

Group Blue Connect Acadiana POS

Blue Connect Acadiana POS 70/50 \$4500

Group Size: 50 or less

Effective January 1, 2017



HMO Louisiana

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	\$4,500	\$9,000
Family Deductible	\$13,500	\$27,000
Individual Out of Pocket Max*	\$6,850	\$13,700
Family Out of Pocket Max*	\$13,700	\$27,400
Coinsurance	70%	50%
Durable Medical Equipment (DME) Coinsurance	70%	50%
Office Visits		
Primary Care Physician (PCP)	Deductible then Coinsurance	Deductible then Coinsurance
Quality Blue Primary Care	Deductible then Coinsurance	N/A
Specialist	Deductible then Coinsurance	Deductible then Coinsurance
Pregnancy Care	Deductible then Coinsurance	Deductible then Coinsurance
Mental & Nervous/Alcohol & Drug	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care	Deductible then Coinsurance	Deductible then Coinsurance
Lab & Low Tech Imaging	Deductible then Coinsurance	Deductible then Coinsurance
High Tech Imaging (Free-standing)	Deductible then Coinsurance	Deductible then Coinsurance
Preventive and Wellness Office Visit	Fully Covered	Deductible then Coinsurance
Inpatient Services		
Inpatient Hospital Admission (Co-pay plans: Co-pay per day, 3 day max)	Deductible then Coinsurance	Deductible then Coinsurance
Inpatient Professional Services	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Services		
Emergency Room (Waived if admitted)	In-Network Deductible then Coinsurance	
Outpatient Facility	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Professional	Deductible then Coinsurance	Deductible then Coinsurance
Physical, Speech, and Occupational Therapy**	Deductible then Coinsurance	Deductible then Coinsurance
Lab and Low & High Tech Imaging	Deductible then Coinsurance	Deductible then Coinsurance
Other Covered Services		
Ambulance (Medically necessary)	Deductible then Coinsurance	Deductible then Coinsurance
Prosthetics & Orthotics	Deductible then DME Coinsurance	Deductible then Coinsurance
Durable Medical Equipment	Deductible then DME Coinsurance	Deductible then Coinsurance
Skilled Nursing Facility***	Deductible then Coinsurance	Deductible then Coinsurance
Home Health Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Hospice Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Organ & Tissue Transplant****	Deductible then Coinsurance	Not Covered
Pediatric Vision & Dental	Routine eye exam & hardware and diagnostic & preventive dental are covered at 100% in-network	
Prescription Medication		
Drug Deductible	The medical and drug deductible is integrated	
Generic Drugs	We pay 70% Coinsurance after deductible	
Preferred Brand Drugs	We pay 50% Coinsurance after deductible	

*All in-network medical and pharmacy deductibles, copayments and coinsurance apply to out-of-pocket max. A separate out-of-pocket max will apply for services received out-of-network.

**Provides coverage for inpatient, outpatient and professional services subject to the same deductible and coinsurance with no dollar limit.

***Services that require pre-authorization (This is a partial list, please see the schedule of benefits for complete list.)

****Benefits for solid organ and bone marrow transplants are available only when services are rendered by a Blue Distinction Centers for Transplant (BDCT) or a Blue Cross and Blue Shield of Louisiana (BCBSLA) Preferred Provider facility, unless otherwise approved by us in writing. Services require pre-authorization.

This is only an outline. All benefits are subject to the terms and conditions of the Contract. In the case of a discrepancy, the Contract will prevail.