



Who is Eligible to apply for Individual Blue?

To be eligible for coverage by the Individual Blue plan you must be:

- a resident of Alabama;
- under age 65;
- not eligible for, or entitled to, Medicare; and
- meet our health underwriting guidelines.

If you have eligible dependents that meet the above criteria, you may apply for family coverage. Eligible family members include:

- Your legal spouse of the opposite sex
- An unmarried dependent child under age 19
- An unmarried child age 19 to 25 while a full-time student in a state accredited school, not working full-time and chiefly depending on you for support

The child must be a natural child; a stepchild residing in your household; a legally adopted child; a child placed for adoption; or any other unmarried child for whom you

have permanent legal custody and who depends solely on you for support and regularly and permanently resides with you in a parent/child relationship. If a covered child becomes incapacitated, while covered, before the age of 19 (or if a full-time student), the child may continue to be covered as a dependent for as long as he or she remains incapacitated. A child is incapacitated if we determine that the child is not able to support himself or herself and if the child depends on you for support. You may not cover a grandchild unless you adopt the child.

When applying for a family plan you must provide health information about all family members. Evidence of good health must be demonstrated by completing the “health statement” in the Individual Blue Application for Health Coverage. Each person applying for coverage must complete and return the Authorization for Health Information. If a signed Authorization is not returned with the application, your application for enrollment in the Individual Blue health plan will be delayed. If all family members are not accepted due to health underwriting guidelines, the others may opt to accept coverage excluding that member.

Eligibility limitations apply, including:

- If a husband and wife enroll in this plan under two individual contracts they will not be allowed to later combine the two individual contracts into one family contract. For example, if a child is born, one of the spouses can add the child to their individual contract and form a family contract but the other spouse cannot be added as a dependent on the new family contract.
- If you acquire a dependent after your effective date in this plan, you may apply for coverage to add the dependent (spouse or children) by submitting a supplemental enrollment application. If you have an individual contract, you must pay the additional premium for family coverage at the time you apply to add the dependent.
- If you marry after the effective date of your coverage under the plan, you may apply to add your new spouse and your spouse’s eligible children. Your new spouse and your spouse’s children will have to satisfy the eligibility standards outlined above for coverage of dependents, including satisfaction of our health underwriting guidelines.
- If you or your covered spouse gives birth to or adopts a child, you may apply to add your new child as a covered dependent under the plan. If you submit this application to us within 30 days of the date of birth or date of placement for adoption, we will waive the application of our health underwriting guidelines. By contrast, if you apply after this 30 day window, coverage will be contingent upon satisfaction of our health underwriting guidelines.
- If you or a dependent enroll in this plan and then later become eligible for Medicare due to age or disability, the only benefits covered by this plan are services that are not covered under Parts A, B and D of Medicare but are otherwise eligible for coverage under this plan. This applies regardless of whether you or a dependent actually enroll for coverage under Medicare. This means that when you or a dependent become eligible for Medicare, you or your dependent will have little or no health or prescription drug coverage under this plan.

What are the Waiting Periods for Coverage?

There is a 365-day pre-existing exclusion period before the plan pays benefits for:

- Pre-existing conditions (condition for which you received medical advice, diagnosis, care or treatment preceding enrollment in the plan)
- Maternity services
- Certain surgical procedures, including removal of tonsils and adenoids, hysterectomy, joint replacement, surgery to put tubes in the ears, and surgery to treat a birth defect

Additional treatments may be excluded, please refer to the contract booklet for a complete list.

All other covered medical services will be covered on and after the effective date of your coverage. Because this is not a group plan, periods of prior coverage will not reduce pre-existing and other waiting periods under this plan. However, if you enroll in this plan and then later cancel to enroll in a group plan, you can use the period of coverage under this plan to reduce any pre-existing waiting periods under the new group plan provided there is not a gap in coverage of more than 63 days.

Note: If you recently had coverage through a group plan, including COBRA, you may be eligible for coverage under the Alabama Health Insurance Program (AHIP). If you qualify for this state sponsored plan, you would not be subject to pre-existing or other waiting periods. You can reach AHIP by calling 1 877 619-2447. If you become covered by the Individual Blue Plan, you would no longer qualify for AHIP.

What is the Cost? How Do I Pay? When will Coverage Begin?

Premiums for individual and family contracts are payable in advance on a monthly basis. Please refer to the Premium Calculation Sheet to determine how much Individual Blue costs for you and your family.

You may pay your monthly premium by bank draft, coupon book, credit card (MasterCard® or Visa®) or debit card (with MasterCard® or Visa® insignia).

You and any enrolled family members will be covered on the first of the month following approval of your application and payment. You will receive a contract booklet and an identification card after you are accepted. Your coverage begins on the effective date shown on the identification card.

The contract will be cancelled as of the effective date or paid-to date of the contract if payment is not received within 30 days of the due date. Premium rates and benefits are subject to change with 30 days notice.

**If you have any questions, please visit us online at www.bcbsal.com
or call 1 888 215-1832.**



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association.



individual **Blue**SM

A plan for individuals and families in Alabama

Now a health plan is available for Alabamians who do not have access to coverage through an employer. Individual Blue from Blue Cross and Blue Shield of Alabama provides hospital, medical and prescription drug benefits for individuals and families who meet health underwriting qualifications.

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What are the benefits of Individual Blue?


Individual Blue offers you choices—choice in providers, deductibles and out-of-pocket maximums. Individual Blue is a Preferred Provider Organization (PPO) plan that includes Preferred Medical Doctors (PMD). You choose providers from Blue Cross and Blue Shield of Alabama's large provider network in Alabama and bordering states. Individual Blue also provides access in emergency situations to providers across the United States through our national BlueCard PPO program.

There are three options with deductibles ranging from \$500 to \$2,500 per individual.

Useful Information to Maximize Benefits

- To maximize your benefits, always use in-network providers for services covered by your health benefit plan. To find in-network providers, check a provider directory, the doctor or hospital finder web site (www.bcbsal.com) or call 1 800 810-BLUE (2583).
- In-network hospitals, physicians and other health care providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing health care services at a reduced price (examples: BlueCard PPO, PMD, Preferred Care). In-network pharmacies are pharmacies that participate with Blue Cross and Blue Shield of Alabama or Preferred Care Services, Inc.
- Out-of-network providers generally do not contract with Blue Cross and/or Blue Shield Plans. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area or the average charge for care in the area.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder web site, but not covered under this benefit plan. Please check the contract booklet for more detailed coverage information.
- All benefit payments are based on the amount of the provider's charge that Blue Cross recognizes for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.

Benefits provided by Individual Blue are highlighted below and on the following pages. Three options are available – you choose the plan that best fits your health care needs.

 Overview of Benefits	
SUMMARY OF COST SHARING PROVISIONS	
Calendar Year Deductible Amount depends upon plan purchased	500 plan: \$ 500 individual per year; \$1,500 family maximum per year 1000 plan: \$1,000 individual per year; \$3,000 family maximum per year 2500 plan: \$2,500 individual per year; \$7,500 family maximum per year
Calendar Year Out-of-Pocket Maximum	500 plan: \$1,500 individual per year 1000 plan: \$3,000 individual per year 2500 plan: \$7,500 individual per year After you reach the Calendar Year Out-of-Pocket Maximum, applicable expenses are covered at 100% for the remainder of the calendar year; does not include the Calendar Year Deductible
Lifetime Maximum	\$ 1,000,000 per individual If you reach the Lifetime Maximum, some in-network inpatient hospital services, in-network physician and in-network hospice services may be covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS		
Preadmission Certification required for inpatient admissions (except maternity); notification within 48 hours for emergencies. A \$250 penalty applies if Preadmission Certification is not obtained.		
Inpatient Hospital Services Note: Inpatient hospital deductibles and copays do not apply to the calendar year out-of-pocket maximum; see special provisions for mental health and substance abuse benefits.	Covered at 100% after \$200 per day copay for days 1 – 5; applies to each admission	Covered at 50% after \$2,000 per admission deductible Note: In Alabama, available only for accidental injury
Inpatient Physician Visits and Consultations	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
OUTPATIENT HOSPITAL BENEFITS		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 100% after \$300 copay	Covered at 50% subject to calendar year deductible; in Alabama not covered
Emergency Room (Medical Emergency)	Covered at 100% after \$300 copay	Covered at 50% subject to calendar year deductible; in Alabama not covered
Emergency Room (Accident)	Covered at 100% after \$300 copay	Covered at 50% subject to calendar year deductible
Emergency Room (Physician)	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Outpatient Diagnostic Lab, X-ray & Pathology	Covered at 100% after \$300 copay	Covered at 50% subject to calendar year deductible; in Alabama not covered
Outpatient Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Covered at 100%; no copay or deductible	Covered at 50% subject to calendar year deductible; in Alabama not covered
PHYSICIAN BENEFITS		
Office Visits & Consultations	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Surgery & Anesthesia	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Maternity Care	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Diagnostic Lab, X-rays, Pathology, Chemotherapy & Radiation Therapy	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Allergy Testing & Treatment	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
PHYSICIAN PREVENTIVE CARE BENEFITS		
Routine Newborn Exam (in hospital)	Covered at 80%; no copay or deductible	Not covered
Routine Well Child Office Visits Nine visits during first 24 months of life and one visit each year thereafter through age six	Covered at 80%; no copay or deductible	Not covered
Routine Immunizations Age limitations apply to certain immunizations	Covered at 80%; no copay or deductible	Not covered
Routine Office Visit One office visit per year for members eligible for routine pap smear, mammogram & PSA	Covered at 80%; no copay or deductible	Not covered
Routine Pap Smear One per year	Covered at 80%; no copay or deductible	Not covered
Routine/Screening Mammogram One exam for females ages 35-39 and one per year for females ages 40 and over (or family history of breast cancer)	Covered at 80%; no copay or deductible	Not covered
Routine PSA (Prostate Specific Antigen) One exam each year for males age 40 & over	Covered at 80%; no copay or deductible	Not covered
Colorectal Cancer Screening-Ages 50 and Over <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) once per year • Flexible sigmoidoscopy once every three years • Double-contrast barium enema once every five years • Colonoscopy once every 10 years 	Covered at 80%; no copay or deductible Note: Claims for facility charges will be processed under your Outpatient Hospital Benefits and subject to any applicable outpatient copayments.	Not covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUG BENEFITS		
Prescription Drugs <ul style="list-style-type: none"> • Prescriptions for more than 30 days require copay for each 30 day supply • Some drugs require prior authorization • Copays are combined for some diabetic supplies • View the most current Preferred Brand Drug List on the web at www.bcbsal.com • In-network pharmacies are pharmacies that participate with Blue Cross and Blue Shield of Alabama or Preferred Care Services, Inc. 	Generic Drugs: You pay 20% or \$15 per prescription copay (whichever is greater) Preferred brand drugs: You pay 20% or \$30 per prescription copay (whichever is greater) Other brand name drugs: You pay 20% or \$50 per prescription copay (whichever is greater) Brand drugs when a generic is available: Not covered	Not covered
BENEFITS FOR OTHER COVERED SERVICES		
Ambulance Service	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Chiropractic Services Limited to \$600 per calendar year	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Durable Medical Equipment (DME)	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Occupational, Physical and Speech Therapy Limited to combined maximum of 30 visits per calendar year	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
HOME HEALTH AND HOSPICE		
Home Health and Hospice <ul style="list-style-type: none"> • Precertification required for services rendered outside Alabama • For precertification call 1 800 821-7231 	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible; in Alabama, not covered
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS		
Inpatient Hospital Up to 15 days of inpatient treatment during any 12 consecutive months	Covered at 100% after \$200 per day hospital copay for days 1 – 5; applies to each admission	Covered at 50% after \$2,000 per admission deductible; in Alabama, not covered
Inpatient Physician Up to 15 days of inpatient treatment during any 12 consecutive months	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Outpatient Hospital & Physician Up to 20 visits per calendar year	Covered at 50% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Expanded Psychiatric Services (EPS) <ul style="list-style-type: none"> • EPS network available throughout Alabama and in Meridian, Mississippi and Pensacola, Florida • To find an EPS provider call Customer Service at 1 888 258-1628 or search the online doctor finder on our web site at www.bcbsal.com 	Care must be coordinated by EPS provider Covered at 100%; no deductible Inpatient: up to 30 days each year; includes hospital, physician and therapy expenses Outpatient: includes office visits, therapy, counseling and testing	
HEALTH MANAGEMENT BENEFITS		
For Your Health Wellness	Online program that provides personal wellness assessments as well as resources for a healthier lifestyle	
Air Medical Services	Air ambulance service to a hospital near home if hospitalized while traveling more than 150 miles from home; to arrange, call AirMed at 1 877 872-8624	
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury	
Care Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease	

Note: This is not a contract. Individual Blue benefits are subject to the terms, limitations and conditions of the contract.

If you would like a contract booklet to review prior to applying for coverage, call Blue Cross and Blue Shield of Alabama at 1 888 215-1832.

Please visit our web site, www.bcbsal.com