

# WELCOME TO BLUE



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



**BlueCross BlueShield  
of Alabama**

*We cover what matters.*

# CONTENTS

- Register for *myBlueCross* ..... 3
- Get to know your Blue Cross ID card ..... 4
- Take Blue with you ..... 5
- Know where to go ..... 6
- Appreciate the value of in-network services ..... 7
- Find a doctor ..... 8
- Estimate your treatment costs ..... 9
- Decipher your Claim Statement ..... 10
- Connect with your personal health advisor ..... 11
- Make healthier choices ..... 12
- Understand deductibles and coinsurance ..... 14
- Coordinate benefits with more than one health plan ..... 15
- Define common health plan terms ..... 16
- Notice of Nondiscrimination ..... 17

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

# REGISTER FOR **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:

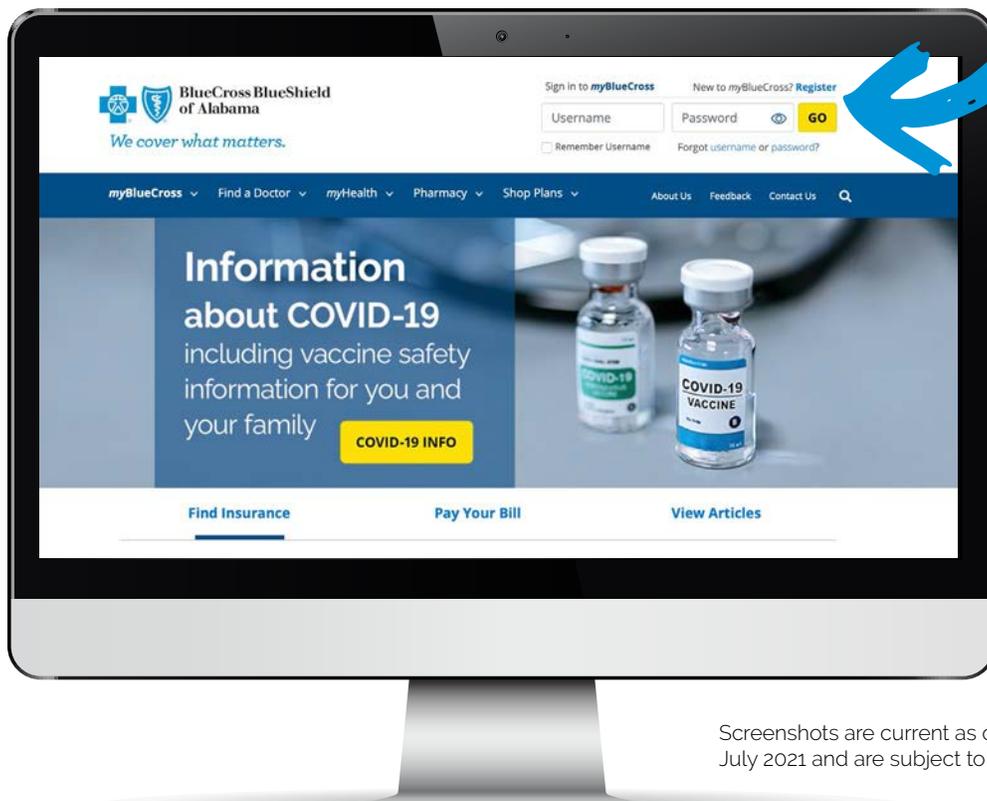
- ▶ View/email a virtual ID card
- ▶ View claim statements
- ▶ View your contract and dependent information
- ▶ Estimate and compare treatment and procedure costs
- ▶ Find in-network providers and facilities
- ▶ Rate your doctor
- ▶ View covered immunizations
- ▶ View preventive services

## [AlabamaBlue.com/Register](https://alabamablue.com/register)

To register for your myBlueCross account:

1. Visit [myahpcare.com](https://myahpcare.com) and search for your school
2. Under *Quick Links*, click "Find Group and Contract Number" and make note of them
3. Visit [AlabamaBlue.com/Register](https://alabamablue.com/register) and enter the required information

**Need help? Contact us at 855-249-3803.**



# GET TO KNOW YOUR BLUE CROSS ID CARD

1

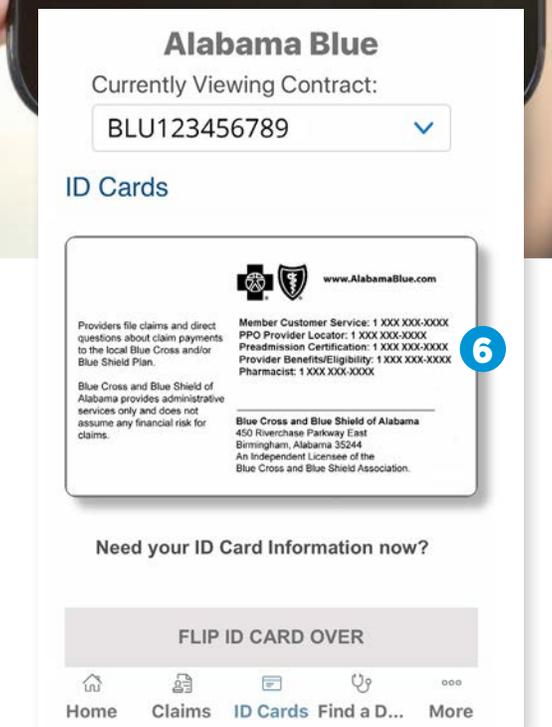
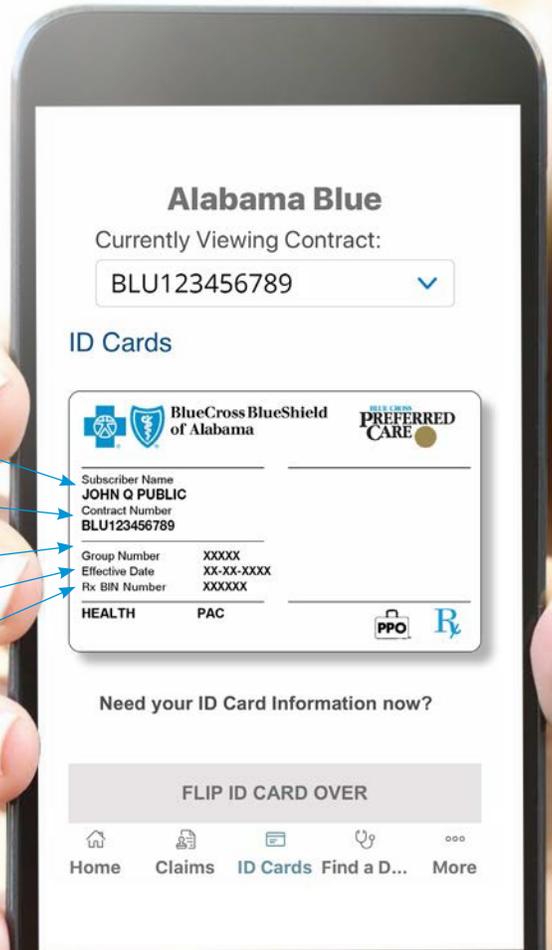
2

3

4

5

Mobile app screenshots shown.



- 1 The contract holder's name will appear on the card, but any covered family members may use it.
- 2 The contract number is unique to the contract holder's health plan (with or without any covered family members).
- 3 The group number is unique to the student health plan.
- 4 The effective date is the start of current plan benefits.
- 5 The pharmacy needs this information, if prescription drug coverage is offered through the health plan.
- 6 This has our contact information for use by the contract holder and any covered family members plus contact information for use by providers. Be sure to visit our website to register for *myBlueCross* for 24/7 access to your ID card and account.

## View or email your card

**Online:** Log in to your *myBlueCross* account with your mobile device or computer. Click the *myBlueCross* tab in the blue banner, and then click "ID Cards" under Resources. You may view your card online, or choose to have it emailed to you. Healthcare providers will need the information on your ID card at the beginning of your visits.

**Alabama Blue mobile app:** Authenticate and click *ID Cards* along the bottom.

*Back of Card*

# TAKE 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 13 for more information about the Baby Yourself program.

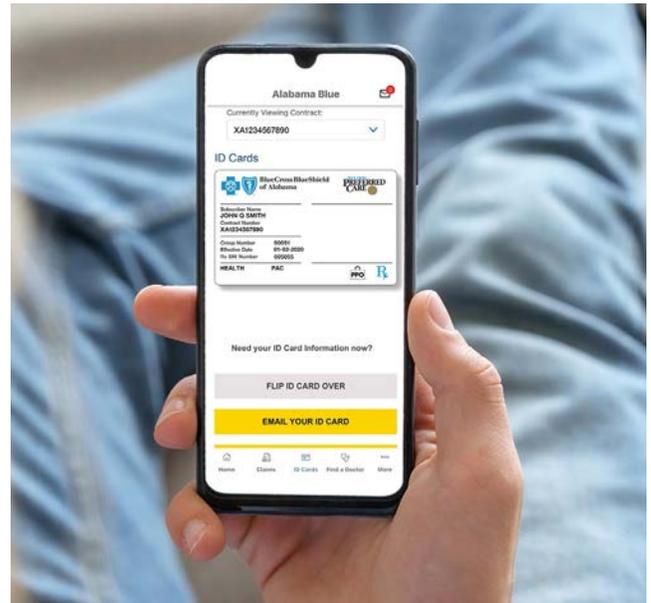
Both mobile apps are free and available for Apple and Android devices.



## Alabama Blue

Register for *myBlueCross* 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\*

- Keep a daily journal
- Post photos to a gallery
- Count kicks and contractions
- Customize reports
- Get daily pregnancy and parenting tips
- Speed dial physician and/or Baby Yourself Nurse



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

# KNOW WHERE TO GO

It's important to understand your options when seeking medical care. Non-emergency care for a condition that is not life threatening is generally provided by your physician. Even after-hours care is generally coordinated by your physician who can instruct you on how to receive medical care outside of normal business hours, on weekends and on holidays.



## STUDENT HEALTH CENTER/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
- Diabetes management
- Fever
- High blood pressure
- Minor sprains
- Skin rash
- Stomach ache



## URGENT CARE

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

- 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.**

# 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:

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

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

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

### Find in-network providers

We keep your costs low by making in-network, high quality healthcare easy for students to find - at school, at home or while traveling.

- Log in to your *myBlueCross* account on [AlabamaBlue.com](http://AlabamaBlue.com) or the Alabama Blue mobile app and click "Find a Doctor". Only your Plan's in-network providers display when you are logged in.
- If you have questions about finding in-network providers, please call the member Customer Service number on the back of your Blue Cross ID card.

*Before you seek non-emergency healthcare,*

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

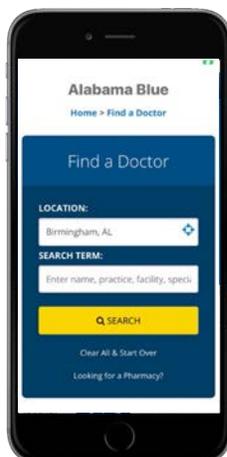
**NOTE: The health plan may not pay for certain healthcare services if a referral is required and you don't get one - even if the provider is in-network. If you are in severe pain or your condition is life threatening, call 911 or go to an emergency room.**

# FIND A DOCTOR

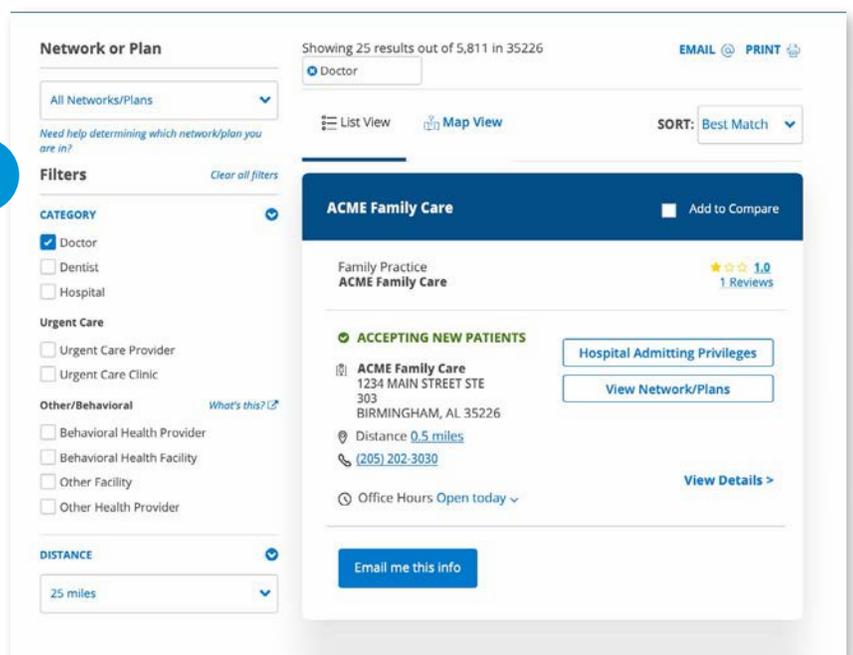
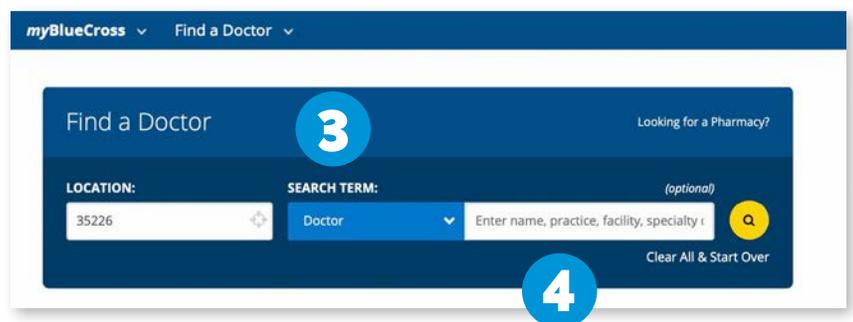
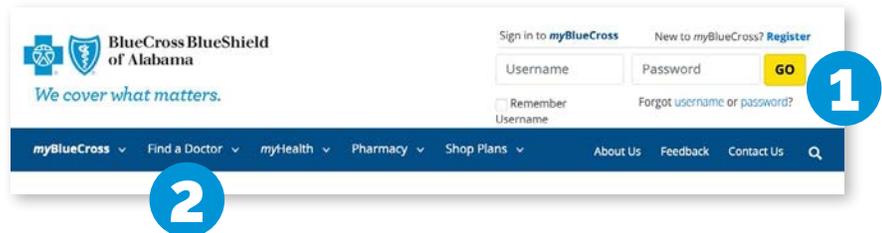
- 1 Visit [AlabamaBlue.com](http://AlabamaBlue.com). Log in to or register for *myBlueCross* in the top right corner. Only your Plan's in-network providers display when you are logged in.
- 2 Click *Find a Doctor* in the menu bar.
- 3 Once logged in, your location will automatically populate based on the contract holder's address; however, you can change the location you want to search.
- 4 Select a search category from the drop down menu or enter a search term. Then click the magnifying glass icon.
- 5 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](http://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 July 2021 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 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 by facility or physician

## To access the Treatment Cost Estimator:

- ▶ Log in to your *myBlueCross* account online or via the Alabama Blue mobile app
- ▶ Click the *myBlueCross* tab in the blue banner, and then click "Account Summary"
- ▶ Click "Treatment Cost Estimator" under the *Saving Money* section on the right of the screen
- ▶ Enter a treatment or condition

### Refine your results

Miles from starting point

**Patient Age**

**Tiered Networks**

- Tier 1 Lower Member Cost Share (13)

**Languages Spoken by Provider**

- English (17)

**Specialty**

- General Acute Care Hospital (13)
- Ambulatory Surgical Center (4)
- Rehabilitation Hospital (2)

**Languages Spoken by Staff**

- English (17)

**Provider Type**

- Facilities (17)

### ACME SURGICAL CENTER

Ambulatory Surgical Center

1 123 SOUTH STREET  
BIRMINGHAM, AL 35244  
7.7 miles [Get directions](#)

(205) 444-5555  
Call for Office Hours

Your estimated out-of-pocket cost: **\$200**  
Average Total Cost: \$6,359

### ABC HOSPITAL

Rehabilitation Hospital, General Acute Care Hospital

2 4567 UNIVERSITY STREET  
BESSEMER, AL 35022  
10.1 miles [Get directions](#)

(205) 555-4444  
Call for Office Hours

Your estimated out-of-pocket cost: **\$200**  
Average Total Cost: \$8,331  
[Tier 1 Lower Member Cost Share](#)  
**BEST COVERAGE**

### XYZ MEDICAL CENTER

General Acute Care Hospital

3 8910 STONERIDGE PARKWAY  
BIRMINGHAM, AL 35244  
13.6 miles [Get directions](#)

(205) 555-1234  
Call for Office Hours

Your estimated out-of-pocket cost: **\$200**  
Average Total Cost: \$9,127  
[Tier 1 Lower Member Cost Share](#)  
**BEST COVERAGE**

Sample search results listed above are for an ACL repair. The example above 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.

# DECIPHER YOUR CLAIM STATEMENT

- 1 The date the Claim Statement is generated appears here.
- 2 The name of the person who received services appears here. The claim number is unique for each event.
- 3 The date services were received and name of the provider appears here.
- 4 This provides a summary of charges and payments.
- 5 This provides detailed charges and payments.
- 6 The charges the provider sent us.
- 7 The portion of the charges we allowed.
- 8 The portion of the charges we paid that were allowable.
- 9 The amount remaining you may owe the provider.
- 10 If further explanation is required, it is denoted here.

**BlueCross BlueShield of Alabama**  
We cover what matters.

1 MONTH, DAY, YEAR

JOHN DOE  
123 ANY STREET  
ANYTOWN, AL35000-0001

**Download our FREE mobile app, Alabama Blue!**  
Simply search "Alabama Blue" on the App Store or Google Play Store.

**THIS IS NOT A BILL**  
Keep a summary for your records or review this and all claims at <https://www.bcbsal.org/web/index.html>

**2 Explanation of Benefits**  
a processed claim for JOHN DOE, Claim Number XXXXXXXXXXXXX

**3 Summary of services provided on 06/24/2020**  
Services provided by

<b>4 Submitted Charges</b>	\$341.00	The amount billed for services provided on 06/24/2020
<b>What my Plan Paid</b>	\$263.16	The total amount paid to JOHN SMITH, MD on 07/09/2020
<b>Amount Owed to Provider</b>	\$25.00	This is the amount you may owe after your discount and the amount your plan paid the provider of the service. The unpaid amount could be the result of deductible being applied, having to pay a copay or a percentage of the covered amount, or the service is not covered by your plan. Any amount you paid to your provider when you received this service may reduce the amount that you owe.

If you have questions about this report, please visit <https://www.bcbsal.org/web/index.html> or call 1-877-370-7740  
450 Riverchase Parkway East • Birmingham, AL 35244-2858  
PLEASE SEE CLAIM DETAILS ON NEXT PAGE

**5 Claim Detail**  
Provider of Service: DOCTOR SMITH

Date of Service	Type of Service	Submitted Charges	Eligible Charges	What My Plan Paid	What You Owe	See Notes
XX/XX/XXXX	PREVENTIVE	\$110.00	\$75.00	\$75.00	\$0	
XX/XX/XXXX	DIAGNOSTIC	\$75.00	\$45.00	\$45.00	\$0	
XX/XX/XXXX	PREVENTIVE	\$45.00	\$30.00	\$30.00	\$0	
XX/XX/XXXX	DIAGNOSTIC	\$55.00	\$38.00	\$38.00	\$0	
<b>TOTAL</b>		<b>\$285.00</b>	<b>\$188.00</b>	<b>\$188.00</b>	<b>\$0</b>	

**10 Notes**

## Access your Claim Statement

When you register for *myBlueCross*, you will automatically receive your Claim Statements electronically. You will receive emails when new ones 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. You will not receive Claim Statements when your patient responsibility is a fixed copay or \$0.

# CONNECT WITH YOUR PERSONAL **HEALTH ADVISOR**

Our BlueCare customer advocacy program saves time and alleviates the stress of navigating a sometimes confusing healthcare system. BlueCare provides a true "one-on-one" experience, encompassing both customer service and clinical advisement. We help members make decisions that improve their health.



## **A HEALTH ADVISOR CAN HELP:**

- ▶ Answer common customer service questions.
- ▶ Locate a doctor or specialist and schedule appointments.
- ▶ Explain your benefits.
- ▶ Research and resolve hospital and doctor billing issues.
- ▶ Find available support groups and community services.
- ▶ Inform you about preventive health services and recommended tests/procedures for certain conditions.
- ▶ Enroll you in available wellness programs.

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



# 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:

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

Visit [AlabamaBlue.com/myBlueWellness](https://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 banner, and then click "Care Reminders." If using the Alabama Blue mobile app, select myHealth and then *Free Health Programs*. 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
- ▶ **Neonatal intensive care:** educate and support the caregivers of the ill or premature newborn infant
- ▶ **High risk obstetrics:** engage with members experiencing a high risk pregnancy
- ▶ **Transplant care:** coordinate care for members receiving solid organ and stem cell transplants

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<sup>®</sup> 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.



FOR A \$200 SERVICE	
YOU PAY	PLAN PAYS
<b>\$200</b>	<b>\$0</b>

### COINSURANCE

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



FOR A \$200 SERVICE	
YOU PAY	PLAN PAYS
<b>\$40</b>	<b>\$160</b>

### 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
<b>\$0</b>	<b>\$200</b>

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 *myBlueCross* 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**

A written/electronic order from your student health center/primary care physician for you to see a specialist or receive certain healthcare services. 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.

## Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama 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 Service, 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. ໂທສ  
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。

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