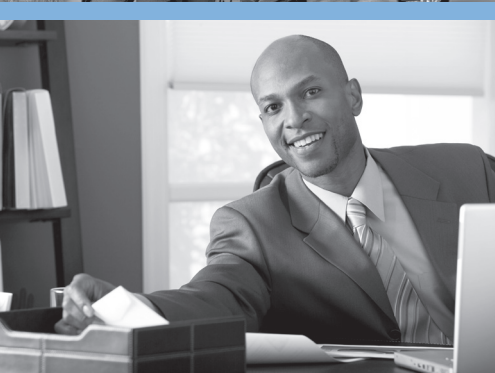
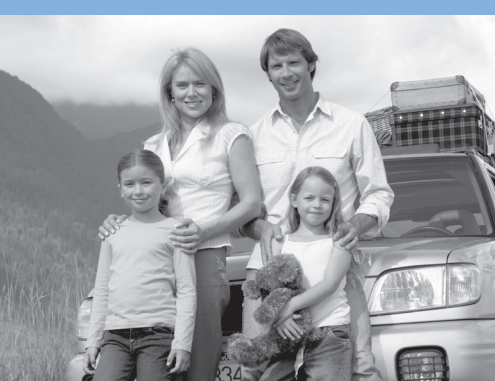


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Plan Benefits

The University of Alabama at Huntsville
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BlueCard[®] PPO

Effective January 01, 2024

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of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

The University of Alabama at Huntsville
BlueCard® PPO
Effective January 01, 2024

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.		
SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
Calendar Year Medical Deductible	\$150 per individual per calendar year	
Calendar Year Pharmacy Deductible	\$150 per individual per calendar year	
Calendar Year Out-of-Pocket Maximum	<p>\$2,500 individual; \$7,150 family</p> <p>In-network: All copays, deductibles and coinsurance including copay for out-of-network mental health and substance abuse ER and ER physician services will apply to the in-network out-of-pocket maximum excluding prescription drugs.</p> <p>Payments made by drug manufacturer assistance programs may not apply towards the deductible or out-of-pocket maximum.</p> <p>There is a separate \$2,500 individual; \$7,150 family prescription drug out-of-pocket maximum</p> <p>After you reach your individual Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowance for the remainder of the calendar year</p> <p>Out-of-network: All copays and coinsurance for out-of-network other covered services apply to the annual out-of-pocket maximum. Applicable expenses are listed under the "BENEFITS FOR OTHER COVERED SERVICES" heading starting on page 7. Only services under this heading apply to the out of network out of pocket maximum. In-network and out-of-network out-of-pocket amounts apply to each other</p> <p>In-network and out-of-network out-of-pocket amounts apply to each other</p>	
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for inpatient admissions (except medical emergency services, maternity and as required by Federal law); notification within 48 hours for medical emergencies. Generally, if precertification is not obtained, no benefits are available. Call 1-800-248-2342 (toll-free) for precertification.		
Inpatient Hospital and Residential Treatment Facilities	Covered at 100% of the allowed amount for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries, subject to \$400.00 per admission copay and subject to calendar year deductible; 365 days per confinement.	Covered at 80% of the allowed amount for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries, subject to \$400.00 per admission copay and subject to calendar year deductible; 365 days per confinement. Note: In Alabama, available only for medical emergency and accidental injury
Inpatient Physician Visits and Consultations	Covered at 100% of the allowed amount, subject to calendar year deductible	In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama, Covered at 80% of the allowed amount, subject to calendar year deductible
OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some outpatient hospital benefits and provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . Please see your benefit booklet. If precertification is not obtained, no benefits are available.		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 100% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Medical Emergency)	Covered at 100% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible	Covered at 100% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible Mental Health Disorders and Substance Abuse Services apply to the in-network out-of-pocket maximum
Emergency Room Non-Emergency	Covered at 80% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible	Covered at 80% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible
Emergency Room (Accident)	Covered at 100% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible	Covered at 100% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible
Emergency Room (Physician)	Covered at 100% of the allowed amount, subject to \$55.00 physician copay and subject to calendar year deductible	Covered at 100% of the allowed amount, subject to \$55.00 physician copay and subject to calendar year deductible Mental Health Disorders and Substance Abuse Services apply to the in-network out-of-pocket maximum
Chemotherapy, Hemodialysis, IV Therapy & Radiation Therapy	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Diagnostic Lab & X-ray	Covered at 100% of the allowed amount, subject to calendar year deductible MRI(s), CAT, PET & Thallium Scans, Cardiac Scans, heart catheterizations, colonoscopy and endoscopy covered at 100% of the allowed amount, subject to \$125.00 copay and subject to calendar year deductible Note: If there is more than one procedure done on the same date of service there will be <u>only</u> one copayment taken for the facility and <u>only</u> one copayment taken for the physician.	Covered at 80% of the allowed amount, subject to calendar year deductible MRI(s), CAT, PET & Thallium Scans, Cardiac Scans, heart catheterizations, colonoscopy and endoscopy covered at 80% of the allowed amount, subject to \$125.00 copay and subject to calendar year deductible Note: If there is more than one procedure done on the same date of service there will be <u>only</u> one copayment taken for the facility and <u>only</u> one copayment taken for the physician.
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services	Covered at 100% of the allowed amount, subject to \$55.00 daily hospital copay and subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse) Precertification is required for some physician benefits and provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . Please see your benefit booklet. If precertification is not obtained, no benefits are available. For provider-administered drugs listed on AlabamaBlue.com/Providers/HealthSmartRx , cost share may vary based on available manufacturer assistance. Upon enrollment, cost share will be lowered or reduced to zero.		
Office Visits and Outpatient Consultations Rendered by a Primary Care Physician (Includes: Internist, Family & General Practitioner, Pediatrician, OB/GYN & Geriatrician)	Covered at 100% of the allowed amount, subject to \$35.00 physician copay and subject to calendar year deductible	In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , Covered at 80% of the allowed amount, subject to calendar year deductible
Office Visits and In-Person Consultations Rendered by a Specialist	Covered at 100% of the allowed amount, subject to \$55.00 physician copay and subject to calendar year deductible	In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , Covered at 80% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Second Surgical Opinions	Covered at 100% of the allowed amount, subject to calendar year deductible	In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , Covered at 80% of the allowed amount, subject to calendar year deductible
Nurse Practitioner/Nurse Midwife/Clinical Nurse Specialist/Mental Health Nurse Practitioner/Mental Health Clinical Nurse Specialist and Physician Assistant's Office Visits and Consultations	Covered at 100% of the allowed amount, subject to \$20.00 physician copay and subject to calendar year deductible Services must be rendered under the supervision of a PPO doctor.	In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , Covered at 80% of the allowed amount, subject to calendar year deductible
Telephone and Online Video Physician Consultations Program To enroll in the telephone and online video consultations program, go to AlabamaBlue.com/Teleconsultation or call 1-855-477-4549. Telephone and online video consultations are available to diagnose, treat and prescribe medication (when necessary) for certain medical issues.	Covered at 100% of the allowed amount, subject to \$20.00 payment per consultation	Not Covered
Telephone and Online Video Physician Consultations Program – Dermatology A service, through Teladoc™ to diagnose, treat and prescribe medication (when necessary) for certain dermatology issues. To enroll, go to Teladoc.com/Alabama or call 1-855-477-4549	Covered at 100% of the allowed amount, subject to \$55.00 payment per consultation and subject to calendar year deductible	Not Covered
Telephone and Online Video Physician Consultations Program – Behavioral Health Services A service available to diagnose, treat and prescribe medication (when necessary) for certain behavioral health conditions is available through Teladoc™. To schedule an appointment with a Teladoc™ behavioral health provider, go to Teladoc.com/Alabama or call 1-855-477-4549	Covered at 100% of the allowed amount, \$55.00 initial consult fee and subject to calendar year deductible with MD; \$55.00 ongoing consult fee and subject to calendar year deductible with MD; \$35.00 consult fee and subject to calendar year deductible with non-MD provider	Not Covered
Surgery Performed in a Physician's Office	Covered at 100% of the allowed amount, subject to \$35.00 office visit copay and subject to calendar year deductible if performed by a Primary Care Physician Covered at 100% of the allowed amount subject to \$55.00 office visit copay and subject to calendar year deductible if performed by a Specialist	In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , Covered at 80% of the allowed amount, subject to calendar year deductible
Surgery & Anesthesia	Covered at 100% of the allowed amount, subject to calendar year deductible	In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , Covered at 80% of the allowed amount, subject to calendar year deductible
Maternity Care	Covered at 100% of the allowed amount, subject to calendar year deductible	In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , Covered at 80% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Hemodialysis, Chemotherapy, Radiation Therapy & IV Therapy	Covered at 100% of the allowed amount, subject to calendar year deductible	In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , Covered at 80% of the allowed amount, subject to calendar year deductible
Diagnostic Lab & X-ray	Covered at 100% of the allowed amount, subject to calendar year deductible However MRI(s), CAT, PET & Thallium Scans, Cardiac Scans, heart catheterizations, colonoscopy and endoscopy covered at 100% of the allowed amount, subject to a \$35.00 copay and subject to calendar year deductible. Note: If there is more than one procedure done on the same date of service there will be <u>only</u> one copayment taken for the facility and <u>only</u> one copayment taken for the physician.	In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible. However MRI(s), CAT, PET & Thallium Scans, Cardiac Scans, heart catheterizations, colonoscopy and endoscopy covered at 50% of the allowed amount, subject to a \$35.00 copay and subject to calendar year deductible Outside Alabama , covered at 80% of the allowed amount, subject to calendar year deductible. However MRI(s), CAT, PET & Thallium Scans, Cardiac Scans, heart catheterizations, colonoscopy and endoscopy covered at 80% of the allowed amount, subject to a \$35.00 copay and subject to calendar year deductible Note: If there is more than one procedure done on the same date of service there will be <u>only</u> one copayment taken for the facility and <u>only</u> one copayment taken for the physician.
Applied Behavioral Analysis (ABA) Therapy Limited to ages 0-18 for autism spectrum disorders	Covered at 100% of the allowed amount after \$55 copay and subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
TELEHEALTH SERVICES		
Benefits are provided for Telehealth Services subject to applicable cost-sharing for In-network and Out-of-network services, when services rendered are performed within the scope of the health care providers license and deemed medically necessary.		
PREVENTIVE CARE BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Routine Immunizations and Preventive Services See AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/NetResultsACAPreventiveDrugList for a listing of the specific drugs, immunizations and preventive services or call our Customer Service Department for a printed copy Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/VaccineNetworkDrugList for more information	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Note: In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse) Precertification is required for some drugs; if precertification is not obtained, no benefits are available.		
Retail Prescription Drug Card Benefits <ul style="list-style-type: none"> The pharmacy network for the plan is Prime Participating Network Some copays combined for diabetic supplies Fertility medications are covered Prescription drugs - up to a 31-Day supply The only in-network pharmacy for some Tier 4 (specialty) drugs is the Pharmacy Select Network; view the Specialty Drug Lists at AlabamaBlue.com/SelfAdministeredSpecialtyDrugList View the NetResults 1.0 (Up to 4 Tier) drug lists that apply to the plan at AlabamaBlue.com/NetResults1DrugList4T Certain drugs are part of the FlexAccess Program. See list at AlabamaBlue.com/FlexAccessDrugList Locate a Prime Participating Network pharmacy at AlabamaBlue.com/PrimeParticipatingPharmacyLocator <p>Some immunizations may be received from an in-network pharmacy that participates in the Pharmacy Vaccine Network. A list of the eligible vaccines these pharmacies may provide can be found at: AlabamaBlue.com/VaccineNetworkDrugList.</p>	<p>Covered at 100% of the allowed amount, Tier 2, Tier 3 and Tier 4 drugs subject to separate \$150 prescription drug deductible per person per calendar year.</p> <p>Tier 1 Drugs: \$15 copay per prescription</p> <p>Tier 2 Drugs: \$45 copay per prescription</p> <p>Tier 3 Drugs: \$65 copay per prescription</p> <p>Tier 4 (specialty) Drugs: \$125 copay per prescription</p> <p>For drugs on the FlexAccess Drug List, cost share may vary based on available drug manufacturer assistance. If assistance is available, the amount member pays out-of-pocket will be set by the drug manufacturer assistance program.</p> <p>Separate Annual Out-of-Pocket Maximum: \$2,500 per person \$7,150 per family</p> <p>If Generic drug is available and Tier 3 (Non Preferred) Brand drug is selected, member will be responsible for the difference in price plus the applicable Tier 3 (Non Preferred) brand copay</p>	Not Covered
Extended Supply Prescription Drug Card Benefits <ul style="list-style-type: none"> The extended supply pharmacy network for the plan is the Prime Participating Network ESN Network Prescription drugs-up to 31 day supply (other than maintenance) Maintenance only-up to 90 days with two copays Tier 4 (specialty) drugs are not available through extended supply pharmacy service View the NetResults 1.0 (Up to 4 Tier) and maintenance drug lists that apply to the plan at AlabamaBlue.com/AlabamaBlue.com/NetResults1DrugList4T Locate a Prime Participating Network ESN Network pharmacy at AlabamaBlue.com/PrimeParticipatingPharmacyLocator 	<p>Covered at 100% of the allowed amount, Tier 2, Tier 3 and Tier 4 subject to separate \$150 prescription drug deductible per person per calendar year.</p> <p>Tier 1 Drugs: \$15 copay per prescription</p> <p>Tier 2 Drugs: \$45 copay per prescription</p> <p>Tier 3 Drugs: \$65 copay per prescription</p> <p>Tier 4 (specialty) Drugs: Not Covered</p> <p>Separate Annual Out-of-Pocket Maximum: \$2,500 per person \$7,150 per family</p> <p>If Generic drug is available and Tier 3 (Non Preferred) Brand drug is selected, member will be responsible for the difference in price plus the applicable Tier 3 (Non Preferred) brand copay</p>	Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Select Generic Specialty and Biosimilar Drugs Generic specialty and biosimilar drugs can be dispensed for up to a 30-day supply. The only in-network pharmacy for some generic specialty and biosimilar drugs is the Pharmacy Select Network . <ul style="list-style-type: none"> View the Select Generic Specialty and Biosimilar Drug List that applies to the plan at AlabamaBlue.com/SelectGenericSpecialtyandBiosimilarDrugList. Generic specialty and biosimilar drugs are not available through the Home Delivery Network.	100% of the allowed amount, no deductible or copayment	Not Covered
Mail Order Pharmacy Benefits <ul style="list-style-type: none"> Prescription drugs-up to 31 day supply (other than maintenance) Maintenance only-up to 90 days with two copays Mail Order Drugs are available through Home Delivery Network (Enroll online at AlabamaBlue.com or call 1-855-793-5326) View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList View the NetResults 1.0 (Up to 4 Tier) drug lists that apply to the plan at AlabamaBlue.com/NetResults1DrugList4T 	Covered at 100% of the allowed amount, Tier 2, Tier 3 and Tier 4 subject to separate \$150 prescription drug deductible per person per calendar year. Tier 1 Drugs: \$10 copay per prescription Tier 2 Drugs: \$35 copay per prescription Tier 3 Drugs: \$55 copay per prescription Tier 4 (specialty) Drugs: Not covered Separate Annual Out-of-Pocket Maximum: \$2,500 per person \$7,150 per family If Generic drug is available and Tier 3 (Non Preferred) Brand drug is selected, member will be responsible for the difference in price plus the applicable Tier 3 (Non Preferred) brand copay	Not Covered
BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse) Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available. For provider-administered drugs listed on AlabamaBlue.com/Providers/HealthSmartRx , cost share may vary based on available manufacturer assistance. Upon enrollment, cost share will be lowered or reduced to zero.		
Allergy Testing & Treatment	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Ambulance Service	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Participating Chiropractic Services Limited to a maximum of 24 visits per person each calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible when services are provided by a participating in network chiropractor	In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible when services are provided by a non-Participating Chiropractor Outside Alabama , covered at 80% of the allowed amount, subject to calendar year deductible
Durable Medical Equipment (DME)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Rehabilitative Occupational and Speech Therapy Occupational and speech therapy limited to a maximum of 35 visits per person per therapy each calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Habilitative Occupational and Speech Therapy Occupational and speech therapy limited to a maximum of 35 visits per person per therapy each calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Rehabilitative Physical Therapy Limited to a maximum of 35 visits per person each calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Habilitative Physical Therapy Limited to a maximum of 35 visits per person each calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Nutritionist Visits Limited to a maximum of eight visits per person each calendar year. Note: Employee is also responsible for any charges above the allowance.	Covered at 100% of the allowed amount, subject to \$20.00 physician copay and subject to calendar year deductible	Covered at 100% of the allowed amount, subject to \$20.00 physician copay and subject to calendar year deductible
Preferred Home Health and Hospice	Covered at 100% of the allowed amount, subject to calendar year deductible	In Alabama , no benefits available if a non-preferred provider is used Outside Alabama , covered at 80% of the allowed amount, subject to calendar year deductible Precertification is required for services rendered outside Alabama. Call 1-800-821-7231
Home Infusion	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
HEALTH MANAGEMENT BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.	
Chronic Condition Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease and other specialized conditions.	
Baby Yourself®	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.com/BabyYourself .	
Contraceptive Management	Covers prescription contraceptives, which include: birth control pills, injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance.	
Air Medical Transport	Air medical transportation to a network hospital near home if hospitalized while traveling more than 150 miles from home; to arrange transportation, call AirMed at 1-877-872-8624.	
Quit for Life Tobacco Cessation Program	A tobacco cessation program for <i>subscriber, spouse and dependents</i> that provides support to participants through telephone-based counseling and nicotine replacement therapy. Call 1-888-768-7848 for participation information.	
Wondr Health®	Wondr Health® is an online clinical behavioral weight loss program.	

Useful Information to Maximize Benefits

- To maximize your benefits, always use in-network providers for services covered by your health benefit plan. To find in-network providers, check a provider directory, provider finder website (**AlabamaBlue.com**) or call 1-800-810-BLUE (2583).
- In-network hospitals, physicians and other healthcare providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard® PPO, PMD). In-network pharmacies are pharmacies that participate with Blue Cross and Blue Shield of Alabama or its Pharmacy Benefit Manager(s). In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network. Sometimes an in-network provider may furnish a service to you that is not covered under the contract between the provider and a Blue Cross and/or Blue Shield Plan. When this happens, benefits may be denied or reduced. Please refer to your benefit booklet for the type of provider network that we determine to be an in-network provider for a particular service or supply.
- Out-of-network providers generally do not contract with Blue Cross and/or Blue Shield Plans. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area, the average charge for care in the area or in accordance with applicable Federal law.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.
- Teladoc Health is an independent company that Blue Cross and Blue Shield of Alabama has contracted with to provide you with teleconsultation services. Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.
- Please refer to your benefit book or contact Blue Cross directly about coverage for your hospital charges and other related medical services. Approval for air medical services does not mean that hospitalization and other medical expenses will be covered. All coverage determinations for medical benefits are subject to the terms, conditions, limitations and exclusions of the health plan. Air medical transport services are provided through a contract with AirMed International, LLC, an independent company that does not provide Blue Cross and Blue Shield of Alabama products. Blue Cross is not responsible for any mistakes, errors or omissions that AirMed, its employees or staff members make. Air medical services terminate if coverage by your health plan ends.
- Prime Therapeutics LLC® is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association.

This is not a contract, benefit booklet or Summary Plan Description. Benefits are subject to the terms, limitations and conditions of the group contract (including your benefit booklet). Check your benefit booklet for more detailed coverage information. Please visit our website, AlabamaBlue.com.

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 and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Foreign Language Assistance

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-216-3144 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-216-3144 (TTY: 711)번으로 전화해 주십시오.

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-216-3144 (TTY: 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-216-3144 (TTY: 711).

Arabic: انتباه: إذا كنت تتحدث العربية، توجد خدمات مساعدة فيما يتعلق باللغة، بدون تكلفة، متاحة لك. اتصل بـ 1-855-216-3144 (الهاتف النصي: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-216-3144 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-216-3144 (ATS: 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-216-3144 (TTY: 711).

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. 1-855-216-3144 પર કોલ કરો (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-216-3144 (TTY: 711).

Hindi: ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें।

Laotian: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-216-3144 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-216-3144 (телетайп: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-216-3144 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-216-3144 (TTY: 711).

Turkish: DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-216-3144 (TTY: 711) irtibat numaralarını arayın.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-216-3144 (TTY: 711).

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-216-3144 (TTY: 711) まで、お電話にてご連絡ください。