



 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.** This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-292-8868 or visit us at [AlabamaBlue.com](http://AlabamaBlue.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.bcbsal.org/sbcglossary/](http://www.bcbsal.org/sbcglossary/) or call 1-800-292-8868 to request a copy.

Important Questions	Answers	Why This Matters:
<p><a href="#">What is the calendar year deductible?</a></p>	<p>\$1,000 individual/\$2,000 family in-network. \$2,000 individual/\$4,000 family out-of-network.</p>	<p>Must you pay the \$1,000 individual deductible for primary care office visit? <b>No! You will only pay \$40 copayment per visit.</b></p> <p>Must you pay the \$1,000 individual deductible for specialist office visit? <b>No! You will only pay \$60 copayment per visit.</b></p> <p>Must you pay the \$1,000 individual deductible before prescription benefits are covered? <b>No! You will only pay the prescription drug copayment based on tier coverage.</b></p>
<p><a href="#">Are there services covered before you meet your deductible?</a></p>	<p>Yes. Preventive services, pharmacy benefits, office visits, and specialists visits in-network are covered before you meet your <a href="#">deductible</a>.</p>	<p>This <a href="#">plan</a> covers <b>most</b> items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a>. See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p>
<p><a href="#">Are there other deductibles for specific services?</a></p>	<p>Yes. \$1,200 per admission for <b>out-of-network</b>. There are no other specific <a href="#">deductibles</a>.</p>	<p>You must pay all of the costs for these services up to the specific <a href="#">deductible</a> amount before this plan begins to pay for these <b>out-of-network</b> services.</p>
<p><a href="#">What is the out-of-pocket limit for this plan?</a></p>	<p>For <b>in-network</b> \$6,000 individual/\$12,000 family.</p>	<p>The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a>, they have to meet their own <a href="#">out-of-pocket limit</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.</p>
<p><a href="#">What is not included in the out-of-pocket limit?</a></p>	<p>Premiums, balance-billed charges, health care this plan doesn't cover, cost sharing for most <b>out-of-network</b> benefits and pre-certification penalties.</p>	<p>Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a>.</p>
<p><a href="#">Will you pay less if you use a network provider?</a></p>	<p>Yes. See <a href="http://AlabamaBlue.com">AlabamaBlue.com</a> or call 1-800-810-BLUE for a list of network providers.</p>	<p>This <a href="#">plan</a> uses a <a href="#">provider</a> network. You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's</a> network. You will pay the most if you use an <a href="#">out-of-network provider</a>, and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays (<a href="#">balance billing</a>). Be</p>

		aware your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a referral.

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)	
<b>If you visit a health care <a href="#">provider's</a> office or clinic</b>	Primary care visit to treat an injury or illness	\$40 <a href="#">copay</a> /visit No deductible	50% <a href="#">coinsurance</a>	None
	<a href="#">Specialist</a> visit	\$60 <a href="#">copay</a> /visit No deductible	50% <a href="#">coinsurance</a>	
	<a href="#">Preventive care/screening/immunization</a>	No Charge No deductible	Not Covered	Please visit <a href="#">AlabamaBlue.com/preventiveservices</a> . You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	No Charge No deductible	50% <a href="#">coinsurance</a>	Benefits listed are physician services; \$10 copay/x-ray for in-network services; facility benefits are also available; precertification may be required
	Imaging (CT/PET scans, MRIs)	\$250 <a href="#">copay</a> /test No deductible	50% <a href="#">coinsurance</a>	
<b>If you need drugs to treat your illness or condition</b>  More information about <a href="#">prescription drug coverage</a> is available at <a href="#">AlabamaBlue.com/pharmacy</a>	Tier 1 Drugs	\$15 <a href="#">copay</a> (retail) \$37.50 <a href="#">copay</a> (mail order) No deductible	Not Covered	Prior authorization required for specific drugs
	Tier 2 Drugs	\$50 <a href="#">copay</a> (retail) \$125 <a href="#">copay</a> (mail order) No deductible	Not Covered	
	Tier 3 Drugs	\$100 <a href="#">copay</a> (retail) \$250 <a href="#">copay</a> (mail order) No deductible	Not Covered	
	<b>New Specialty</b> Tier 4 Drugs	<b>\$250</b> <a href="#">copay</a> (retail) No deductible	Not Covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$250 <a href="#">copay</a> No deductible	50% <a href="#">coinsurance</a>	In Alabama, out-of-network not covered

\* 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 Provider (You will pay the most)	
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
<b>If you need immediate medical attention</b>	Emergency room care	Accident: \$250 <a href="#">copay</a> /visit No deductible Medical Emergency: \$250 <a href="#">copay</a> /visit No deductible	Accident: \$250 <a href="#">copay</a> /visit Medical Emergency: \$250 <a href="#">copay</a> /visit	Physician charges will apply
	Emergency medical transportation	20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
	Urgent care	\$60 <a href="#">copay</a> /visit No deductible	50% <a href="#">coinsurance</a>	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$250 copay/day days 1-5 No deductible	\$1,200 per admission deductible & 50% coinsurance No deductible	In Alabama, out-of-network benefits are only available for accidental injury and medical emergency; precertification is required
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$60 <a href="#">copay</a> /visit No deductible	50% <a href="#">coinsurance</a>	Benefits listed are physician services; additional benefits are available; precertification is required for intensive outpatient, partial hospitalization and inpatient hospitalization
	Inpatient services	No Charge No deductible	50% <a href="#">coinsurance</a> No deductible	
<b>If you are pregnant</b>	Office visits	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	Cost sharing does not apply to certain preventive 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. ultrasound)
	Childbirth/delivery professional services	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	\$250 copay/day days 1-5 No deductible	\$1,200 per admission deductible & 50% coinsurance No deductible	

\* For more information about limitations and exceptions, see the plan or policy document at [AlabamaBlue.com](http://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 Provider (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	In Alabama, out-of-network not covered; precertification may be required
	<a href="#">Rehabilitation services</a>	20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	Benefits listed are for Rehabilitation & Habilitation services; each service has a combined maximum of 30 visits for occupational, physical and speech therapy per year; children ages 0-18 with an autistic diagnosis are allowed unlimited visits for occupational, physical and speech therapy
	<a href="#">Habilitation services</a>	20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	
	<a href="#">Skilled nursing care</a>	Not Covered	Not Covered	Not covered; member pays 100%
	<a href="#">Durable medical equipment</a>	20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
	<a href="#">Hospice services</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	In Alabama, out-of-network not covered; precertification may be required
<b>If your child needs dental or eye care</b>	Children's eye exam	No Charge No deductible	Not Covered	Please visit <a href="http://AlabamaBlue.com/preventiveservices">AlabamaBlue.com/preventiveservices</a>
	Children's glasses	Not Covered	Not Covered	Not covered; member pays 100%
	Children's dental check-up	No Charge No deductible	Not Covered	Please visit <a href="http://AlabamaBlue.com/preventiveservices">AlabamaBlue.com/preventiveservices</a>
All <a href="#">copayment</a> and <a href="#">coinsurance</a> costs shown in this chart are after your <a href="#">deductible</a> has been met, if a <a href="#">deductible</a> applies.				

### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Bariatric surgery</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>• Glasses, child</li> <li>• Hearing aids</li> <li>• Long-term care</li> <li>• Private-duty nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Routine eye care (Adult)</li> <li>• Routine foot care</li> <li>• Skilled nursing care</li> <li>• Weight loss programs</li> </ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
<ul style="list-style-type: none"> <li>• Chiropractic care</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility treatment (Assisted Reproductive Technology not covered)</li> </ul>	<ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the U.S.</li> </ul>

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

**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 [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). 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](http://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 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 [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or your state insurance department.

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

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**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.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

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 <a href="#">plan's deductible</a>	<b>*\$1,000</b>	■ The <a href="#">plan's deductible</a>	<b>*\$1,000</b>	■ The <a href="#">plan's deductible</a>	<b>*\$1,000</b>																																										
■ <a href="#">Specialist copay/coinsurance</a>	\$60/0%	■ <a href="#">Specialist copay/coinsurance</a>	\$60/0%	■ <a href="#">Specialist copay/coinsurance</a>	\$60/0%																																										
■ Hospital (facility) <a href="#">copay/coinsurance</a>	\$250/0%	■ Hospital (facility) <a href="#">copay/coinsurance</a>	\$250/0%	■ Hospital (facility) <a href="#">copay/coinsurance</a>	\$250/0%																																										
■ Other <a href="#">copay/coinsurance</a>	\$60/20%	■ Other <a href="#">copay/coinsurance</a>	\$60/20%	■ Other <a href="#">copay/coinsurance</a>	\$60/20%																																										
<b>This EXAMPLE event includes services like:</b> Specialist office visits ( <i>prenatal care</i> ) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests ( <i>ultrasounds and blood work</i> ) *Specialist visit ( <i>anesthesia</i> )		<b>This EXAMPLE event includes services like:</b> Primary care physician office visits ( <i>including disease education</i> ) Diagnostic tests ( <i>blood work</i> ) Prescription drugs *Durable medical equipment ( <i>glucose meter</i> )		<b>This EXAMPLE event includes services like:</b> Emergency room care ( <i>including medical supplies</i> ) Diagnostic tests ( <i>x-ray</i> ) *Durable medical equipment ( <i>crutches</i> ) *Rehabilitation services ( <i>physical therapy</i> )																																											
<b>Total Example Cost</b>	<b>\$12,800</b>	<b>Total Example Cost</b>	<b>\$7,400</b>	<b>Total Example Cost</b>	<b>\$1,900</b>																																										
<b>In this example, Peg would pay:</b> <table border="1"> <thead> <tr> <th colspan="2">Cost Sharing</th> </tr> </thead> <tbody> <tr> <td>Deductibles*</td> <td>\$1,000</td> </tr> <tr> <td>Copayments</td> <td>\$540</td> </tr> <tr> <td>Coinsurance</td> <td>\$0</td> </tr> <tr> <th colspan="2">What isn't covered</th> </tr> <tr> <td>Limits or exclusions</td> <td>\$60</td> </tr> <tr> <td><b>The total Peg would pay is</b></td> <td><b>\$1,600</b></td> </tr> </tbody> </table>		Cost Sharing		Deductibles*	\$1,000	Copayments	\$540	Coinsurance	\$0	What isn't covered		Limits or exclusions	\$60	<b>The total Peg would pay is</b>	<b>\$1,600</b>	<b>In this example, Joe would pay:</b> <table border="1"> <thead> <tr> <th colspan="2">Cost Sharing</th> </tr> </thead> <tbody> <tr> <td>Deductibles*</td> <td>\$20</td> </tr> <tr> <td>Copayments</td> <td>\$1,200</td> </tr> <tr> <td>Coinsurance</td> <td>\$0</td> </tr> <tr> <th colspan="2">What isn't covered</th> </tr> <tr> <td>Limits or exclusions</td> <td>\$420</td> </tr> <tr> <td><b>The total Joe would pay is</b></td> <td><b>\$1,640</b></td> </tr> </tbody> </table>		Cost Sharing		Deductibles*	\$20	Copayments	\$1,200	Coinsurance	\$0	What isn't covered		Limits or exclusions	\$420	<b>The total Joe would pay is</b>	<b>\$1,640</b>	<b>In this example, Mia would pay:</b> <table border="1"> <thead> <tr> <th colspan="2">Cost Sharing</th> </tr> </thead> <tbody> <tr> <td>Deductibles*</td> <td>\$1,000</td> </tr> <tr> <td>Copayments</td> <td>\$180</td> </tr> <tr> <td>Coinsurance</td> <td>\$40</td> </tr> <tr> <th colspan="2">What isn't covered</th> </tr> <tr> <td>Limits or exclusions</td> <td>\$0</td> </tr> <tr> <td><b>The total Mia would pay is</b></td> <td><b>\$1,220</b></td> </tr> </tbody> </table>		Cost Sharing		Deductibles*	\$1,000	Copayments	\$180	Coinsurance	\$40	What isn't covered		Limits or exclusions	\$0	<b>The total Mia would pay is</b>	<b>\$1,220</b>
Cost Sharing																																															
Deductibles*	\$1,000																																														
Copayments	\$540																																														
Coinsurance	\$0																																														
What isn't covered																																															
Limits or exclusions	\$60																																														
<b>The total Peg would pay is</b>	<b>\$1,600</b>																																														
Cost Sharing																																															
Deductibles*	\$20																																														
Copayments	\$1,200																																														
Coinsurance	\$0																																														
What isn't covered																																															
Limits or exclusions	\$420																																														
<b>The total Joe would pay is</b>	<b>\$1,640</b>																																														
Cost Sharing																																															
Deductibles*	\$1,000																																														
Copayments	\$180																																														
Coinsurance	\$40																																														
What isn't covered																																															
Limits or exclusions	\$0																																														
<b>The total Mia would pay is</b>	<b>\$1,220</b>																																														