*
- *Value-Added Services*
- *Wellness*
- *General Conditions*



OWNER 24-HOUR COVERAGE

For the protection of employers, Blue Cross offers coverage for occupational injuries and diseases for qualified company owners. Coverage for services that are required to be covered in whole or in part by Workers' Compensation insurance is also available for the owners, if the owner complies with La. R.S. 23:1035(A).

PREGNANCY COVERAGE

This option provides coverage for pregnancy care at the same coinsurance and deductible levels you select for major medical coverage. For groups with less than 15 employees, this benefit is optional. Pregnancy benefits automatically are included for groups with 15 or more employees. Note: Miscarriages and ectopic pregnancies are covered regardless of whether you choose the pregnancy option.

ORGAN, TISSUE AND BONE MARROW TRANSPLANT BENEFITS

Eligible organ, tissue and bone marrow transplants are covered. Members have access to the Blue Quality Centers for Transplant, a network of major hospitals and research institutions located throughout the country. Patient care is coordinated with Blue Cross and Blue Shield of Louisiana case management, physicians and institutions. Eligible organ, tissue and bone marrow transplants will be covered up to the lifetime maximum, including a \$50,000 acquisition expense maximum. See the Organ, Tissue and Bone Marrow Transplant section of your benefit plan for complete details and qualifications.

MENTAL DISORDERS/ALCOHOL & DRUG ABUSE COVERAGE OPTIONS

Coverage for mental disorders and alcohol and drug abuse care is paid the same as any other illness. All benefits are subject to any applicable deductible and coinsurance amounts. Coinsurance applies to the out-of-pocket maximums.

Please refer to the quote sheets included for the specific option and appropriate deductible and/or coinsurance quoted.

Care Management

BlueSaver is strengthened by our Care Management programs that ensure your care is appropriate. Our team of doctors, nurses and in-house pharmacy staff oversees our members' care through the following functions:

EMERGENCY ADMISSIONS

In the case of an emergency inpatient admission, authorization must be requested within 48 hours of the admission by the provider.

AUTHORIZATION OF ELECTIVE ADMISSIONS AND OTHER COVERED SERVICES

If you need to be hospitalized for a condition other than an emergency, your admission to the hospital requires "authorization." Patients, physicians, hospitals and our Care Management Department all participate in the authorization process that is used to determine whether hospitalization is necessary and an appropriate length of stay. Certain services, drugs and visits to certain providers require authorization from Blue Cross before services can be performed. A comprehensive authorization list is included in your Schedule of Benefits. If a required authorization is not obtained, a penalty may apply.

CONCURRENT REVIEW

The process of determining whether continued hospital care is appropriate, also called concurrent review, will be conducted from time to time during a lengthy hospital stay. Our Care Management Department works directly with the patient, the hospital and the admitting physician to assess the continued necessity of hospitalization. If a patient chooses to stay in the hospital after it is determined to be medically unnecessary, he or she will be responsible for all expenses incurred during the remainder of the stay.

CASE MANAGEMENT

Case management is a special service performed at the discretion of Blue Cross. Case management oversees the treatment of unusually complex, difficult or lengthy illnesses. The case management staff, with the member's acceptance, can develop a long-

term treatment plan to achieve the most efficient, effective use of medical resources. Members may call 1.800.317.2299 for assistance with case management.

RETROSPECTIVE REVIEW

A retrospective review may be performed to assess the medical need and correct billing level for services that have already been rendered.

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 coverage 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, 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.

ONLINE SOLUTIONS THROUGH ACCESSBLUE

AccessBlue, our secure online portal, lets you manage your group plan with the click of a mouse.

This self-service tool includes eEnrollment, which allows you to enter new hire applications, track their status, make changes to employee contracts, enter terminations, request member materials, and more. Within this tool you can also choose the eBilling option, where you can preview invoices, make electronic payments and view your payment history.

Other AccessBlue features include:

- training and support via an eLearning module
- health management tools
- access to a wealth of knowledge and resources from the convenience of your desktop!

Simply visit www.bcbsla.com and click on AccessBlue to get started.



CARE MANAGEMENT PROGRAMS
Benefits

Value-Added Services

VALUE-ADDED SERVICES

Discount Features

Vision, Hearing and Dental Discount Network

Members can take advantage of special discounts on vision, hearing and dental services. Blue Cross and Blue Shield of Louisiana has contracted with certain providers to give members discounts on vision, hearing and dental services. Members simply present their ID card to one of the participating providers and immediately receive significant savings.

To find a discount provider, visit www.bcbsla.com and click on Find a Doctor or Hospital. Under the Online Louisiana Directory, click on Search Our Directory. From the drop-down menu, choose Discount Dental, Vision & Hearing. Please note that these services are not eligible for benefits under the benefit plan.

Benefits that Travel

The BlueCard® Program – When our members travel, they take their health care benefits with them – across the country and around the world. BlueCard® is a national program that allows our members to receive healthcare service while traveling or living in another Blue Plan's service area. This 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 the 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; or
- call the BlueCard Access line at 1.800.810.BLUE.

Wellness

MY HEALTH COMMITMENT, OUR UNIQUE WORKPLACE WELLNESS PROGRAM

It's easy to overlook the critical link between your employee's health and your company's bottom line.

Healthy employees can have a positive impact on:

- Healthcare costs
- Productivity
- Absenteeism
- Retention of quality personnel
- Employee quality of life

My Health Commitment, our workplace wellness program offered **at no cost**, gives your employees the resources they need to live healthier – every day.

Built right into your Blue Cross health plan,

My Health Commitment includes:

- Personal Health Assessments
- Healthy lifestyle resources
- Wellness trackers
- Regional wellness events
- Local resource listings
- Discount programs
- And more!

For employers who want to expand their wellness offering, we offer upgrades to the core program listed above.

For more information about **My Health Commitment**, talk to your producer or visit us at www.bcbsla.com.



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 is designed to motivate Louisianians to *eat right* and *move more*. A companion site at www.2Step4Kids.com brings the same message to children ages 5 through 12 in a kid-friendly format.

Bringing the 2 Step to Employees

Employers are in a unique position to help employees improve their health and quality of life. Research shows that maintaining a healthy weight can also boost energy and reduce sick days.

Blue Cross and Blue Shield of Louisiana has developed toolkits for employers with everything you need to bring the Louisiana 2 Step to your employees. From sign-up instructions to workplace posters and employee newsletter articles, you'll have the materials to inspire your employees to **Do the 2!**

* Centers for Disease Control and Prevention, 2008



General Conditions

ELIGIBLE GROUPS

All groups with two or more employees are eligible to apply. There are no industry restrictions. Firms that have been in business less than one year are subject to home-office rating. Firms that do not have a current carrier or are seasonal are also subject to approval. In some cases, firms with a significant number of employees living outside of Louisiana may not be eligible.

ELIGIBLE EMPLOYEES

Most full-time employees, working a minimum of 30 hours per week, and their qualified dependents are eligible to apply. Individuals on retainer (examples: attorneys, accountants, business consultants and 1099 contract employees) and members of boards of directors are not eligible.

ELIGIBLE DEPENDENTS

Insured employees may cover their eligible spouses. They may also cover their eligible unmarried children and grandchildren who are under 21 years of age (or under age 25 if enrolled as a full-time student at an accredited high school, college, university or vocational-technical/trade school). Grandchildren must also reside with and be in legal custody of the employee.

Unmarried children and grandchildren (in legal custody and residing with the employee), who are mentally or physically disabled may be eligible for coverage. They also must be incapable of self-support prior to attaining either of the limiting ages stated above.

GROUP RATES

Rates may increase after the first 12 months and every six months thereafter due to factors including, but not limited to:

- demographic changes to the group, including age changes
- claims experience of all groups in the class of business
- a group's claims experience, health status and duration of coverage



Special Options
and Features

- an overall rise in medical costs
- regulatory considerations
- changes to benefit plan design

However, rates may increase more frequently than stated above as described in the benefit plan.

RENEWABILITY

All benefit plans are renewable at the employer's option, except for any of the following reasons:

- nonpayment of premium
- fraud or misrepresentation
- noncompliance with plan provisions, including not meeting minimum participation and eligibility requirements
- termination of all employer plans in the class of business (advance notice will be given)

The employer or Blue Cross and Blue Shield of Louisiana can terminate the benefit plan with 60 days' advance notice.

COORDINATION OF BENEFITS

Coordination of benefits will be conducted when a participant has additional group coverage. This provision helps keep premiums low by preventing duplicate payments for the same services.

HEALTH QUESTIONS

In groups with two to 19 employees, applicants and any eligible dependents must answer all health questions on the employee application form. In groups with 20 or more employees, employees who apply after the group's initial eligibility period can apply within 30 days prior to the group's anniversary date and must answer all health questions on the employee application form. These questions will not be used to reject the application.

PRIOR GROUP COVERAGE

When replacing another group insurer, Blue Cross and Blue Shield of Louisiana adheres to all Louisiana replacement requirements. Credit will be given for any time served toward a waiting period for pre-existing conditions. This applies to employees listed on the current invoice of the previous insurer.

SPECIAL ENROLLEE

In certain circumstances, an employee may enroll himself/herself or spouse or dependent child(ren) in this health plan. These circumstances include, but are not limited to, the following:

- Loss of certain types of other coverage
- Acquiring a dependent

Please refer to the benefit plan for details on special enrollment rights.

LATE ENROLLEE

A "late enrollee" is an eligible employee, spouse or dependent child(ren) who:

- does not enroll for group health insurance coverage when first eligible, and
- does not meet the qualifications of a "special enrollee."

An eligible employee must be covered in order to add a spouse or dependent(s). Late enrollees may apply for coverage during the group's open enrollment period within 30 days prior to the group's policy anniversary date, but will have an 18-month exclusion period for pre-existing conditions.

PRE-EXISTING CONDITIONS

A Pre-existing Condition is Defined as:

A physical or mental condition for which medical advice, diagnosis, care or treatment was recommended or received within the 90-day period immediately prior to the eligible member's enrollment date. Genetic information will not be treated as a pre-existing condition in the absence of a diagnosis of the condition related to that information. Pregnancy will not be treated as a pre-existing condition.

Pre-existing Condition Exclusion Period

No benefits will be provided for any charges incurred for any pre-existing conditions, subject to the following exclusion periods:

- initial enrollees of a new group policy – 180-day exclusion period (60 days for mental disorders)
- new-hire enrollees if application is received when first eligible – 180-day exclusion period (60 days for mental disorders)

- special enrollees – 180-day exclusion period (60 days for mental disorders)
- late enrollees – 18-month exclusion period (60 days for mental disorders)

PRIOR CREDITABLE COVERAGE

Credit will be given for all or part of the pre-existing condition exclusion period if proof of prior creditable coverage is provided. This credit will apply when the other eligible creditable coverage was in force within 63 days prior to the effective date under this coverage.

Pre-existing Condition Exclusions Do Not Apply to:

- newborns, provided a complete request for enrollment is received within 30 days of the birth, or within 180 days if policy covers older children;
- adopted children, provided a complete request for enrollment is received within 30 days of adoption or placement of adoption; or
- pregnancy.

BENEFIT PLAN LIMITATIONS AND EXCLUSIONS INCLUDING BUT NOT LIMITED TO:

- charges exceeding the allowable charge
- investigational treatments
- sales tax or interest
- infertility treatments
- cosmetic surgery
- weight reduction surgery or programs
- routine eye exams
- eyeglasses and contact lenses
- correction for refractive errors of the eye
- custodial care

See benefit plan for complete list.

Blue Cross Cafeteria Plans

Want a benefit program that actually serves BOTH you and your employees? One that offers tax savings, convenience and customer support? It's time to sample a Cafeteria Plan from Blue Cross and Blue Shield of Louisiana.

A Cafeteria Plan allows employees to set aside a portion of each paycheck – before paying taxes – into a flexible savings account to pay for qualified healthcare expenses not covered by insurance and for dependent care expenses for qualified dependents.

EMPLOYEE MENU OF ADVANTAGES

- Tax savings (federal and state income tax and social security tax)
- Taxable income is reduced – increases take-home pay
- Convenient way to save for healthcare expenses such as deductibles, coinsurance, over-the-counter medicines
- Access account 24/7 to check account balances, claim status, submit questions and review qualified medical expenses

EMPLOYER MENU OF ADVANTAGES

- Save approximately 8 percent on every dollar employees redirect to their account
- Helps to cushion health insurance increases to lessen impact on employee's paycheck
- Convenient access to reports, check registers and forms around the clock

MENU OF CAFETERIA PLANS INCLUDE:

- **Premium-Only Plan:** Allows employees to have their premiums for most employer-sponsored health plans deducted from their paycheck on a pre-tax basis.
- **Medical Reimbursement Account:** Allows an employee to redirect a portion of their salary on a pre-tax basis to pay for qualified medical out-of-pocket expenses not covered by insurance such as premiums, deductibles, copayments, contacts and glasses, over-the-counter medicines and dental services.
- **Dependent Care Assistance Plan:** Allows employees to pay for dependent care with pre-tax dollars.

CAFETERIA PLAN ADMINISTRATION

As an added value, we offer full-service administration of your cafeteria plan. We provide plan documentation and complete all 5500 forms, if applicable, required by the IRS. We also perform all necessary Discrimination Testing to ensure your company's compliance.

To request a 2009 Section 125 Cafeteria Plan Proposal, visit www.bcbsla.com. Click on Our Plans and follow the prompt to Cafeteria Plans.

www.ezflexplan.com/bcbsla
1.800.376.7734



Cafeteria Plans

SALES OFFICES

ALEXANDRIA

318.448.1660

4508 Coliseum Boulevard, Suite A
Alexandria, Louisiana 71303

LAKE CHARLES

337.562.0595

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

BATON ROUGE

225.295.2556

5525 Reitz Avenue
Baton Rouge, Louisiana 70809-3802

MONROE

318.323.1479

3130 Mercedes Drive
Monroe, Louisiana 71201

HOUMA

985.223.3499

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

NEW ORLEANS

504.832.5800

3501 North Causeway Boulevard, Suite 600
Metairie, Louisiana 70002

LAFAYETTE

337.232.7527

2701 Johnston Street, Suite 200
Lafayette, Louisiana 70503

SHREVEPORT

318.795.0573

One Bellemead Centre
6425 Youree Drive, Suite 300
Shreveport, Louisiana 71105

CUSTOMER SERVICE

BATON ROUGE

225.293.0625

800.495.2583

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BlueSaver[®]