



BlueCross BlueShield
of Alabama

We cover what matters.



**2021 Individual
& Family Plans**



& DENTAL

consider

The advantages of **BLUE**

Despite the changes in the healthcare landscape, some things remain the same. All of our individual and family plans offer important advantages you can count on.

EXPERTISE

For more than 80 years, Blue Cross and Blue Shield of Alabama has been providing access to quality healthcare coverage and dependable, local service.

Our commitment to providing products of value extends to millions of Alabamians.

ACCESS TO CARE

You have access to a comprehensive network of healthcare professionals, including a choice of hospitals and more than 10,000 Alabama physicians, as well as access to our national BlueCard® PPO network and our worldwide network, Blue Cross Blue Shield Global® Core. **Our plans are available in every county in Alabama.** This kind of access means you have a broad choice in the hospitals and physicians you can use.

SERVICE

As a member of the Blue Cross family, you can count on us to be there when you need us. Our superior Customer Service Department has the technology and knowledge that enable us to **consistently exceed our members' expectations.**

PEACE OF MIND

When you carry a Blue Cross member ID card, you carry peace of mind in your pocket. You can depend on Blue Cross. It's a brand that is **respected in Alabama and throughout the nation.** You can rest easy knowing you're covered for life's surprises and unexpected emergencies.



selection

PLANS designed for every budget and all coverage needs

Metal Level	Plan Name	More Details on Page	Tax Credit Available
GOLD	Blue Value Gold	2	✓
	Blue HSA Gold	3	
	Blue Cross Select Gold	4	✓
SILVER	Blue Secure Silver	5	
	Blue Value Silver	6	✓
	Blue Cross Select Silver	7	✓
	Blue Saver [®] Silver	8	
BRONZE	Blue Saver [®] Bronze	9	✓
	Blue HSA Bronze	10	✓
CATASTROPHIC	Blue Protect	11	
DENTAL	Dental Blue [®]	12	
	Dental Blue [®] Select	12	
MARKETPLACE	Dental Blue [®] Plus	12	

For a glossary of commonly used terms, please see “A Guide to Health Insurance Terms” beginning on page 19.

To compare plans and enroll online, go to AlabamaBlue.com/HealthPlans and choose “Compare and Enroll.”

Blue Value

GOLD

What are the advantages to choosing Blue Value Gold as your individual or family health plan?

- ▶ When you visit your **designated Primary Care Select Physician**, you receive a discounted copay of **\$25**.
- ▶ Choose from over 41,000 pharmacies in the **ValueONE Network** to meet your prescription needs.*
- ▶ Find the highest quality and cost-conscious hospitals in the **Hospital Choice Network**.
- ▶ Consult a doctor or get a prescription over the phone when you enroll in **Teladoc**. For more information, go to page 18.

Here are some common benefits of this plan and what you would pay for in-network services. (In-Network services outside of Alabama may vary)

▶ Calendar Year Deductible \$750 individual \$1,500 family	▶ Out-of-Pocket Maximum \$6,000 individual \$12,000 family
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YOU PAY		WE PAY
PHYSICIAN VISITS		
Primary Care Physician: \$40 copay Designated Primary Care Select Physician: \$25 copay Specialist: \$60 copay Primary Care Select Physician refers you: \$45 copay		100% after the copay
TELADOC PHONE AND ONLINE VIDEO CONSULTATIONS		
\$40 copay		100% after the copay
OUTPATIENT SURGERY		
Lower Member Cost Share: \$300 copay Higher Member Cost Share: \$600 copay		100% after the copay
EMERGENCY ROOM – For a medical emergency		
\$300 copay		100% after the copay
INPATIENT HOSPITAL CARE		
Lower Member Cost Share: \$300 copay (days 1-5) Higher Member Cost Share: \$600 copay (days 1-5)		100% after the copay
MATERNITY CARE – Physician Benefits		
\$0 after you meet the calendar year deductible		100% after you meet the calendar year deductible
MENTAL HEALTH – Office Visit or Consultation		
Specialist: \$60 copay Primary Care Select Physician refers you: \$45 copay		100% after the copay
PRESCRIPTION DRUGS – Source+Rx 1.0 Drug List Find the Drug List at AlabamaBlue.com/2021SourcePlusRx1DrugList .		
Tier 1: \$10 Tier 2: \$25 Tier 3: \$45 Tier 4: 40% coinsurance Tier 5 (Preferred): \$175 Tier 6 (Non-Preferred): 20% coinsurance		100% after the copay or coinsurance
OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY 30 rehabilitative and habilitative visits per member per year combined in-network and out-of-network		
20% after you meet the calendar year deductible		80% after you meet the calendar year deductible
DIAGNOSTIC LAB – Outpatient		
Lower Member Cost Share: \$300 copay Higher Member Cost Share: \$600 copay		100% after the copay
ROUTINE IMMUNIZATIONS AND PREVENTIVE SERVICES These are listed at AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/StandardACAPreventiveDrugList .		
\$0		100%
PEDIATRIC DENTAL & VISION		
Routine Dental Cleaning:	\$0	100%
Yearly Eye Exam:	20% after you meet the calendar year deductible	80% after you meet the calendar year deductible

*Locate a ValueONE Network Pharmacy at AlabamaBlue.com/ValueONEPharmacyLocator.

Blue HSA

GOLD

Blue HSA Gold offers you the benefit of establishing a **Health Savings Account (HSA)**.

- ▶ You have the option to set up an HSA through any bank or trustee that offers this service to use for current and future medical expenses.
- ▶ Once you meet the calendar year deductible, you will only pay 10% of eligible, in-network expenses.
- ▶ Choose from over 41,000 pharmacies in the **ValueONE Network** to meet your prescription needs.*
- ▶ Consult a doctor or get a prescription over the phone when you enroll in **Teladoc**. **Teladoc** is available on this plan for \$45 per consultation. For more information, go to page 18.

Note: Blue HSA Gold is not available on the Health Insurance Marketplace.

Here are some common benefits of this plan and what you would pay for in-network services.
(In-Network services outside of Alabama may vary)

YOU PAY	WE PAY
<p>▶ Calendar Year Deductible \$1,750 self-only \$3,500 family</p>	
<p>▶ Out-of-Pocket Maximum \$6,000 self-only \$12,000 family</p>	
PHYSICIAN VISITS	
10% after you meet the calendar year deductible	90% after you meet the calendar year deductible
OUTPATIENT SURGERY	
10% after you meet the calendar year deductible	90% after you meet the calendar year deductible
EMERGENCY ROOM – For a medical emergency	
10% after you meet the calendar year deductible	90% after you meet the calendar year deductible
INPATIENT HOSPITAL CARE	
10% after you meet the calendar year deductible	90% after you meet the calendar year deductible
MATERNITY CARE – Physician Benefits	
10% after you meet the calendar year deductible	90% after you meet the calendar year deductible
MENTAL HEALTH – Office Visit or Consultation	
10% after you meet the calendar year deductible	90% after you meet the calendar year deductible
PRESCRIPTION DRUGS – Source+Rx 1.0 Drug List Find the Drug List at AlabamaBlue.com/2021SourcePlusRx1DrugList .	
Tiers 1-4, 5 (Preferred) and 6 (Non-Preferred): 10% after you meet the calendar year deductible	90% after you meet the calendar year deductible
OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY 30 rehabilitative and habilitative visits per member per year combined in-network and out-of-network	
10% after you meet the calendar year deductible	90% after you meet the calendar year deductible
DIAGNOSTIC LAB – Outpatient	
10% after you meet the calendar year deductible	90% after you meet the calendar year deductible
ROUTINE IMMUNIZATIONS AND PREVENTIVE SERVICES These are listed at AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/StandardACAPreventiveDrugList .	
\$0	100%
PEDIATRIC DENTAL & VISION	
Routine Dental Cleaning:	\$0 after you meet the calendar year deductible
Yearly Eye Exam:	10% after you meet the calendar year deductible

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Blue Cross Select

GOLD*

Blue Cross Select Gold has several advantages including a designated Primary Care Select Physician to assist with your healthcare needs:

- ▶ When you visit your **designated Primary Care Select Physician**, you will only pay a **\$35** copay.
- ▶ Use the following networks to provide services under your plan:
 - **ValueONE Network:** choose from over 41,000 pharmacies to meet your prescription needs.**
 - **Hospital Choice Network:** find the highest quality and cost-conscious hospitals.
- ▶ Consult a doctor or get a prescription over the phone when you enroll in **Teladoc**. For more information, go to page 18.

Here are some common benefits of this plan and what you would pay for in-network services.
(In-Network services outside of Alabama may vary)

YOU PAY	WE PAY
▶ Calendar Year Deductible \$850 individual \$1,700 family	
▶ Out-of-Pocket Maximum \$6,000 individual \$12,000 family	
PHYSICIAN VISITS	
Primary Care Select Physician: \$35 copay Specialist: \$50 copay	100% after the copay
TELADOC PHONE AND ONLINE VIDEO CONSULTATIONS	
\$35 copay	100% after the copay
OUTPATIENT SURGERY	
Lower Member Cost Share: \$300 copay Higher Member Cost Share: \$600 copay	100% after the copay
EMERGENCY ROOM – For a medical emergency	
\$300 copay	100% after the copay
INPATIENT HOSPITAL CARE	
Lower Member Cost Share: \$300 copay (days 1-5) Higher Member Cost Share: \$600 copay (days 1-5)	100% after the copay
MATERNITY CARE – Physician Benefits	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
MENTAL HEALTH – Office Visit or Consultation	
Specialist: \$50 copay	100% after the copay
PRESCRIPTION DRUGS – Source+Rx 1.0 Drug List Find the Drug List at AlabamaBlue.com/2021SourcePlusRx1DrugList .	
Tier 1: \$10 Tier 2: \$20 Tier 3: \$45 Tier 4: 40% coinsurance Tier 5 (Preferred): \$175 Tier 6 (Non-Preferred): 20% coinsurance	100% after the copay or coinsurance
OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY 30 rehabilitative and habilitative visits per member per year combined in-network and out-of-network	
20% after you meet the calendar year deductible	80% after you meet the calendar year deductible
DIAGNOSTIC LAB – Outpatient	
Lower Member Cost Share: \$300 copay Higher Member Cost Share: \$600 copay	100% after the copay
ROUTINE IMMUNIZATIONS AND PREVENTIVE SERVICES These are listed at AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/StandardACAPreventiveDrugList .	
\$0	100%
PEDIATRIC DENTAL & VISION	
Routine Dental Cleaning:	\$0 100%
Yearly Eye Exam:	20% after you meet the calendar year deductible 80% after you meet the calendar year deductible

* This plan requires that all covered members designate a Primary Care Select Physician. If you do not designate and use a Primary Care Select Physician to provide and/or coordinate your care, no benefits will be covered under your plan. In Alabama, members must be referred to a specialist by the designated Primary Care Select Physician

** Locate a ValueONE Network Pharmacy at AlabamaBlue.com/ValueONEPharmacyLocator.

Blue Secure SILVER

When you choose Blue Secure Silver, you have the security of fixed copays for physician office visits and hospital stays.

- ▶ Choose from over 41,000 pharmacies in the **ValueONE Network** to meet your prescription needs.*
- ▶ Find the highest quality and cost-conscious hospitals in the **Hospital Choice Network**.
- ▶ Consult a doctor or get a prescription over the phone when you enroll in **Teladoc**. For more information, go to page 18.

Note: Blue Secure Silver is not available on the Health Insurance Marketplace.

Here are some common benefits of this plan and what you would pay for in-network services.
(In-Network services outside of Alabama may vary)

▶ Calendar Year Deductible \$2,700 individual \$5,400 family	▶ Out-of-Pocket Maximum \$8,150 individual \$16,300 family
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YOU PAY		WE PAY
PHYSICIAN VISITS		
Primary Care Physician: \$45 copay Specialist: \$75 copay		100% after the copay
TELADOC PHONE AND ONLINE VIDEO CONSULTATIONS		
\$45 copay		100% after the copay
OUTPATIENT SURGERY		
Lower Member Cost Share: \$450 copay Higher Member Cost Share: \$850 copay		100% after the copay
EMERGENCY ROOM – For a medical emergency		
\$450 copay		100% after the copay
INPATIENT HOSPITAL CARE		
Lower Member Cost Share: \$450 copay (days 1-5) Higher Member Cost Share: \$850 copay (days 1-5)		100% after the copay
MATERNITY CARE – Physician Benefits		
\$0 after you meet the calendar year deductible		100% after you meet the calendar year deductible
MENTAL HEALTH – Office Visit or Consultation		
Specialist: \$75 copay		100% after the copay
PRESCRIPTION DRUGS – Source+Rx 1.0 Drug List Find the Drug List at AlabamaBlue.com/2021SourcePlusRx1DrugList .		
Tier 1: \$20 Tier 2: \$30 Tier 3: \$85 Tier 4: 50% coinsurance Tier 5 (Preferred): \$250 Tier 6 (Non-Preferred): 30% coinsurance		100% after the copay or coinsurance
OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY 30 rehabilitative and habilitative visits per member per year combined in-network and out-of-network		
20% after you meet the calendar year deductible		80% after you meet the calendar year deductible
DIAGNOSTIC LAB – Outpatient		
Lower Member Cost Share: \$450 copay Higher Member Cost Share: \$850 copay		100% after the copay
ROUTINE IMMUNIZATIONS AND PREVENTIVE SERVICES These are listed at AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/StandardACAPreventiveDrugList .		
\$0		100%
PEDIATRIC DENTAL & VISION		
Routine Dental Cleaning:	\$0	100%
Yearly Eye Exam:	20% after you meet the calendar year deductible	80% after you meet the calendar year deductible

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Blue Value

SILVER

What are the advantages to choosing Blue Value Silver as your individual or family health plan?

- ▶ When you visit your **designated Primary Care Select Physician**, you receive a discounted copay of **\$45**.
- ▶ Choose from over 41,000 pharmacies in the **ValueONE Network** to meet your prescription needs.*
- ▶ Find the highest quality and cost-conscious hospitals in the **Hospital Choice Network**.
- ▶ Consult a doctor or get a prescription over the phone when you enroll in **Teladoc**. For more information, go to page 18.

Here are some common benefits of this plan and what you would pay for in-network services. (In-Network services outside of Alabama may vary)

YOU PAY	WE PAY
<p>▶ Calendar Year Deductible \$3,000 individual \$6,000 family</p>	
<p>▶ Out-of-Pocket Maximum \$8,350 individual \$16,700 family</p>	
PHYSICIAN VISITS	
Primary Care Physician: \$55 copay Designated Primary Care Select Physician: \$45 copay Specialist: \$70 copay Primary Care Select Physician refers you: \$60 copay	100% after the copay
TELADOC PHONE AND ONLINE VIDEO CONSULTATIONS	
\$45 copay	100% after the copay
OUTPATIENT SURGERY	
Lower Member Cost Share: \$500 copay Higher Member Cost Share: \$900 copay	100% after the copay
EMERGENCY ROOM – For a medical emergency	
\$500 copay	100% after the copay
INPATIENT HOSPITAL CARE	
Lower Member Cost Share: 20% coinsurance Higher Member Cost Share: 25% coinsurance	80% coinsurance 75% coinsurance
MATERNITY CARE – Physician Benefits	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
MENTAL HEALTH – Office Visit or Consultation	
Specialist: \$70 copay Primary Care Select Physician refers you: \$60 copay	100% after the copay
PRESCRIPTION DRUGS – Source+Rx 1.0 Drug List Find the Drug List at AlabamaBlue.com/2021SourcePlusRx1DrugList .	
Tier 1: \$20 Tier 2: \$30 Tier 3: \$85 Tier 4: 50% coinsurance Tier 5 (Preferred): \$250 Tier 6 (Non-Preferred): 30% coinsurance	100% after the copay or coinsurance
OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY 30 rehabilitative and habilitative visits per member per year combined in-network and out-of-network	
20% after you meet the calendar year deductible	80% after you meet the calendar year deductible
DIAGNOSTIC LAB – Outpatient	
Lower Member Cost Share: \$500 copay Higher Member Cost Share: \$900 copay	100% after the copay
ROUTINE IMMUNIZATIONS AND PREVENTIVE SERVICES These are listed at AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/StandardACAPreventiveDrugList .	
\$0	100%
PEDIATRIC DENTAL & VISION	
Routine Dental Cleaning:	\$0 100%
Yearly Eye Exam:	20% after you meet the calendar year deductible 80% after you meet the calendar year deductible

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Blue Cross Select

SILVER*

Blue Cross Select Silver has similar advantages to Blue Cross Select Gold:

- ▶ When you visit your **designated Primary Care Select Physician**, you will only pay a **\$40 copay**.
- ▶ Use the following networks to provide services under your plan:
 - **ValueONE Network:** choose from over 41,000 pharmacies to meet your prescription needs.**
 - **Hospital Choice Network:** find the highest quality and cost-conscious hospitals.
- ▶ Consult a doctor or get a prescription over the phone when you enroll in **Teladoc**. For more information, go to page 18.

Here are some common benefits of this plan and what you would pay for in-network services. (In-Network services outside of Alabama may vary)

▶ Calendar Year Deductible \$3,700 individual \$7,400 family	▶ Out-of-Pocket Maximum \$8,150 individual \$16,300 family
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YOU PAY	WE PAY
PHYSICIAN VISITS	
Primary Care Select Physician: \$40 copay Specialist: \$65 copay	100% after the copay
TELADOC PHONE AND ONLINE VIDEO CONSULTATIONS	
\$40 copay	100% after the copay
OUTPATIENT SURGERY	
Lower Member Cost Share: \$600 copay Higher Member Cost Share: \$1,000 copay	100% after the copay
EMERGENCY ROOM – For a medical emergency	
\$600 copay	100% after the copay
INPATIENT HOSPITAL CARE	
Lower Member Cost Share: 20% coinsurance Higher Member Cost Share: 25% coinsurance	80% coinsurance 75% coinsurance
MATERNITY CARE – Physician Benefits	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
MENTAL HEALTH – Office Visit or Consultation	
Specialist: \$65 copay	100% after the copay
PRESCRIPTION DRUGS – Source+Rx 1.0 Drug List Find the Drug List at AlabamaBlue.com/2021SourcePlusRx1DrugList .	
Tier 1: \$20 Tier 2: \$30 Tier 3: \$85 Tier 4: 50% coinsurance Tier 5 (Preferred): \$250 Tier 6 (Non-Preferred): 30% coinsurance	100% after the copay or coinsurance
OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY 30 rehabilitative and habilitative visits per member per year combined in-network and out-of-network	
20% after you meet the calendar year deductible	80% after you meet the calendar year deductible
DIAGNOSTIC LAB – Outpatient	
Lower Member Cost Share: \$600 copay Higher Member Cost Share: \$1,000 copay	100% after the copay
ROUTINE IMMUNIZATIONS AND PREVENTIVE SERVICES These are listed at AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/StandardACAPreventiveDrugList .	
\$0	100%
PEDIATRIC DENTAL & VISION	
Routine Dental Cleaning:	\$0 100%
Yearly Eye Exam:	20% after you meet the calendar year deductible 80% after you meet the calendar year deductible

* This plan requires that all covered members designate a Primary Care Select Physician. If you do not designate and use a Primary Care Select Physician to provide and/or coordinate your care, no benefits will be covered under your plan. In Alabama, members must be referred to a specialist by the designated Primary Care Select Physician

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What are the advantages of choosing Blue Saver® Silver as your individual or family health plan?

- ▶ When you visit your **designated Primary Care Select Physician**, you will only pay a **\$50 copay**.
- ▶ Choose from over 41,000 pharmacies in the **ValueONE Network** to meet your prescription needs.**
- ▶ Consult a doctor or get a prescription over the phone when you enroll in **Teladoc**. For more information, go to page 18.

Note: Blue Saver® Silver is not available on the Health Insurance Marketplace.

Here are some common benefits of this plan and what you would pay for in-network services.
(In-Network services outside of Alabama may vary)

▶ Calendar Year Deductible \$3,500 individual \$7,000 family	▶ Out-of-Pocket Maximum \$8,150 individual \$16,300 family
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YOU PAY	WE PAY
PHYSICIAN VISITS	
Primary Care Select Physician: \$50 copay Specialist: \$75 copay	100% after you meet the calendar year deductible
TELADOC PHONE AND ONLINE VIDEO CONSULTATIONS	
\$45 copay	100% after the copay
OUTPATIENT SURGERY	
25% coinsurance after you meet the calendar year deductible	75% after you meet the calendar year deductible
EMERGENCY ROOM – For a medical emergency	
25% coinsurance after you meet the calendar year deductible	75% after you meet the calendar year deductible
INPATIENT HOSPITAL CARE	
25% coinsurance after you meet the calendar year deductible	75% after you meet the calendar year deductible
MATERNITY CARE – Physician Benefits	
25% coinsurance after you meet the calendar year deductible	75% after you meet the calendar year deductible
MENTAL HEALTH – Office Visit or Consultation	
Specialist: \$75 copay	100% after the copay
PRESCRIPTION DRUGS – Source+Rx 1.0 Drug List Find the Drug List at AlabamaBlue.com/2021SourcePlusRx1DrugList .	
Tier 1: \$20 copay Tier 2: \$30 copay Tiers 3-4, 5 (Preferred) and 6 (Non-Preferred): 25% coinsurance after you meet the calendar year deductible	Tiers 1 – 2: 100% after the copay Tiers 3 – 6: 75% after you meet the calendar year deductible
OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY 30 rehabilitative and habilitative visits per member per year combined in-network and out-of-network	
25% after you meet the calendar year deductible	75% after you meet the calendar year deductible
DIAGNOSTIC LAB – Outpatient	
25% after you meet the calendar year deductible	75% after you meet the calendar year deductible
ROUTINE IMMUNIZATIONS AND PREVENTIVE SERVICES These are listed at AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/StandardACAPreventiveDrugList .	
\$0	100%
PEDIATRIC DENTAL & VISION	
Routine Dental Cleaning:	\$0 100%
Yearly Eye Exam:	25% after you meet the calendar year deductible 75% after you meet the calendar year deductible

* This plan requires that all covered members designate a Primary Care Select Physician. If you do not designate and use a Primary Care Select Physician to provide and/or coordinate your care, no benefits will be covered under your plan. In Alabama, members must be referred to a specialist by the designated Primary Care Select Physician

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BRONZE

Blue Saver Bronze will cover most of your eligible, in-network expenses at 100% once you meet the calendar year deductible.

- ▶ Your first three illness-related doctor visits are covered after a copay of **\$40**.
- ▶ Choose from over 41,000 pharmacies in the **ValueONE Network** to meet your prescription needs.*
- ▶ Consult a doctor or get a prescription over the phone when you enroll in **Teladoc**. For more information, go to page 18.

Here are some common benefits of this plan and what you would pay for in-network services.
(In-Network services outside of Alabama may vary)

<p>▶ Calendar Year Deductible \$7,750 individual \$15,500 family</p>	<p>▶ Out-of-Pocket Maximum \$7,750 individual \$15,500 family</p>
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YOU PAY	WE PAY
PHYSICIAN VISITS	
First three illness-related visits per member: \$40 copay Thereafter: \$0 after you meet the calendar year deductible	First three illness-related visits per member: 100% after the copay Thereafter: 100% after you meet the calendar year deductible
TELADOC PHONE AND ONLINE VIDEO CONSULTATIONS	
\$45 copay	100% after the copay
OUTPATIENT SURGERY	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
EMERGENCY ROOM – For a medical emergency	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
INPATIENT HOSPITAL CARE	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
MATERNITY CARE – Physician Benefits	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
MENTAL HEALTH – Office Visit or Consultation	
First three illness-related visits per member: \$40 copay Thereafter: \$0 after you meet the calendar year deductible	First three illness-related visits per member: 100% after the copay Thereafter: 100% after you meet the calendar year deductible
PRESCRIPTION DRUGS – Source+Rx 1.0 Drug List Find the Drug List at AlabamaBlue.com/2021SourcePlusRx1DrugList .	
Tier 1: \$20 Tier 2: \$35 Tiers 3-4, 5 (Preferred) and 6 (Non-Preferred): \$0 after you meet the calendar year deductible	Tiers 1 – 2: 100% after the copay Tiers 3 – 6: 100% after you meet the calendar year deductible
OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY 30 rehabilitative and habilitative visits per member per year combined in-network and out-of-network	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
DIAGNOSTIC LAB – Outpatient	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
ROUTINE IMMUNIZATIONS AND PREVENTIVE SERVICES These are listed at AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/StandardACAPreventiveDrugList .	
\$0	100%
PEDIATRIC DENTAL & VISION	
Routine Dental Cleaning:	\$0 100%
Yearly Eye Exam:	\$0 after you meet the calendar year deductible 100% after you meet the calendar year deductible

*Locate a ValueONE Network Pharmacy at AlabamaBlue.com/ValueONEPharmacyLocator.

Blue HSA

BRONZE

Blue HSA Bronze offers you the benefit of establishing a **Health Savings Account (HSA)** for current and future medical expenses.

- ▶ You have the option to set up an HSA through any bank or trustee that offers this service and use that money to pay your deductibles, copays, and other medical expenses.
- ▶ Choose from over 41,000 pharmacies in the **ValueONE Network** to meet your prescription needs.*
- ▶ Consult a doctor or get a prescription over the phone when you enroll in **Teladoc**. **Teladoc** is available on this plan for \$45 per consultation. For more information, go to page 18.

Here are some common benefits of this plan and what you would pay for in-network services. (In-Network services outside of Alabama may vary)

▶ Calendar Year Deductible		▶ Out-of-Pocket Maximum	
\$7,000 self-only		\$7,000 self-only	
\$14,000 family		\$14,000 family	
YOU PAY		WE PAY	
PHYSICIAN VISITS			
\$0 after you meet the calendar year deductible		100% after you meet the calendar year deductible	
OUTPATIENT SURGERY			
\$0 after you meet the calendar year deductible		100% after you meet the calendar year deductible	
EMERGENCY ROOM – For a medical emergency			
\$0 after you meet the calendar year deductible		100% after you meet the calendar year deductible	
INPATIENT HOSPITAL CARE			
\$0 after you meet the calendar year deductible		100% after you meet the calendar year deductible	
MATERNITY CARE – Physician Benefits			
\$0 after you meet the calendar year deductible		100% after you meet the calendar year deductible	
MENTAL HEALTH – Office Visit or Consultation			
\$0 after you meet the calendar year deductible		100% after you meet the calendar year deductible	
PRESCRIPTION DRUGS – Source+Rx 1.0 Drug List Find the Drug List at AlabamaBlue.com/2021SourcePlusRx1DrugList .			
Tiers 1-4, 5 (Preferred) and 6 (Non-Preferred): \$0 after you meet the calendar year deductible		100% after you meet the calendar year deductible	
OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY 30 rehabilitative and habilitative visits per member per year combined in-network and out-of-network			
\$0 after you meet the calendar year deductible		100% after you meet the calendar year deductible	
DIAGNOSTIC LAB – Outpatient			
\$0 after you meet the calendar year deductible		100% after you meet the calendar year deductible	
ROUTINE IMMUNIZATIONS AND PREVENTIVE SERVICES These are listed at AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/StandardACAPreventiveDrugList .			
\$0		100%	
PEDIATRIC DENTAL & VISION			
Routine Dental Cleaning:	\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible	
Yearly Eye Exam:	\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible	

*Locate a ValueONE Network Pharmacy at AlabamaBlue.com/ValueONEPharmacyLocator.

Blue

PROTECT

Blue Protect is a Catastrophic Plan, which means that you must be under **30 years old** or qualify for a **hardship exemption** wherein the government has decided that you are unable to afford health coverage.

- ▶ Once you meet the calendar year deductible, most of your eligible, in-network expenses will be covered at 100%.
- ▶ Choose from over 41,000 pharmacies in the **ValueONE Network** to meet your prescription needs.*
- ▶ Teladoc is not available for Blue Protect.

Here are some common benefits of this plan and what you would pay for in-network services.
(In-Network services outside of Alabama may vary)

<p>▶ Calendar Year Deductible \$8,550 individual \$17,100 family</p>	<p>▶ Out-of-Pocket Maximum \$8,550 individual \$17,100 family</p>
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YOU PAY	WE PAY
PHYSICIAN VISITS	
First three illness-related visits per member: \$50 copay; thereafter \$0 after you meet the calendar year deductible.	First three illness-related visits per member: 100% after the copay; thereafter 100% after you meet the calendar year deductible
Specialist: \$0 after you meet the calendar year deductible	Specialist: 100% after you meet the calendar year deductible
OUTPATIENT SURGERY	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
EMERGENCY ROOM – For a medical emergency	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
INPATIENT HOSPITAL CARE	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
MATERNITY CARE – Physician Benefits	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
MENTAL HEALTH – Office Visit or Consultation	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
PRESCRIPTION DRUGS – Source+Rx 1.0 Drug List Find the Drug List at AlabamaBlue.com/2021SourcePlusRx1DrugList .	
Tiers 1-4, 5 (Preferred) and 6 (Non-Preferred): \$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY 30 rehabilitative and habilitative visits per member per year combined in-network and out-of-network	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
DIAGNOSTIC LAB – Outpatient	
\$0 after you meet the calendar year deductible	100% after you meet the calendar year deductible
ROUTINE IMMUNIZATIONS AND PREVENTIVE SERVICES These are listed at AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/StandardACAPreventiveDrugList .	
\$0	100%
PEDIATRIC DENTAL & VISION	
Routine Dental Cleaning:	\$0 after you meet the calendar year deductible
Yearly Eye Exam:	100% after you meet the calendar year deductible

*Locate a ValueONE Network Pharmacy at AlabamaBlue.com/ValueONEPharmacyLocator.

Individual and Family **DENTAL PLANS**

SOMETHING TO **SMILE** ABOUT

Dental **Blue**[®]

Our standard dental plan covers basic benefits such as regular dental exams, x-rays and cleanings.

Dental **Blue**[®] **Select**

Our premium dental plan includes all the same benefits as Dental Blue, as well as coverage for orthodontic services, crowns and dentures.

Dental **Blue**[®] **Plus**

Our marketplace plan features expanded pediatric dental benefits for children up to the end of the month in which the member turns 19. This plan is available only at HealthCare.gov.

Monthly Premiums	Dental Blue[®]	Dental Blue[®] Select	Dental Blue[®] Plus <i>Only available on HealthCare.gov</i>
Self (age 19+)	\$21	\$32	Adult (age 19+) = \$23 Child (Up to age 19) = \$33
Self plus one (age 19+)	\$42	\$66	
Family (age 19+)	\$75	\$129	

Cost-Sharing Provisions

Calendar Year Deductible Does not apply to Orthodontic Services	\$50 per member	\$50 per member	\$40 per member
Calendar Year Maximum Benefits The most we will pay each year	\$1,000 per member	\$1,500 per member	\$1,000 per member (age 19+)
Pediatric Out-of-Pocket Maximum The most you will pay each year	Not Applicable	Not Applicable	\$350 (one child up to age 19) \$700 (two or more children up to age 19)

Individual and Family **DENTAL PLANS**



<i>In-Network Benefits</i>	Dental Blue®		Dental Blue® Select		Dental Blue® Plus <i>Only available on HealthCare.gov</i>	
	You Pay	We Pay	You Pay	We Pay	You Pay	We Pay
After you meet your deductible:						
Diagnostic and Preventive Services No waiting period Dental exams, x-rays, routine cleanings	\$0	100%	\$0	100%	\$0	100%
Basic Services 180-Day Waiting Period* Fillings, simple tooth extractions, repairs to crowns and dentures	25%	75%	20%	80%	20%	80%
Major Services 365-Day Waiting Period** Oral surgery, general anesthesia, removal of diseased tissues and bones	50%	50%	50%	50%	50%	50%
Additional Major Services 365-Day Waiting Period** Crowns, inlays, onlays and dentures	Not covered		50%	50%	50%	50%
Orthodontic Services 365-Day Waiting Period** This benefit is available only for children through the end of the month in which the member turns 19.	Not covered		60% after you meet a \$150 orthodontic deductible Limited to a lifetime maximum of \$1,500	40% after you meet a \$150 orthodontic deductible Limited to a lifetime maximum of \$1,500	(For children up to age 19 only) 50% after you meet a \$150 orthodontic deductible when deemed medically necessary	
					50% after you meet a \$150 orthodontic deductible when deemed medically necessary	50% after you meet a \$150 orthodontic deductible when deemed medically necessary

* The 180-day waiting period does not apply to members up to the end of the month in which the member turns 19, enrolled in Dental Blue Plus

** The 365-day waiting period does not apply to members up to the end of the month in which the member turns 19, enrolled in Dental Blue Plus

Commonly asked **QUESTIONS**

When can I enroll in a health plan?

You can enroll in any of our plans starting November 1, 2020, and your coverage can begin as early as January 1, 2021. Three easy ways to enroll:

- ▶ **Online:** Go to AlabamaBlue.com/HealthPlans and choose "Compare and Enroll."
- ▶ **On the Phone:** Call **1-855-204-4726** to speak with one of our dedicated Insurance Advisors.
- ▶ **By Mail:** Call the number above and ask for a paper application to be mailed to you.

Who is eligible to enroll in a health plan?

The only requirement to enroll in a health plan is that you must be a resident of Alabama.

However, if you are age 65 or older, we suggest you consider buying a Medicare supplement plan, a Medicare Part D prescription plan, and/or a Medicare Advantage plan. To learn more about enrolling in a Medicare plan, visit BCBSALMedicare.com.

How is my monthly premium determined?

Your monthly premium is determined based on the number of people who will be covered on the contract, their ages, tobacco usage, and the county in which the contract holder lives.

Am I eligible for a Tax Credit?

You may be eligible for a tax credit to help lower your healthcare costs. There are two types of tax credits that may offset the cost of your health insurance:

- ▶ **Advanced Premium Tax Credits** may lower the amount of your premium. To be eligible, your income must be between 100% - 400% of the Federal Poverty Level.
- ▶ **Cost Sharing Reduction Tax Credits** limit the maximum out-of-pocket costs. This also reduces the cost sharing amounts, such as deductibles, coinsurance and copays. To be eligible, your income must be between 100% - 250% of the Federal Poverty Level.

For help determining if you may be eligible for financial assistance, call **1-855-204-4726** or visit AlabamaBlue.com/HealthPlans and choose "Compare and Enroll."

Where can I find a Benefit Booklet and Summary of Benefits and Coverage (SBC)?

You can find a Benefit Booklet and SBC for individual and family plans by visiting us online at AlabamaBlue.com/HealthPlans:

1. Click on the metal level type you would like to view, such as "Silver Health Plans."
2. Choose the plan you would like to view.
3. Click on "Forms and Materials." Select the material you would like to view.

You may also request a printed copy of the SBC for any Blue Cross individual or family plan by calling **1-855-204-4726**.



More about a Health Savings Account (HSA)

ADVANTAGES OF AN HSA

Health Savings Accounts provide you with certain advantages that traditional plans do not, such as:

▶ Growth

Money you put into your HSA earns tax-free interest and offers investment options.

▶ Tax Advantages

- Much like a 401(k) or IRA, money in an HSA is not taxed. Any unused amount rolls over from year-to-year.
- Interest earned in an HSA is tax-free and exempt from Federal taxes. You can also deduct the contributions from your taxable income when you file your Federal taxes (an “above-the-line” deduction).
- Money spent, or distributions, from an HSA are also tax-free as long as they are qualified medical expenses.

▶ Complete Coverage

- Funds from your HSA can be used to cover qualified medical expenses not covered by your health insurance plan, such as over-the-counter medications, sleep aids, and acupuncture.

▶ Flexibility

- You decide when and how to spend your healthcare dollars.

HOW DO I ESTABLISH AN HSA?

To take advantage of the savings provided by an HSA, you’ll need to set up your account through any bank or trustee that offers this service.

Visit [AlabamaBlue.com/HSA](https://alabamablue.com/HSA) to learn more about the benefits of an HSA and how to open an account.

HOW MUCH CAN I CONTRIBUTE TO MY HSA?

Each year, the U.S. Treasury announces the maximum amount that can be contributed to an HSA. For 2021, the maximum contribution is **\$3,600** for single coverage and **\$7,200** for family coverage.

How do You and Your Insurer Share Costs using Copays and Coinsurance?

Copays

A copay is the fixed dollar amount (for example: \$40) that you pay for certain services, such as physician office visits and prescription drugs. This amount can differ depending on the type of covered healthcare service.

Coinsurance

Coinsurance is the percentage of the allowed amount or the percentage of the maximum amount for a covered healthcare service that you are responsible for paying (for example: 20%).

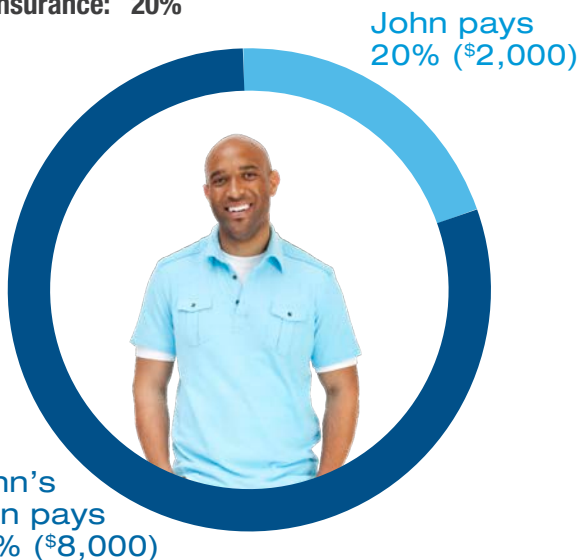
Some insurance plans require you to meet the calendar year deductible **before** paying coinsurance. The calendar year deductible is the amount you pay each January through December before your plan begins paying for certain medical services. Once you meet the calendar year deductible, coinsurance payments will begin.

For instance, you go to an in-network hospital for a covered healthcare service. The allowed amount for this service is \$1,000. You are responsible for paying 20% coinsurance or \$200 of the allowed amount. Your insurance plan will pay the remaining 80% coinsurance or \$800 of the allowed amount.

John's Plan

Allowed Amount: \$10,000

Coinsurance: 20%

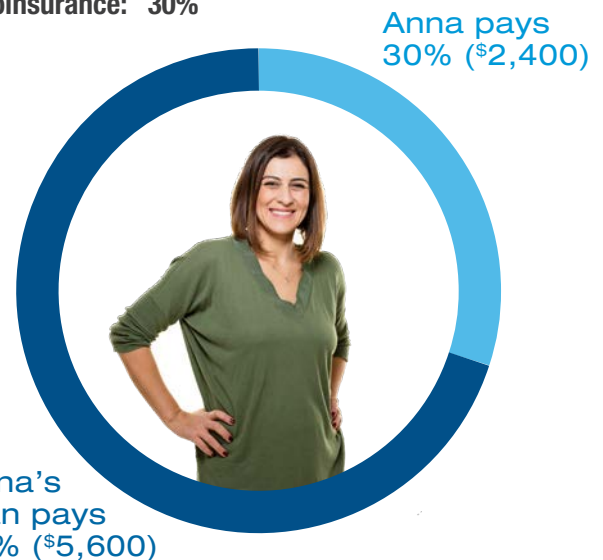


John was having some trouble with his gallbladder, so he went to an in-network hospital and stayed for 3 days and 3 nights. His plan pays some of the allowed amount for his hospital stay.

Anna's Plan

Allowed Amount: \$8,000

Coinsurance: 30%



Anna recently had knee surgery. She went to a Physical Therapist for 6 months. Her plan pays some of the allowed amount for her Physical Therapy visits.

MOBILE APPS for Phone & Tablet

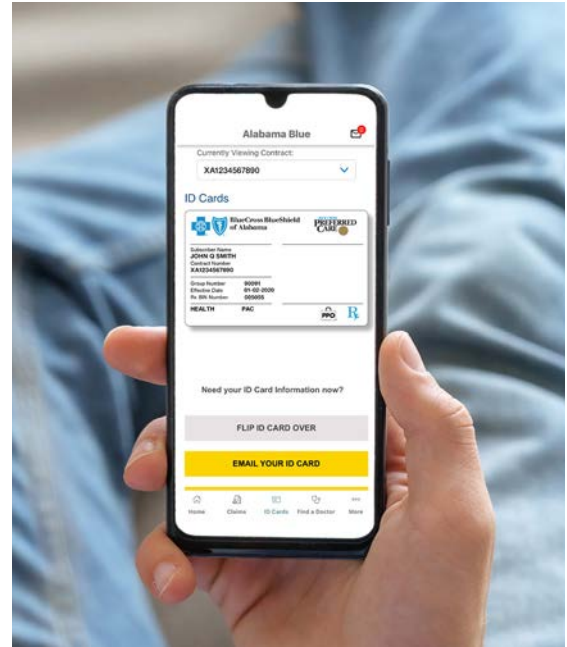


Alabama Blue

MOBILE APP FOR PHONE & TABLET

Register for *myBlueCross* 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



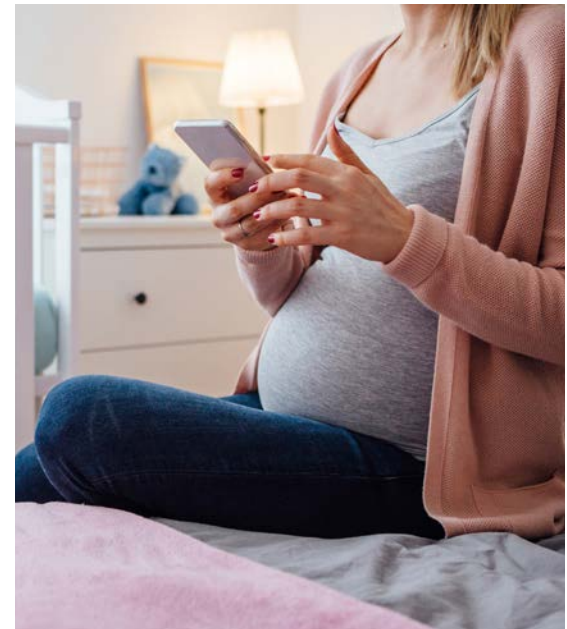
BABY YOURSELF®

MOBILE APP FOR PHONE & TABLET

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

*Just right
for
expectant
moms!*

- 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.

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.

TELADOC® Phone & Online Video Consultations



Blue Cross individual and family health plan members are eligible to **enroll with Teladoc***. Teladoc provides you with access to a U.S. based network of physicians who can diagnose, treat, and prescribe medication when appropriate. Telephone consultations are available 24 hours a day, 7 days a week. Online video consultations (where available) are offered 7 days a week from 7 a.m. to 9 p.m. Central Time / Eastern Standard Time.

Members may enroll in the telephone and online video consultations program by going to Teladoc.com/Alabama or calling 1-855-477-4549.



Please view your Benefit Booklet to find out the cost per consultation.



* This benefit is not available on our Blue Protect plan.

Teladoc is an independent company providing electronic physician consultation services to Blue Cross and Blue Shield of Alabama members.

A Guide To HEALTH INSURANCE TERMS



Here are some important terms used when talking about health insurance.

BRAND NAME DRUG

A brand name drug is a drug marketed under a proprietary, trademark-protected name.

CALENDAR YEAR DEDUCTIBLE

The amount you pay each January through December before your plan begins paying for certain covered medical services. Some medical costs you pay each year will not apply to the deductible, such as a doctor visit copay.

COINSURANCE

Your share of the costs of a covered healthcare service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe and the health insurance plan pays the rest of the allowed amount.

COPAY

The fixed dollar amount you pay for certain medical services, prescription drugs or doctor visits at the time you receive care.

COST SHARING

The share of costs of a covered service that you pay out of your own pocket. It doesn't include your monthly premium, but does include things such as copays, coinsurance and deductibles.

DRUG TIERS

Medications are assigned to categories known as tiers. The copay or coinsurance for each tier is based on drug usage, cost of the drug, availability of over-the-counter options, and clinical effectiveness. To determine which tier your drug is classified in, visit AlabamaBlue.com/2021SourcePlusRx1DrugList.

GENERIC DRUG

A generic drug is the same as a brand name drug in dosage, safety, strength, how it is taken, quality, performance, and intended use. Before approving a generic drug product, the Food and Drug Administration (FDA) requires many rigorous tests and procedures to ensure that the generic drug can be substituted for the brand name drug.

HARDSHIP EXEMPTION

An exemption given by the government that allows anyone under the age of 30 to enroll in a catastrophic plan, such as Blue Protect.

HEALTH SAVINGS ACCOUNT (HSA)

An account established to pay for current and future medical expenses. It works together with an HSA-Qualified High Deductible Health Plan. You may use the money from your HSA to pay for deductibles, copays, coinsurance and other medical expenses.

HOSPITAL CHOICE NETWORK

Blue Cross has developed a Hospital Choice Network within the state of Alabama to evaluate cost, quality, and patient experience in member hospitals. Hospitals are categorized into either Lower Member Cost Share or Higher Member Cost Share based on their performance. You will pay a lower copay when you choose Lower Member Cost Share hospitals. To find a hospital in this network, visit AlabamaBlue.com/FindADoctor, enter a search location, and then refine your results by selecting "Hospital Choice Network" under the "Network or Plan" menu.

MEDICALLY NECESSARY ORTHODONTIC SERVICES

Medically necessary orthodontia is covered for the treatment of congenital or hereditary conditions which result in craniofacial abnormalities which would require medically necessary surgical correction (as determined by the plan) due to problems related to swallowing, chewing, speaking, breathing, or for acute injury to the teeth from an external force which cannot be stabilized by any other method.

NON-PREFERRED DRUG

A non-preferred drug typically has higher cost sharing because it does not offer a clinical or cost advantage over preferred drugs available on your plan's drug list (also called a formulary).

A Guide To HEALTH INSURANCE TERMS



OUT-OF-POCKET MAXIMUM

A cap on the amount of money that you are required to pay out of your pocket for your healthcare costs. This amount does not include your monthly premium. Once you reach the Out-of-Pocket Maximum, eligible, in-network services are covered at 100%.

PREFERRED DRUG

A drug that is listed as preferred on your plan's drug list (also called a formulary) that may offer a clinical or cost advantage over other drugs in the same therapeutic category.

PREFERRED PROVIDER ORGANIZATION (PPO)

A type of health insurance plan that has a network of 'preferred' healthcare professionals that you can choose from throughout the nation. If you choose to use a non-preferred provider, you will usually pay more.

PREMIUM

The monthly payment you make for healthcare coverage.

PRIMARY CARE SELECT PHYSICIAN

A doctor who provides your primary medical care and oversees all of your necessary healthcare services. Blue Value Gold and Blue Value Silver give you the option of choosing a Primary Care Select Physician—and a discounted copay when you use that physician. Blue Cross Select Gold, Blue Cross Select Silver and Blue Saver® Silver require each member on the plan to designate a Primary Care Select Physician. To find a Primary Care Select Physician, visit [AlabamaBlue.com/FindADoctor](https://alabamablue.com/FindADoctor), select "Primary Care Select Physician," and enter a search location to view physicians.

SOURCE+RX 1.0 PRESCRIPTION DRUG LIST

A low-cost drug list that focuses on safety and cost management of prescription drugs in a clinically appropriate way. The list encourages generic utilization by focusing on cost-effective generic options in each therapeutic category. The list also includes preferred and non-preferred generics, brands and specialty drugs in key drug classes. You can find the Source+Rx drug list that applies to the plan at [AlabamaBlue.com/2021SourcePlusRx1DrugList](https://alabamablue.com/2021SourcePlusRx1DrugList).

TIER 5 AND 6 (SPECIALTY DRUGS)

Specialty drugs are high-cost prescription medications used to treat complex chronic and/or life threatening conditions. Specialty drugs often require special handling (like refrigeration during shipping) and administration (such as injection or infusion). You can view Specialty Drugs that apply to the plan at [AlabamaBlue.com/SelfAdministeredSpecialtyDrugList](https://alabamablue.com/SelfAdministeredSpecialtyDrugList) and [AlabamaBlue.com/ProviderAdministeredSpecialtyDrugList](https://alabamablue.com/ProviderAdministeredSpecialtyDrugList).

VALUEONE NETWORK

A network of Retail and Extended Supply Network pharmacies that includes many major national and regional pharmacy chains, retailers, grocers and independent pharmacies that allows you to fill up to a 30-day and 90-day supply of certain medications at the same locations. To receive coverage for your prescription drugs, you must use a pharmacy in the ValueONE Network. To ensure your pharmacy is in-network, visit [AlabamaBlue.com/ValueONEPharmacyLocator](https://alabamablue.com/ValueONEPharmacyLocator), enter a search location, and then refine your results by selecting "ValueONE Network" under "Network or Plan."

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: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ສັງຄ່າ, ແມ່ນມີຮັບໃຫ້ທ່ານ. 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。



We cover what matters.

AlabamaBlue.com

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.

MKT S21-2106