



Generally, you must pay all of the costs from [providers](#) up to the [deductible](#) amount before this [plan](#) begins to pay. If you have other family members on the [plan](#), each family member must

		<p>_____ uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</p>
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral.



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35 copay /visit Deductible does not apply	20% coinsurance	In Alabama, out-of-network coinsurance is 50%; precertification may be required; if no precertification is obtained, no benefits are available
	Specialist visit	\$50 copay /visit Deductible does not apply	20% coinsurance	
	Preventive care/screening/immunization	\$35 copay /visit Deductible does not apply	Not Covered	Age and visit limitations apply; facility charges may apply; you may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge Deductible does not apply	20% coinsurance	Benefits listed are physician services; in Alabama, out-of-network coinsurance is 50%; facility benefits are also available; precertification may be required; if no precertification is obtained, no benefits are available
	Imaging (CT/PET scans, MRIs)	No Charge Deductible does not apply	20%	

* For more information about limitations and exceptions, see the [plan](#) or policy document at [AlabamaBlue.com](#).

Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	Accident: No Charge Deductible does not apply Medical Emergency: \$300 copay /visit Deductible does not apply	Accident: No Charge Deductible does not apply Medical Emergency: \$300 copay /visit Deductible does not apply	Physician charges will apply
	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	Urgent care	\$50 copay /visit Deductible does not apply	20% coinsurance	In Alabama, out-of-network coinsurance is 50%
If you have a hospital stay	Facility fee (e.g., hospital room)	\$450 per admission deductible & \$75 copay/day days 2-6	\$600 per admission deductible & 20% coinsurance	In Alabama, out-of-network benefits are only available for accidental injury and medical emergency; precertification is required; if no precertification is obtained, no benefits are available
	Physician/surgeon fees	0% coinsurance	20% coinsurance	In Alabama, out-of-network coinsurance is 50%
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge EPS No Charge Deductible does not apply	20% coinsurance	In Alabama, out-of-network coinsurance is 50% for professional services; precertification is required for intensive outpatient, partial hospitalization and inpatient hospitalization; if no precertification is obtained, no benefits are available
	Inpatient services	Physician: No Charge EPS 0% coinsurance Deductible does not apply Inpatient Hospital: \$450 per admission deductible & \$75 copay/day days 2-6	Physician: 20% coinsurance Deductible does not apply Inpatient Hospital: \$600 per admission deductible & 20% coinsurance	
If you are pregnant	Office visits	0% coinsurance	20% coinsurance	services. Depending on the type of services, a copayment, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. tests and

* For more information about limitations and exceptions, see the [plan](#) or policy document at [AlabamaBlue.com](#).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network 2016 DRG	

* For more information about limitations and exceptions, see the [plan](#) or policy document at AlabamaBlue.com.

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|--------------------------|------------------------|------------------------|
| • Acupuncture | • Hearing aids | • Skilled nursing care |
| • Cosmetic surgery | • Long-term care | • Weight loss programs |
| • Dental care (Adult) | • Private-duty nursing | |
| • Dental check-up, child | • Routine foot care | |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------|
| • Bariatric surgery | • Infertility treatment (Assisted Reproductive Technology not covered) | • Routine eye care (Adult) (Limitations apply) |
| • Chiropractic care (limited to 18 visits per member per calendar year) | • Non-emergency care when traveling outside the U.S. | |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <https://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa> or Blue Cross and Blue Shield of Alabama at 1-800-292-8868. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Your plan administrator at the phone number listed in your benefit booklet. You may also contact Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <https://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa> or Alabama Department of Insurance at 1-334-269-3550 or Insdept@insurance.alabama.gov.

Does this [plan](#) provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this [plan](#) meet Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#)

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Language Access Services and Notice of Nondiscrimination only apply to administrative services that Blue Cross and Blue Shield provides to your employer.

Language Access Services and Notice of Nondiscrimination:

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not

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German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-8552163144 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. 8552163144 (ATS: 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou 8552163144 (TTY: 711).

Gujarati: k Ê Ö Ä â , â À É Ú , È Ö À ù À Ö â È À â È Ö Ñ Ö Ö È Ñ Ö Ñ È Ö È Ö × Å ç Ì Š Å ± o Æ ß 1-8552163144 Å Ě ± á ì ± Ě (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-8552163144 (TTY: 711).

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