WELCOME TO BLUE



Your guide to all the tools, resources and knowledge you need to maximize your benefits.

BlueCross BlueShield of Alabama

We cover what matters.

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Please note benefits and services described herein may vary by health plan.

REGISTER FOR

*my*BLUECROSS

Check out *my*BlueCross, where it really is all about you!

Log in or Register for *my*BlueCross at AlabamaBlue.com

At Blue Cross and Blue Shield of Alabama, we want to make it easy for our members to take charge of their own health and wellness. Your *my*Blue Cross account is easy to use, so you can find what you need, fast.

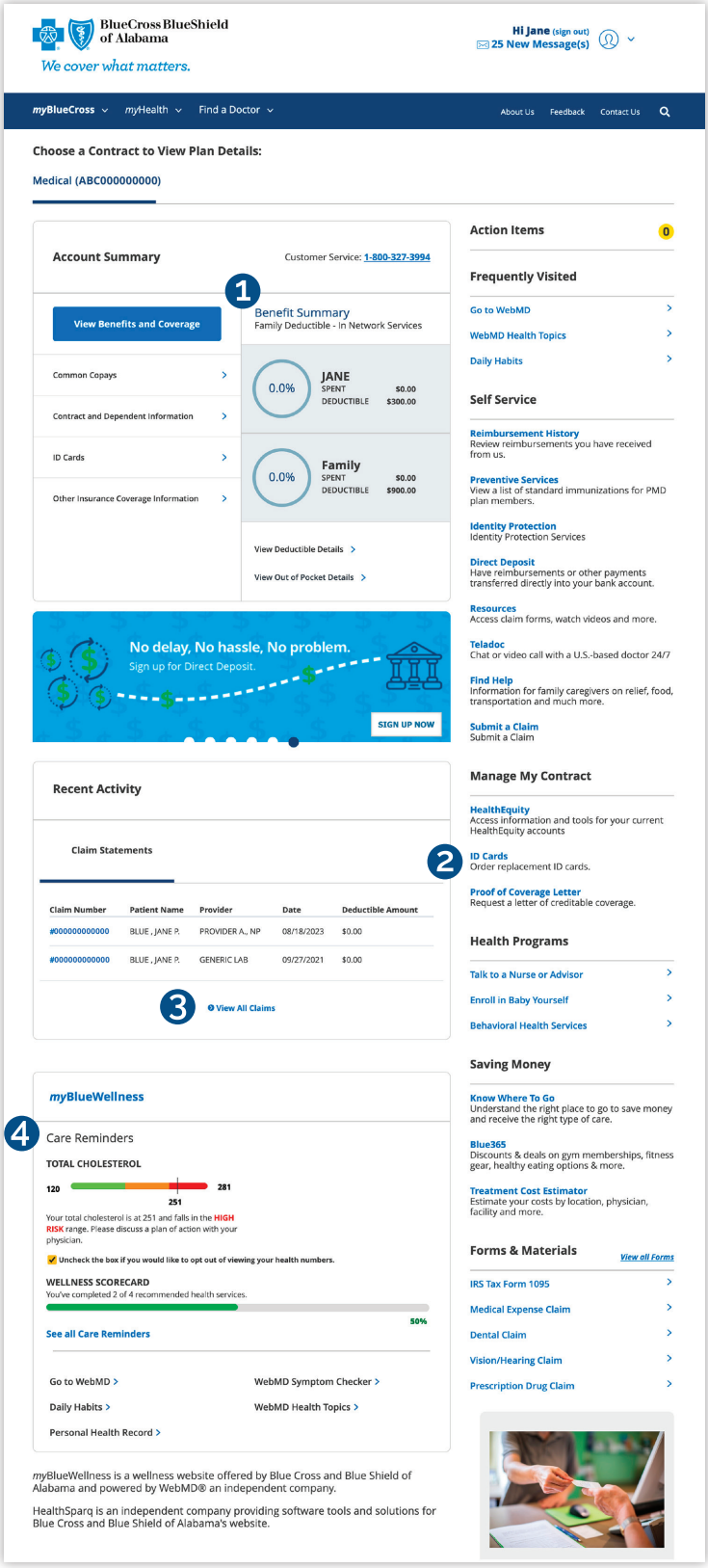
Features include:

1. **Benefit Summary** — See where you stand at a glance on progress toward your deductible spend for the year.
2. **ID Cards** — View and print a copy of your ID card.
3. **View All Claims** — Easily locate and access claim statements from your dashboard.
4. **Care Reminders** — Stay up to date with reminders that highlight gaps in care.

Depending on coverage, each member's dashboard will look a little different.

Log in or register for *my*BlueCross at AlabamaBlue.com

BlueCross BlueShield of Alabama



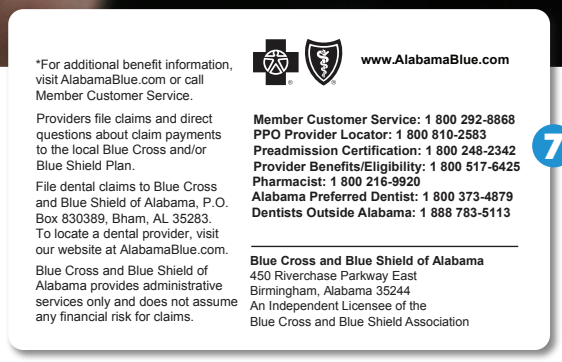
GET TO KNOW YOUR

BLUE CROSS ID CARD



1. The contract holder's name will appear on the card, but any covered family members may use it.
2. The contract number is unique to the contract holder's health plan (with or without any covered family members).
3. The group number is unique to the health plan.
4. The effective date is the start of current plan benefits.
5. The health plan's in-and out-of-network deductibles and out-of-pocket maximums appear here.
6. The prescription drug plan's in-network deductible and out-of-pocket maximum along with the dental plan's deductible appear here (if applicable).
7. This has our contact information for use by the contract holder and any covered family members plus contact information for use by providers.

Back of card



VIEW OR EMAIL YOUR VIRTUAL ID CARD

Online

Log in to your *my*BlueCross account with your mobile device or computer. Click on the "ID Cards" link under the "Account Summary" section. You may view your card online, or choose to have it emailed to you.

Alabama Blue mobile app:

Authenticate and click ID Cards along the bottom.

TAKE

BLUE WITH YOU

We understand you are busy and need access to health plan information quickly and easily- without having to call us first. Think of the Alabama Blue app as *my*BlueCross on the go, offering 24/7 access to health plan information. The Baby Yourself app helps expectant moms track their journey and connect with their Blue Cross nurse.

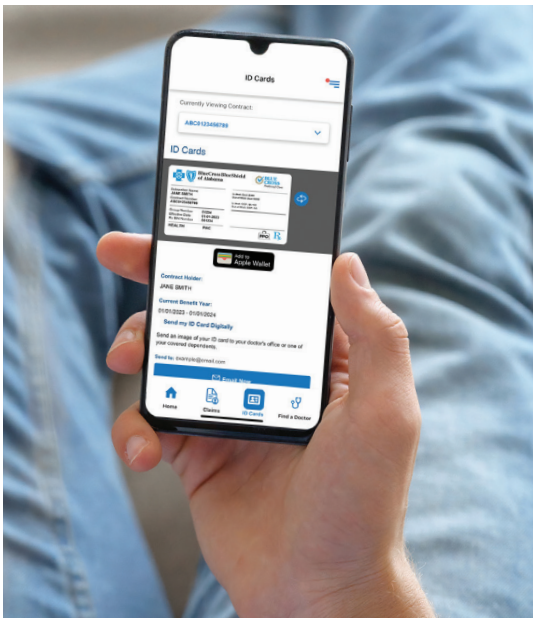
Both mobile apps are free and available for Apple and Android devices.

Alabama Blue

MOBILE APP FOR PHONE & TABLET

Register for *my*BlueCross to get enhanced features using Alabama Blue

- Easy login with Touch/Face ID options
- Check your claims and benefits
- View or email your ID card
- Track your deductible and out-of-pocket spend
- Find a doctor in your network
- Communicate securely with Customer Service
- Compare quality and cost of providers



Download on the App Store

ANDROID APP ON Google play

BABY YOURSELF®

MOBILE APP FOR PHONE & TABLET

Tracks your baby's growth and your personal journey to motherhood

- Enroll in the Baby Yourself Program right from the app
- One-button dialing to access your physician and/or Baby Yourself Nurse*
- Photo gallery
- Use our trackers to track kicks, contractions, symptoms, etc.
- Daily pregnancy and parenting tips



* For this service, you must be a Blue Cross and Blue Shield of Alabama member and enrolled in the Baby Yourself Maternity Program.

NOTE: There is no charge from Blue Cross and Blue Shield of Alabama to download, but rates from your wireless provider may apply. This information is for educational purposes only and is not a substitute for personal care from a licensed physician. Please consult your physician for diagnosis and treatment options.

KNOW

WHERE TO GO

It's important to understand your options when seeking medical care.

Non-emergency care for a condition that is not life threatening is generally provided by your physician. Even after-hours care is generally coordinated by your physician who can instruct you on how to receive medical care outside of normal business hours, on weekends and on holidays. If you are in severe pain or your condition is life threatening, you can receive emergency care by calling 911 or visiting an emergency room.



Primary Care Physician (PCP)

Go to your PCP for non-life threatening conditions and for the management of chronic conditions.

Conditions treated may include:

- Fever
- Diabetes management
- Minor illnesses
- High blood pressure



Urgent Care

Go to an Urgent Care clinic after hours or when your PCP is otherwise unavailable.

Conditions treated may include:

- Bladder infection
- Cold/Flu symptoms
- Ear infection
- Sprains/Strains



Emergency Room

Go to the ER immediately for severe and life threatening conditions. ERs include hospital based emergency rooms and freestanding ER facilities.*

** The out-of-pocket cost is dependent on how the facility or provider submits the claim to Blue Cross.*

Conditions treated may include:

- Chest pains
- Head injury
- Severe breathing problems
- Stroke

Examples provided are for illustrative purposes only. Some conditions that are severe enough may require you to go directly to the emergency room.

Help keep ERs available for people who need life-saving treatment.
You'll save both time and money by knowing where to go for appropriate care.

If poison is ingested, call the Poison Control Center immediately:

1-800-292-6678 Nationwide

These are not a substitute for your healthcare provider's judgment. They are meant only to remind you of ways to better manage your health. Please review your particular benefits for coverage information.

APPRECIATE THE VALUE OF

IN-NETWORK SERVICES

Using in-network providers helps you save money.

In-network providers are contracted to accept your health plan, which means they agree to a fixed amount for their services, known as the allowed amount.

Consider the effect network status can have on a $200 service:

	IN-NETWORK Plan Pays **80%** of Allowed Amount (COINSURANCE)	OUT-OF-NETWORK Plan Pays **60%** of Allowed Amount (COINSURANCE)	OUT-OF-NETWORK Plan Pays Nothing
Full Billed Amount	$200	$200	$200
Allowed Amount	$110	$110	-
1 Network Discount	$90	-	-
Plan Pays Coinsurance	$88 2	$66 3	-
You Pay Coinsurance	$22	$44	-
Balance You Could be Billed by Provider	$0	$90 4	$200

For illustrative purposes only. Assumes deductible is met. Does not account for any applicable copays you may owe at the time of service.

1. The amount the provider has agreed to waive from the full billed amount to remain in-network. There is no discount with out-of-network providers, so you could be billed the full amount.
2. The Plan pays 80% of the allowed amount, and you pay 20%.
3. The Plan pays 60% of the allowed amount, and you pay 40%.
4. The amount the provider is not contractually bound to waive from the full billed amount due to being out-of-network.

Find in-network providers

We keep your costs low by making in-network, high quality healthcare easy to find.

- Log in to your *my*BlueCross account on **AlabamaBlue.com** or the Alabama Blue mobile app, and use the Find a Doctor tool. Only your Plan's in-network providers display when you are logged in.
- If you have questions about finding in-network providers, please call the member Customer Service number on the back of your Blue Cross ID card.

Before you seek non-emergency healthcare,

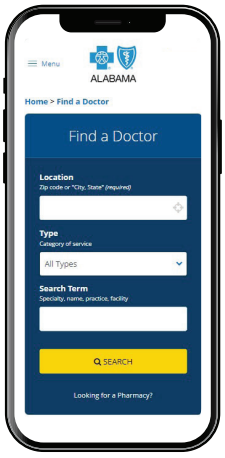
it's a good idea to call the provider to make sure your health plan is accepted. Always choose an in-network provider to pay the lowest out-of-pocket cost for your healthcare.

FIND A DOCTOR

1. Visit **AlabamaBlue.com**. Log in to or register for *my*BlueCross in the top right corner. Only your Plan's in-network providers display when you are logged in.
2. Click *Find a Doctor* in the menu bar.
3. Once logged in, your location will automatically populate based on the contract holder's address; however, you can change the location you want to search.
4. Select a type of search from the drop down and/or enter a search term. Then click the magnifying glass icon.
5. Narrow your search with the drop down filters at the top of the page. You can also use the "More Filters" link to refine your search.

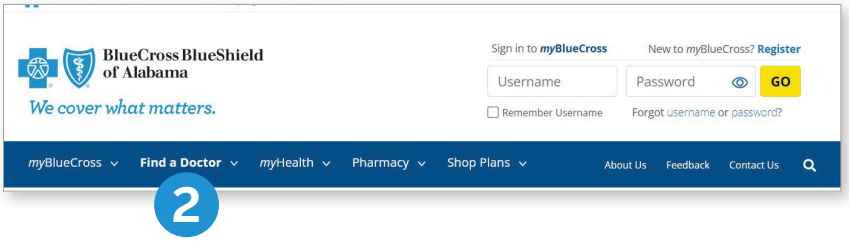
   Depending on your search criteria, your results may include:

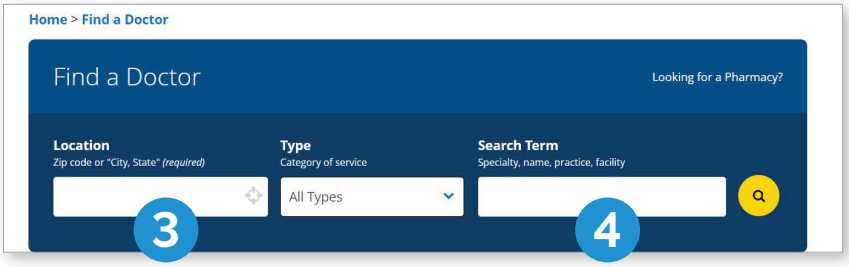
   - Address and directions
   - Phone number
   - Office hours
   - Network participation
   - Doctor specialties
   - Hospital admitting privileges for doctors
   - Quality information and designations
   - Lower member cost share hospitals within Alabama

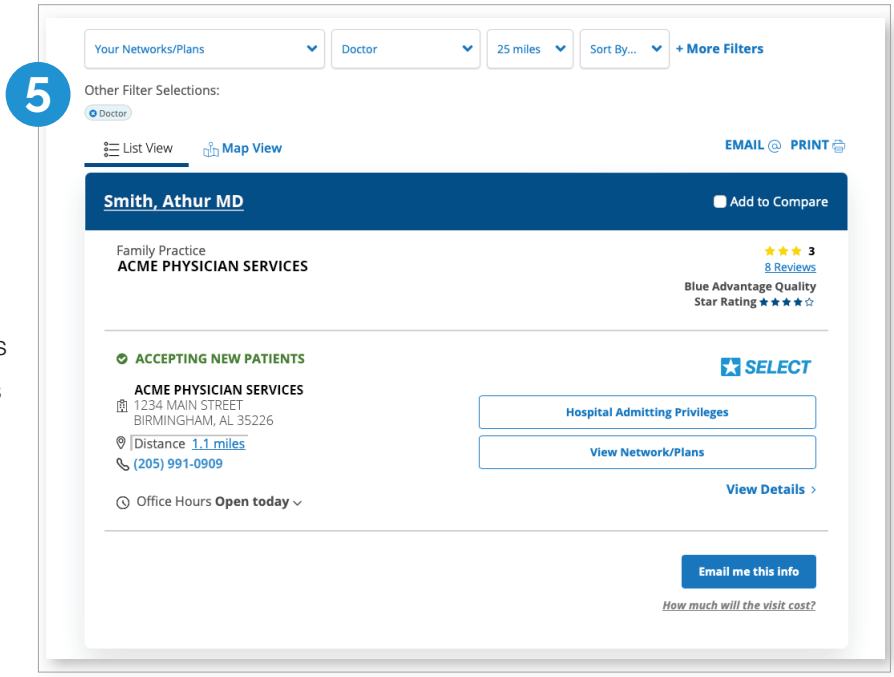


ALABAMA

Our *Find a Doctor* tool on **AlabamaBlue.com** makes it easy to find the right healthcare providers in your area. Plus, you can use the *Alabama Blue* mobile app when you're on the go.







Before you seek non-emergency healthcare, it's a good idea to call the provider to make sure your health plan is accepted. Always choose an in-network provider to pay the lowest out-of-pocket cost for your healthcare.

Screenshots are current as of April 2024 and are subject to change.

ESTIMATE YOUR

TREATMENT COSTS

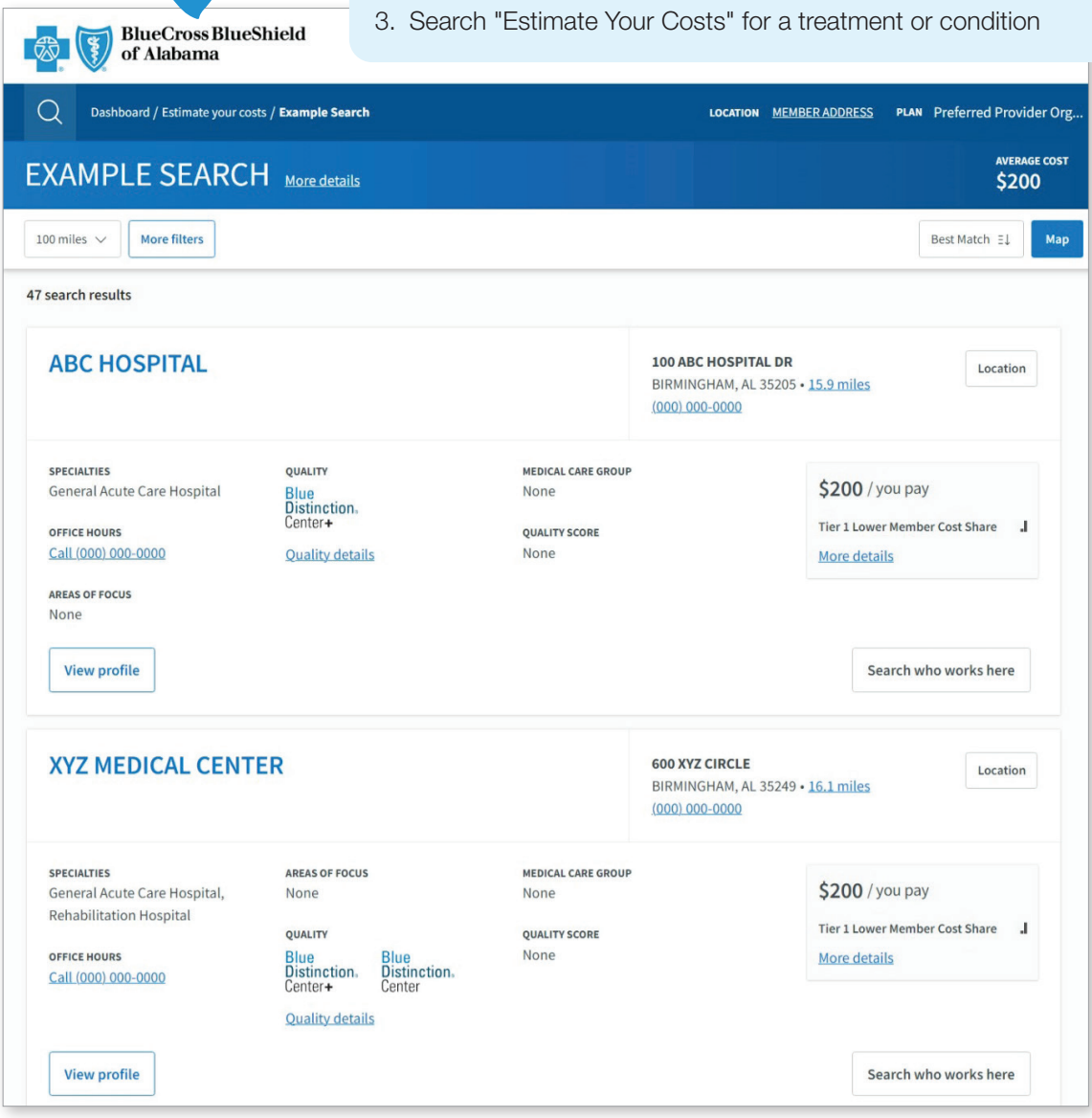
Save time and money with the online Treatment Cost Estimator. You can look up more than 1,600 in-patient and out-patient procedures to make more informed decisions about where to go.

The Treatment Cost Estimator makes it easy to:

- Estimate the costs of treatment prior to having the procedure
- Compare search results by cost, location, provider or facility name
- Understand your out-of-pocket cost and anticipate future expenses for a particular treatment
- Know the coinsurance or copay amount you will pay
- Search negotiated rates for services as required by the Transparency in Coverage Rule

To access the Treatment Cost Estimator:

1. Log in to your *my*BlueCross account online or via the Alabama Blue mobile app
2. Click "Treatment Cost Estimator" under the *Saving Money* section on the right of the screen
3. Search "Estimate Your Costs" for a treatment or condition



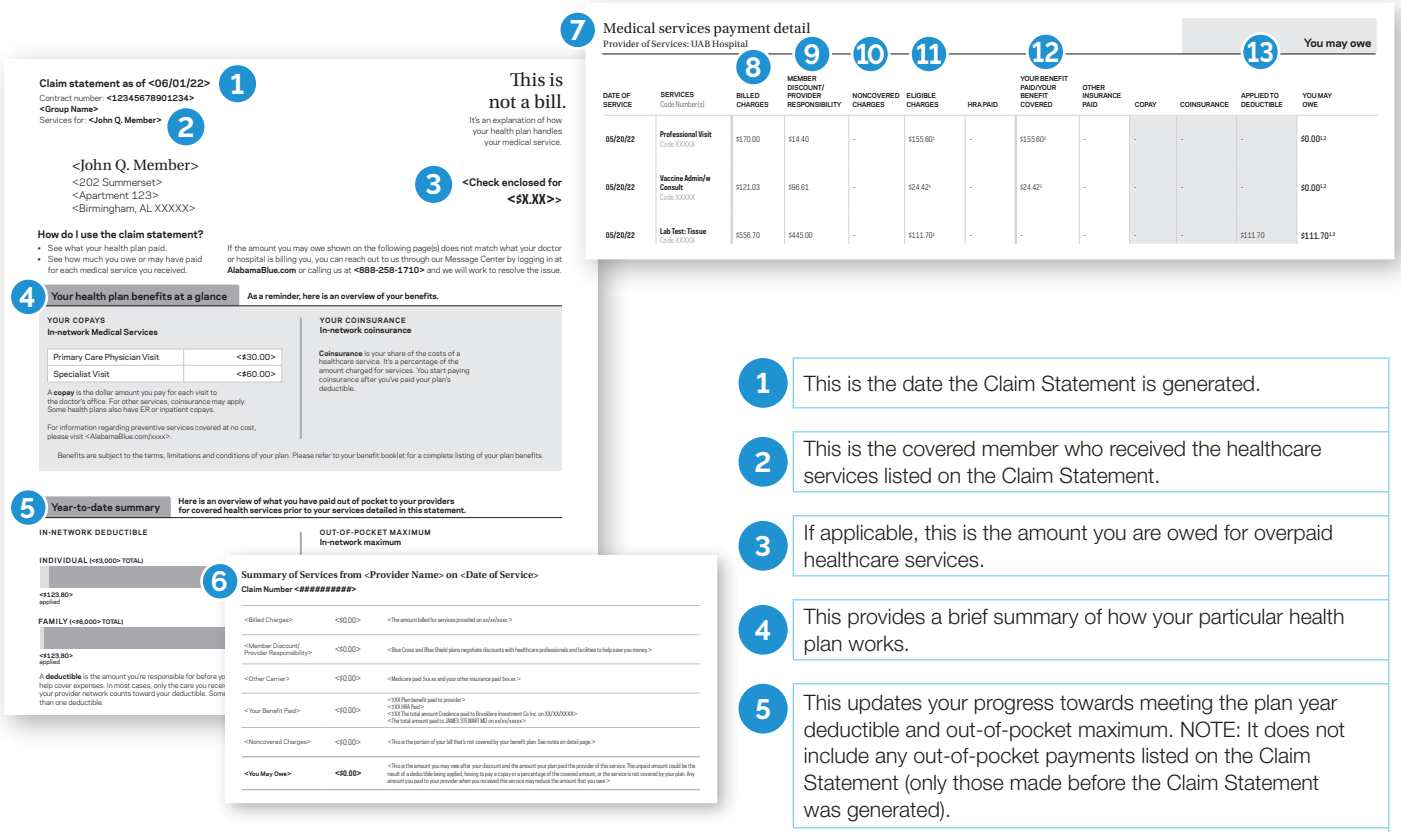
Sample search results are for an ACL repair. This example displays benefits based off an average price of the facility charges listed and a plan benefit subject to a $200 deductible.

Please Note: The amount of the cost estimate that you are responsible for paying is based on your benefit plan, including any deductible and coinsurance requirements.

HOW TO READ YOUR

CLAIM STATEMENTS

A Claim Statement is generated every time you or a covered family member uses your health insurance plan. It provides an at-a-glance record of each occurrence, detailing how much was charged, how much your plan paid and how much you may owe.



Claim statement as of <06/01/22> 1

Contract number: <12345678901234>
<Group Name>
Services for: <John Q. Member> 2

<John Q. Member>
<202 Summerset>
<Apartment 123>
<Birmingham, AL XXXXX>

This is not a bill.
It's an explanation of how your health plan handles your medical service.

3 <Check enclosed for <$X.XX>>

How do I use the claim statement?
- See what your health plan paid.
- See how much you owe or may have paid for each medical service you received.

If the amount you may owe shown on the following page(s) does not match what your doctor or hospital is billing you, you can reach out to us through our Message Center by logging in at **AlabamaBlue.com** or calling us at **<888-258-1710>** and we will work to resolve the issue.

4 Your health plan benefits at a glance — As a reminder, here is an overview of your benefits.

YOUR COPAYS
In-network Medical Services

Primary Care Physician Visit	<$30.00>
Specialist Visit	<$60.00>

A **copay** is the dollar amount you pay for each visit to the doctor's office. For other services, coinsurance may apply. Some health plans also have ER or inpatient copays.

For information regarding preventive services covered at no cost, please visit <AlabamaBlue.com/xxxx>.

YOUR COINSURANCE
In-network coinsurance

Coinsurance is your share of the costs of a healthcare service. It's a percentage of the amount charged for services. You start paying coinsurance after you've paid your plan's deductible.

Benefits are subject to the terms, limitations and conditions of your plan. Please refer to your benefit booklet for a complete listing of your plan benefits.

5 Year-to-date summary — Here is an overview of what you have paid out of pocket to your providers for covered health services prior to your services detailed in this statement.

IN-NETWORK DEDUCTIBLE

INDIVIDUAL (<$3,000> TOTAL)
<$123.80>
applied

FAMILY (<$6,000> TOTAL)
<$123.80>
applied

A **deductible** is the amount you're responsible for before your health plan begins to help cover expenses. In most cases, only the care you receive from your provider network counts toward your deductible. Some health plans cover more than one deductible.

OUT-OF-POCKET MAXIMUM
In-network maximum

6 Summary of Services from <Provider Name> on <Date of Service>
Claim Number <##########>

<Billed Charges>	<$0.00>	<The amount billed for services provided on xx/xx/xxxx.>
<Member Discount/ Provider Responsibility>	<$0.00>	<Blue Cross and Blue Shield plans negotiate discounts with healthcare professionals and facilities to help save you money.>
<Other Carrier>	<$0.00>	<Medicare paid $xx.xx and your other insurance paid $xx.xx.>
<Your Benefit Paid>	<$0.00>	<$XX Plan benefit paid to provider><$XX HRA Paid><$XX The total amount Credence paid to Brookfarm Investment Co Inc. on XX/XX/XXXX><The total amount paid to JAMES STEWART MD on xx/xx/xxxx>
<Noncovered Charges>	<$0.00>	<This is the portion of your bill that's not covered by your benefit plan. See notes on detail page.>
<You May Owe>	**<$0.00>**	<This is the amount you may owe after your discount and the amount your plan paid the provider of this service. The unpaid amount could be the result of a deductible being applied, having to pay a copay or a percentage of the covered amount, or the service is not covered by your plan. Any amount you paid to your provider when you received this service may reduce the amount that you owe.>

7 Medical services payment detail
Provider of Services: UAB Hospital

DATE OF SERVICE	SERVICES (Code Number(s))	8 BILLED CHARGES	9 MEMBER DISCOUNT/ PROVIDER RESPONSIBILITY	10 NONCOVERED CHARGES	11 ELIGIBLE CHARGES	HRA PAID	12 YOUR BENEFIT PAID/YOUR BENEFIT COVERED	OTHER INSURANCE PAID	COPAY	COINSURANCE	13 APPLIED TO DEDUCTIBLE	YOU MAY OWE
							You may owe					
05/20/22	Professional Visit Code XXXXX	$170.00	$14.40	-	$155.60[1]	-	$155.60[1]	-	-	-	-	$0.00[1,2]
05/20/22	Vaccine Admin/w Consult Code XXXXX	$121.03	$98.61	-	$24.42[1]	-	$24.42[1]	-	-	-	-	$0.00[1,2]
05/20/22	Lab Test: Tissue Code XXXXX	$556.70	$445.00	-	$111.70[1]	-	-	-	-	-	$111.70	$111.70[1,2]

1 This is the date the Claim Statement is generated.

2 This is the covered member who received the healthcare services listed on the Claim Statement.

3 If applicable, this is the amount you are owed for overpaid healthcare services.

4 This provides a brief summary of how your particular health plan works.

5 This updates your progress towards meeting the plan year deductible and out-of-pocket maximum. NOTE: It does not include any out-of-pocket payments listed on the Claim Statement (only those made before the Claim Statement was generated).

6 This provides a summary of charges and payments for the healthcare services listed.

7 This provides detailed charges and payments for the healthcare services listed and the name of the provider.

8 This is the amount the provider charged the health plan.

9 This is the amount of the Billed Charges the provider agreed to waive.

10 If applicable, this is the amount of the Billed Charges the health plan does not cover.

11 This is the amount owed to the provider after subtracting discounts and adding any non-covered charges.

12 These are the amounts the health plan(s) paid to the provider.

13 If applicable, these are the amounts you pay out-of-pocket to the provider. You may still owe the provider, if these amounts were not collected in full at the time of service.

Access your Claim Statements

When you register for *my*BlueCross, you will receive emails when new Claim Statements are available to view online. Log in to your *my*BlueCross account. Click the *my*BlueCross tab in the blue banner, and then click "Claim Statements" under ***Benefit Summary***. You have 24/7 access to two years of claims history.

Alternatively, you can choose to receive paper copies of Claim Statements. Log in to your *my*BlueCross account. Click the down arrow beside your avatar in the upper right of the screen. Click "View More Settings," and then click "Claim/Medical Preferences." Then click "Change Claim Statements Preference."

MAKE

HEALTHIER CHOICES

We engage, motivate and empower our members to live their best life possible. The following enhanced services

go well beyond simply providing health coverage

—all available to you at no additional out-of-pocket cost.



Online Wellness Support

*my*BlueWellness is an enhanced online platform powered by WebMD® designed to promote your healthier lifestyle.

Online features include:

- Health assessment
- Personalized action plans with medical record archive
- Healthy yet flavorful recipes
- Lifestyle and behavioral change programs
- Educational videos

Visit **AlabamaBlue.com/myBlueWellness** to get started today.

WebMD® is an independent company providing wellness tools and programs to Blue Cross and Blue Shield of Alabama members.

Blue365

As a Blue Cross member, you can get exclusive deals from top national and local retailers on:

- Fitness gear
- Gym membership packages (12,000+ facilities nationwide)
- Nutrition
- Hearing and vision care
- Travel and rental cars
- Baby products and more

Visit **Blue365Deals.com** to learn more and enroll for free.

The Blue365® program is brought to you by the Blue Cross and Blue Shield Association, a group of independent, locally operated Blue Cross and/or Blue Shield Companies.

BlueCare Advocacy

BlueCare provides both customer service and clinical advisement to help you make the most of your benefits and make decisions to improve your health.

A BlueCare Health Advisor can help you:

- Get answers to common customer service questions
- Understand benefits, claims and coverages
- Research and resolve hospital and doctor billing issues
- Locate a doctor or specialist and schedule appointments
- Know which preventive screenings are recommended
- Enroll in available health and well-being programs
- Connect with support groups and community services

Call 1-888-759-2764 to connect with a health advisor.

Case Management

This telephone-based program is designed to help you navigate the healthcare system if you have a complex, catastrophic or specialty condition. Case management programs are staffed by experienced registered nurses and include, but are not limited to, the following:

- **Transition of care:** educate and support following discharge to help reduce the risk of preventable ER visits and hospital readmissions
- **Catastrophic care:** coordinate care for members who have experienced a traumatic injury or condition requiring extended hospital stay or rehabilitation
- **Specialty care:** provides education, guidance and support for members and family by clinicians experienced in the fields of high risk OB, neonatal, transplant, oncology and pediatrics

There is no cost, and participation is voluntary and confidential. Call 1-800-821-7231 or email MemberManagement@bcbsal.org.

At-Risk Coaching

This curriculum-based program focuses on obesity, hypertension and prediabetes. Health coaches can help you prevent or reverse the risks for developing a chronic condition by making healthy lifestyle changes.

They work with you to develop a customized action plan to:

- Set personal health goals
- Overcome challenges
- Develop a nutrition and exercise regimen
- Understand medications

There is no cost, and participation is voluntary and confidential. Call 1-855-699-6168 or email HMHealthCoach@bcbsal.org.

Chronic Case Management

This telephone-based program incorporates a holistic, personalized approach to managing your healthcare. Our program includes these and other specialized conditions, as it continues to evolve:

- Asthma
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Coronary Artery Disease
- Diabetes (Types 1 and 2)
- Musculoskeletal pain
- Chronic Kidney Disease (CKD)

Clinicians will provide a health assessment for you and develop a patient profile. There is no cost, and participation is voluntary and confidential. Call 1-888-841-5741 or email MemberManagement@bcbsal.org

Maternity Management

The goal of the Baby Yourself® program is to ensure expectant mothers and their babies receive the best possible healthcare during pregnancy. You'll receive telephone or e-mail support from an experienced registered nurse throughout your pregnancy.

The Baby Yourself mobile app provides additional information, trackers and easy access to your nurse through one-button dialing. Once your baby arrives, the Lactation Program provides encouragement, support and information designed to improve the well-being of infants and their families.

There is no cost, and participation is voluntary and confidential. Call 1-800-222-4379, visit **AlabamaBlue.com/BabyYourself** or download the Baby Yourself mobile app.

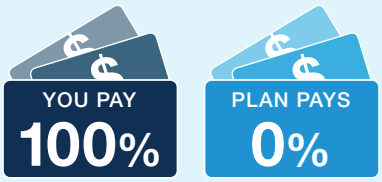
UNDERSTAND

DEDUCTIBLES & COINSURANCE

It's important to understand how your particular health plan works before you receive care so you know how much you will pay for it. Below is an example of how a typical health plan works.

DEDUCTIBLE

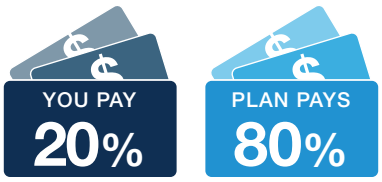
Until you meet your deductible, this is the amount you owe for covered services before your health plan begins to pay any portion.



FOR A $200 SERVICE	
YOU PAY	PLAN PAYS
$200	$0

COINSURANCE

Once your deductible is met, this is the amount the health plan and you owe for covered services.



FOR A $200 SERVICE	
YOU PAY	PLAN PAYS
$40	$160

OUT-OF-POCKET MAXIMUM

This is the most you owe during a plan year for covered services before the health plan begins to pay the full amount.



FOR A $200 SERVICE	
YOU PAY	PLAN PAYS
$200	$0

For illustrative purposes only. Does not account for any applicable copays you may owe at the time of care service. Preventive services may be covered by the health plan at 100% with no deductible or copay. Review your particular benefits to determine coverage levels.

Keep in mind deductibles, coinsurance and out-of-pocket maximums will vary based on the health plan and whether services are provided in-network.

COORDINATE BENEFITS WITH

MORE THAN ONE HEALTH PLAN

It's important to understand how your benefits are coordinated when you have multiple health plans. You should also be aware of your rights during special enrollment periods.

Coordination of Benefits (COB)

This affects your benefits when you or a covered family member also has another health plan. COB ensures the right plan processes your claims first and prevents overpayments. The goal is to keep costs down for everyone.

Please be sure we have current information about any other health plans you may have. This will help us process your claims correctly and promptly.

You may update your COB status online.
Just have your Blue Cross member ID card ready.

1. Log in to your *my*BlueCross account
2. Click the *my*BlueCross tab in the blue banner, and then click "Account Summary"
3. Click "Other Insurance Coverage Information"



Familiarizing yourself with these common health plan terms can help you better understand your benefits.

Allowed Amount
The maximum amount on which payment is based for covered healthcare services. If an out-of-network provider charges more than the Allowed Amount, you may have to pay the difference (known as balance billing). You cannot be balance billed by in-network providers.

Coinsurance
A type of coverage where you and the health plan split the amount paid for a covered service, generally after you have paid a set deductible. For example, you pay 20% and the health plan pays 80%.

Copay
A fixed amount you pay for covered healthcare services, usually when you receive the service. The amount can vary by the type of service.

Deductible
The amount you owe for covered healthcare services before your health plan begins to pay.

Network
The facilities, providers and suppliers your health plan or its vendors have contracted with to provide healthcare services. In-network coinsurance and copay amounts are typically less than out-of-network.

Out-of-Pocket Maximum
The most you pay during a policy period (usually a year) before your health plan begins to pay 100% of the Allowed Amount. This limit never includes your Premium, Balance Billing charges or healthcare services not covered by your health plan. Some health plans don't count all of your coinsurance, copays, deductibles, out-of-network payments or other expenses toward this limit.

Precertification or Preauthorization
The procedures used by your health plan or employer group to determine that certain healthcare services, treatment plans, durable medical equipment or prescription drugs are medically necessary before you receive the services, except for emergency services. It is not a guarantee your health plan will cover the cost.

Premium
The amount that must be paid for your health plan. You and/or your employer usually pay it monthly.

Primary Care Physician
A physician who directly provides or coordinates a range of healthcare services for a patient.

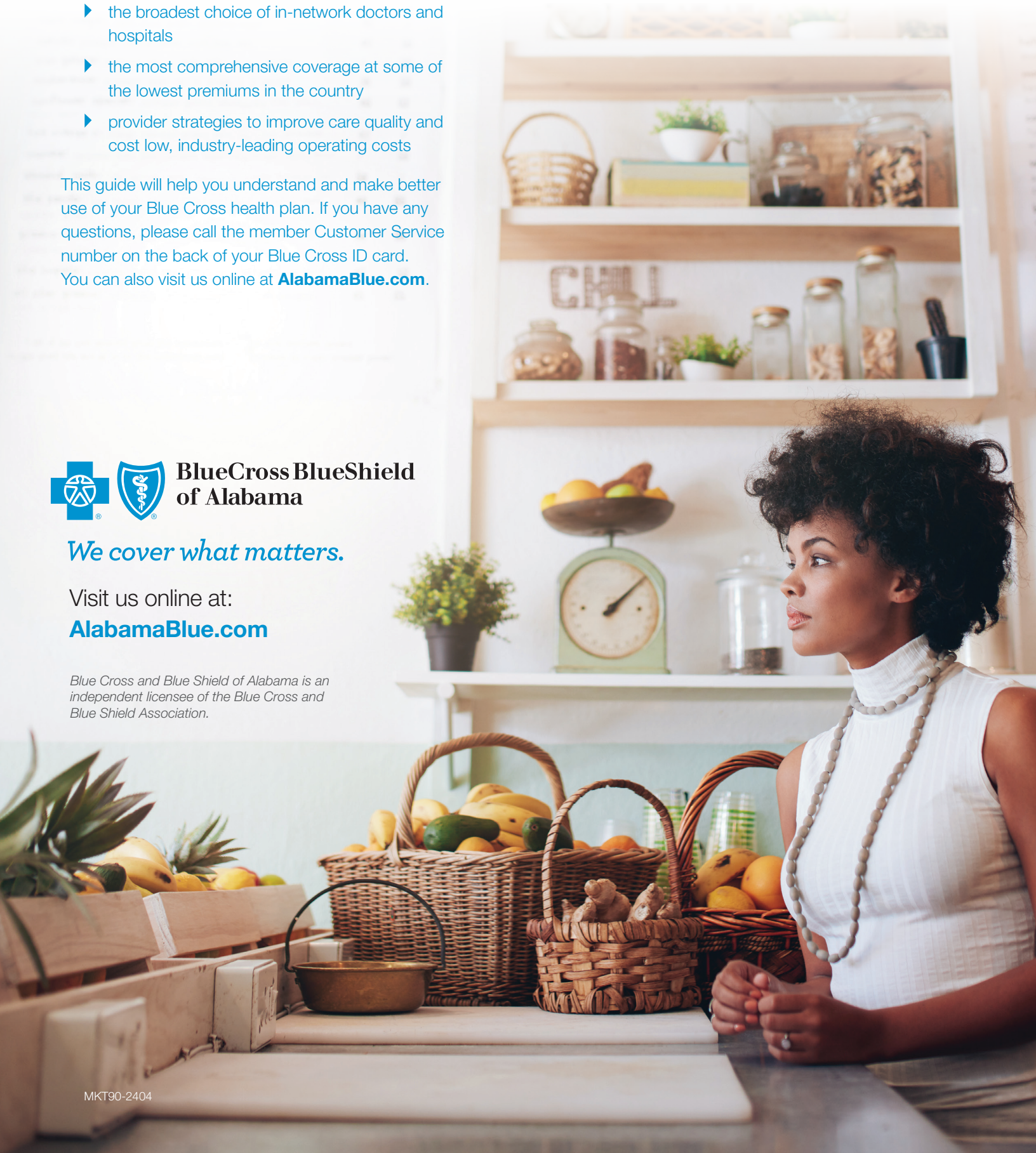
Provider
A physician, healthcare professional or healthcare facility licensed, certified or accredited as required by state law.

Specialist
A physician who focuses on a specific area of medicine or patient group to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of healthcare.

Since 1936, we've helped our members live their best life possible by providing unmatched access to quality healthcare. We work hard to deliver the best value for your healthcare dollar with:

- the broadest choice of in-network doctors and hospitals
- the most comprehensive coverage at some of the lowest premiums in the country
- provider strategies to improve care quality and cost low, industry-leading operating costs

This guide will help you understand and make better use of your Blue Cross health plan. If you have any questions, please call the member Customer Service number on the back of your Blue Cross ID card. You can also visit us online at **AlabamaBlue.com**.



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