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

myBlueCross

myBlueCross provides 24/7 access to personalized tools and resources to help you save time and efficiently manage your account. Plus, you'll be able to take charge of your health with information on diet, exercise, nutrition and lifestyle habits.

With myBlueCross, you will find plan details within your benefit booklet and Summary of Benefits and Coverage. You can also:

- View/email a virtual ID card
- View claim statements
- View your contract and dependent information
- Estimate and compare treatment and procedure costs
- Find in-network providers and facilities
- Rate your doctor
- View covered immunizations
- View preventive services

AlabamaBlue.com/Register

To register for your *my*BlueCross account:

- 1. Visit myahpcare.com and search for your school.
- 2. Click Additional Resources, and then click Account Information. Under the Account Information section, follow the steps to find your Group and Contract Number.
- 3. Visit AlabamaBlue.com/ Register and enter the required information.

Need help? Call the number on the back of your member ID card.



Screenshots are current as of April 2023 and are subject to change.

GET TO KNOW YOUR

BLUE CROSS ID CARD



- The contract holder's name will appear on the card, but any covered family members may use it.
- 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.
- The effective date is the start of current plan benefits.
- The health plan's in- and out-of-network deductibles and out-of-pocket maximums appear here.
- The prescription drug plan's in-network deductible and out-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.

*For additional benefit information, visit AlabamaBlue.com or call Member Customer Service.

Providers file claims and direct questions about claim payments to the local Blue Cross and/or Blue Shield Plan.

File dental claims to Blue Cross and Blue Shield of Alabama, P.O. Box 830389, Bham, AL 35283. To locate a dental provider, visit our website at AlabamaBlue.com.

Blue Cross and Blue Shield of Alabama provides administrative services only and does not assume any financial risk for claims.

www.AlabamaBlue.com

Member Customer Service: 1800 292-8868 PPO Provider Locator: 1800 810-2583 Preadmission Certification: 1800 248-2342 Provider Benefits/Eligibility: 1800 517-6425 Pharmacist: 800 216-9920 Alabama Preferred Dentist: 1800 373-4879 Dentits to Outside Alabama: 1888 783-5113

Blue Cross and Blue Shield of Alabama 450 Riverchase Parkway East Birmingham, Alabama 35244 An Independent Licensee of the Blue Cross and Blue Shield Association Back of card

VIEW OR EMAIL YOUR 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.

BLUE WITH YOU

We understand students 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 myBlueCross 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. See page 12 for more information about the Baby Yourself program.

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



Alabama Blue

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

- · Use Touch or Face ID recognition
- · 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
- · Compare quality and cost of providers





BABY YOURSELF®

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 afterhours 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.



PRIMARY CARE PHYSICIAN

Go to your Student Health Center*/Primary Care Physician to help manage total care and to seek treatment for non-life threatening conditions.

Examples include:

- · Annual wellness visit
- · Cold/flu symptoms Minor sprains
- · Diabetes management · Skin rash
- Fever

· Stomach ache

· High blood pressure



URGENT CARE

Go to an Urgent Care facility after hours or when your Student Health Center/Primary Care Physician is otherwise unavailable.

Examples include:

- · Bladder infection
- · Body aches
- · Ear infection
- · Excessive vomiting
- · Headache
- Minor burns
- · Pink eye
- · Sore throat



EMERGENCY ROOM

Go to the ER immediately for severe and life-threatening conditions.

Examples include:

- · Broken bones
- · Chest pain
- · Head/neck injury
- · Loss of consciousness
- · Serious burns
- Symptoms of stroke
- Uncontrolled bleeding
- · Vomiting blood

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:**

- 1-800-222-1222 Alabama
- 1-800-292-6678 Nationwide

NOTE: The health plan may not pay for certain healthcare services if a referral is required and you don't get one - even if the provider is in-network. If you are in severe pain or your condition is life threatening, call 911 or go to an emergency room. 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.

^{*} If applicable to your plan benefits

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
0	Full Billed Amount	\$ 200	\$200	\$200
	Allowed Amount	\$ 110	\$ 110	-
	Network Discount	\$ 90	-	-
	Plan Pays Coinsurance	\$88 2	\$66 3	-
	You Pay Coinsurance	\$22	\$44	-
	Balance You Could be Billed by Provider	\$ 0	\$ 90	\$200

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

- 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.
- The Plan pays 80% of the allowed amount, and you pay 20%.
- The Plan pays 60% of the allowed amount, and you pay 40%.
- 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 for students to findat school, at home or while traveling.

- Log in to your myBlueCross account on AlabamaBlue.com or the Alabama Blue mobile app and click "Find a Doctor". Only your Plan's innetwork 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.

NOTE: The health plan may not pay for certain healthcare services if a referral is required and you don't get one - even if the provider is in-network. If you are in severe pain or your condition is life threatening, call 911 or go to an emergency room.

FIND A DOCTOR

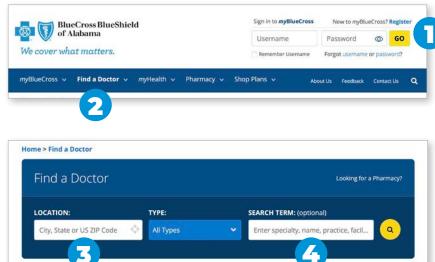
- Visit AlabamaBlue.com. Log in to or register for myBlueCross in the top right corner. Only your Plan's in-network providers display when you are logged in.
- 2 Click Find a Doctor in the menu bar.
- Once logged in, your location will automatically populate based on the contract holder's address; however, you can change the location you want to search.
- Select a search category from the drop down menu and/or enter a search term. Then click the magnifying glass icon.
- Narrow your search with the filters on the left.

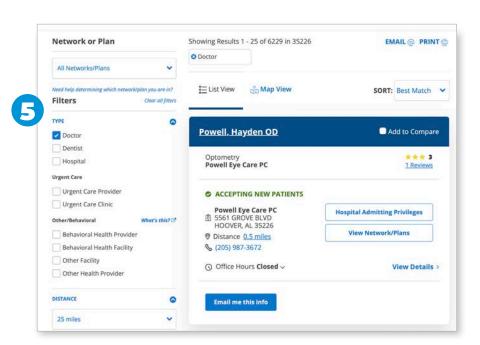
Depending on your search criteria, your results may include:

- · Address and directions
- · Phone number
- · Network participation
- Doctor specialties
- Hospital admitting privileges for doctors
- Office hours
- Quality information and designations
- Lower member cost share hospitals within 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 2023 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:

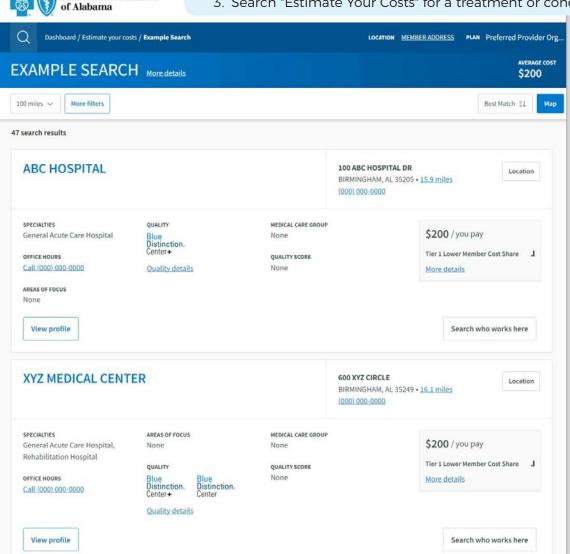
- Estimate the costs of treatment prior to having the procedure
- Compare search results by cost, location, provider or facility name
- Understand your out-of-pocket cost and anticipate future expenses for a particular treatment
- Know the coinsurance or copay amount you will pay
- Search negotiated rates for 500 of the most "shoppable" services as required by the Transparency in Coverage Rule



BlueCross BlueShield

To access the Treatment Cost Estimator:

- 1. Log in to your myBlueCross 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.

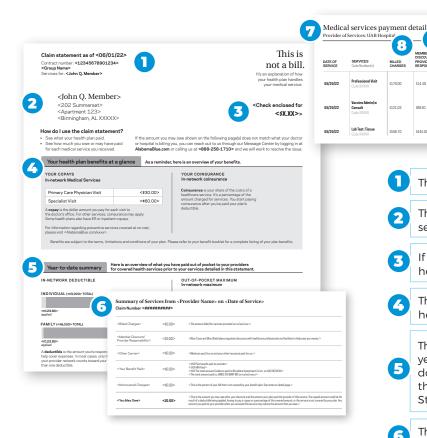
HOW TO READ YOUR

LAIM 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.

8

BILLED



Access your Claim Statements

When you register for myBlueCross, you will receive emails when new Claim Statements are available to view online. Log in to your myBlueCross account. Click the myBlueCross 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 myBlueCross 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."

This is the date the Claim Statement is generated.

12

13

- This is the covered member who received the healthcare services listed on the Claim Statement.
- If applicable, this is the amount you are owed for overpaid healthcare services
- This provides a brief summary of how your particular health plan works.
- 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).
- This provides a summary of charges and payments for the healthcare services listed.
- This provides detailed charges and payments for the healthcare services listed and the name of the provider.
- This is the amount the provider charged the health plan.
- This is the amount of the Billed Charges the provider agreed to waive.
- If applicable, this is the amount of the Billed Charges the health plan does not cover.
- This is the amount owed to the provider after subtracting discounts and adding any non-covered charges.
- These are the amounts the health plan(s) paid to the provider.
- If applicable, these are the amounts you pay out-of-pocket 13 to the provider. You may still owe the provider, if these amounts were not collected in full at the time of service.



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

myBlueWellness 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.



Online Care Reminders

Always know which healthcare services are recommended for you. Care Reminders are based on national guidelines and information Blue Cross receives from your healthcare providers.

To access your Care Reminders, log in to your myBlueCross account. Click the myHealth tab in the blue navigation bar, and then click "Care Reminders." If using the Alabama Blue mobile app, select myHealth and then Care Reminders. If you have questions about your Online Care Reminders or need assistance scheduling an appointment, call the member Customer Service number on the back of your Blue Cross ID card.



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 to speak with a nurse.

At-Risk Health 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

Participation is free and confidential. Call 1-855-699-6168 or email HMHealthCoach@bcbsal.org.



Chronic Condition 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 to enroll.



BABY YOURSELF[®] Maternity Management

The goal of this maternity 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. Call 1-800-222-4379 to enroll.

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.

COINSURANCE

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

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 A \$20	FOR A \$200 SERVICE		
YOU PAY	PLAN PAYS		
\$40	\$160		

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

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 myBlueCross 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 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 you pay monthly for your health plan.

Provider

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

Referral

An electronic order from your student health center*/primary care physician for you to see a specialist or receive certain healthcare services. Only one referral is required for each injury or sickness per plan coverage period. A new referral must be obtained for each school year. If your health plan requires it, and you don't get a referral, the health plan may not pay for the services.

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.

Student Health Center/Primary Care Physician

A provider who directly provides or coordinates a range of healthcare services for a patient.

^{*} If applicable to your plan benefits

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.

Need help? Call the number on the back of your member ID card.



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Visit us online at: AlabamaBlue.com

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