



1. Help is available:

- If you are shopping for an Individual or Family plan and have questions about the benefits, please call us at **1-855-890-7416**
- If you are going to be covered under a group plan and have questions about the benefits, please call us at **1-800-292-8868**
- If you are already covered under a plan and have questions about your benefits, please call the number on the back of your member ID card

If needed, simply request a translator and one will be provided to assist you in understanding your benefits.

2. Having a primary care physician is a good decision*:

Although most plans we administer do not require you to have a primary care physician, it is a good idea to establish a relationship with one. **Having a primary care physician has many benefits, including:**

- Seeing a physician who knows you and understands your medical history
- Having someone you can count on as a key resource for your healthcare questions
- Help when you need to coordinate care with specialists and other providers

Typically, primary care physicians specialize in family medicine, internal medicine or pediatrics. Find a physician in your area by visiting **AlabamaBlue.com** and choosing *Find a Doctor*.

3. Seeing a specialist or behavioral health provider is easy*:

If you need to see a specialist or behavioral health provider, you can contact their office directly to make an appointment.

- If you have a PPO plan and choose to see a specialist or behavioral health provider in our BlueCard® PPO or Blue Choice® Behavioral Health networks, you will have in-network benefits for services covered under the plan. If you choose to see an out-of-network specialist or behavioral health provider, your out of pocket costs could be higher. Please refer to the plan's PPO Benefit Booklet to determine the plan's out-of-network coverage.
- If you have an EPO plan and choose to see a specialist or behavioral health provider in our Blue High Performance Network® (BlueHPN®) or Blue Choice® Behavioral Health networks, you will have in-network benefits for services covered under the plan. If you choose to see an out-of-network specialist or behavioral health provider, services will not be covered except in cases of emergency or urgent care or as required by law. Please refer to the plan's EPO Benefit Booklet to determine the plan's out-of-network coverage.

4. Utilization Management helps lower healthcare costs for all:

We use Utilization Management (UM) to monitor the appropriateness of healthcare services to our members and to help you get the most out of your healthcare dollars. Our UM program involves review of services before, during and after the services are performed.

The four types of review that make up our Utilization Management program are:

- **Pre-service** – evaluation of services or supplies prior to them being rendered
- **Concurrent** – evaluation of services or supplies made while you are in the process of receiving care
- **Post-service** – evaluation of services or supplies after they have already been received
- **Appeals** – the right to dispute a decision we have made

For additional information on Utilization Management, including how to appeal a decision, please review the plan's Benefit Booklet.

5. Receiving medical care:

Even if your plan does not cover an expense or service, you and your physician are responsible for deciding whether you should receive the care or treatment.

Generally, after-hours care is provided by your physician. They may have a variety of ways of addressing your needs. You should call your physician for instructions on how to receive medical care after the physician's normal business hours, on weekends and holidays, or to receive non-emergency care for a condition that is not life threatening, but requires medical attention.

If you are in severe pain or your condition is endangering your life, you may obtain emergency care by calling 911 or visiting an emergency room.

6. Your privacy is important to us:

The protection of our members' medical and personal information is a top priority. We take our commitment seriously and have strict privacy policies addressing our members' protected health information (PHI). All associates acknowledge the review of the Code of Ethics and Business Conduct (Codebook). All vendors who use PHI must adopt similar procedures to maintain privacy. Also, we have safeguards in place to protect your electronic information.

View our HIPAA Privacy Notice by visiting **AlabamaBlue.com** and choosing *HIPAA Privacy Notice* at the bottom of the page. If you would like a printed copy, please call us at one of the numbers listed above.

* Blue Cross Select Gold, Blue Cross Select Silver, Blue Saver Silver, Blue Standardized Gold, Blue Standardized Silver and Blue Standardized Bronze require that you and each covered member on your contract designate a physician from the Primary Care Select Physician Network. If you do not use a Primary Care Select Physician to provide and/or coordinate your care, no benefits will be covered under your plan.

All EPO plans require that you and each covered member on your contract choose, visit and obtain referrals from a Primary Care Physician (PCP) within the Blue High Performance Network® (BlueHPN®) in the Birmingham Metropolitan Statistical Area (MSA). If you do not choose a PCP to provide care and submit electronic referrals, no benefits will be covered under your plan. Services received from a nonparticipating BlueHPN provider will not be covered except in cases of emergency or urgent care and as required by Federal law.