



Alabama State Bar



2020

ASSOCIATION HEALTH PLAN

Alabama Bar Association Health Trust



Association Health Plans (AHP's) work by allowing small businesses to band together to obtain healthcare coverage as if they were a single large employer.

The Bar's Health Plans will allow us to strengthen our negotiating power with providers and form a larger risk pool with greater economies of scale. This will allow us to develop a sustainable healthcare offering for all members.

"President Trump is expanding affordable health coverage options for America's small business and their employees. Many of our laws make healthcare coverage more expensive for small businesses than large companies. Association Health Plans are about more choices, more access, and more coverage." -Secretary of Labor, Alexander Acosta



Alabama State Bar



Alliance Insurance Group
Employee Benefit Consultants

Successful projects require a partnership with vendors and suppliers.

For something as complex as an Association Health Plan, the Alabama Bar partnered with a company that specializes in employee benefits to act as our consultant, and our administrator.



Their product expertise, benefit management and technology platform will bring immediate infrastructure to our AHP. They are a leading employee benefits firm in the State and we are confident in their ability to manage the day to day aspects of the AHP.



Our goal from the start was to make our health plan competitive with the small group offerings currently available from BCBS while adding stability and value to your membership.

We chose to offer Medical, Dental, and Vision plans from BlueCross BlueShield of Alabama and VSP to accomplish this goal.

Members should find comfort and familiarity in being insured by the largest Healthcare company in Alabama. BlueCross Blue Shield is a undisputed leader while VSP provides the largest network of vision providers in the state.

We will offer a multiple option medical strategy, allowing your employees to choose a medical plan that fits their needs and their budget. Dental will have two options for members to choose from. You will find flexibility throughout the offering in order to make our plan your plan!



BENEFITS OVERVIEW

Association Health Plan

Rates include administration fees. Premiums will be billed by Alliance Insurance Group on behalf of the Healthcare Trust.

HEALTH INSURANCE

	GOLD	SILVER	BRONZE
EMPLOYEE	\$535	\$494	\$381
EMPLOYEE+SPOUSE	\$1,049	\$968	\$742
EMPLOYEE+CHILD(REN)	\$972	\$895	\$688
FAMILY	\$1,486	\$1,371	\$1,049

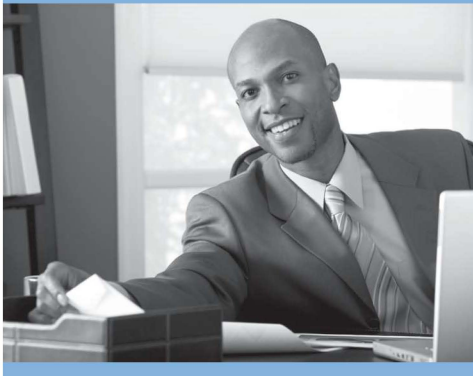
DENTAL INSURANCE

	COMPLETE-1500B	VALUE-1000B
EMPLOYEE	\$29	\$21
EMPLOYEE+SPOUSE	\$54	\$38
EMPLOYEE+CHILD(REN)	\$62	\$43
FAMILY	\$92	\$63

VISION INSURANCE

	VSP Choice
EMPLOYEE	\$ 8
EMPLOYEE+SPOUSE	\$12
EMPLOYEE+CHILD(REN)	\$12
FAMILY	\$19

We cover what matters.



BlueCard[®] PPO Plan Benefits



Alabama State Bar

Effective August 1, 2020

Three plans to choose from:

Gold:
Lower Member Cost Share

Silver:
Moderate Member Cost Share

Bronze:
Higher Member Cost Share

Visit our website at
AlabamaBlue.com



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

We cover what matters.



Visit our website at
AlabamaBlue.com

BlueCard[®] PPO Plan Benefits

Alabama State Bar Association
BlueCard[®] PPO Gold
Plan

Effective August 1, 2020



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**Alabama State Bar Association
Proposed BlueCard® PPO – Gold Plan
Effective August 1, 2020**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p><i>Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.</i></p>		
<p>SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Calendar Year Deductible</p> <p>The in-network and out-of-network calendar year deductibles are separate and do not apply to each other</p>	\$1,000 individual; \$2,000 family	\$1,200 individual; \$2,400 family
<p>Calendar Year Out-of-Pocket Maximum</p> <p>All deductibles, copays and coinsurance for in-network services and out-of-network mental health disorders and substance abuse emergency services apply to the out-of-pocket maximum</p>	<p>\$8,150 individual; \$16,300 family</p> <p>After you reach your Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year</p>	There is no out-of-pocket maximum for out-of-network services.
<p>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Precertification is required for inpatient admissions (except medical emergency services and maternity); notification within 48 hours for medical emergencies. Generally, if precertification is not obtained, no benefits are available. Call 1-800-248-2342 (toll-free) for precertification.</p>		
<p>Inpatient Hospital</p>	<p>Lower Member Cost Share: Covered at 100% of the allowed amount, after \$300.00 hospital copay days 1-5 for each admission</p> <p>Higher Member Cost Share: Covered at 100% of the allowed amount, after \$600.00 hospital copay days 1-5 for each admission</p>	<p>Covered at 80% of the allowed amount, after \$800.00 per admission deductible</p> <p>Note: In Alabama, available only for medical emergency services and accidental injury</p>
<p>Inpatient Physician Visits and Consultations</p>	<p>Covered at 100% of the allowed amount, subject to calendar year deductible</p> <p>Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, no copay or deductible</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>Mental Health Disorders and Substance Abuse Services covered at 80% of the allowed amount, no copay or deductible</p>
<p>OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Precertification is required for some outpatient hospital benefits. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. If precertification is not obtained, no benefits are available.</p>		
<p>Outpatient Surgery (Including Ambulatory Surgical Centers)</p>	<p>Lower Member Cost Share: Covered at 100% of the allowed amount, after \$300.00 hospital copay</p> <p>Higher Member Cost Share: Covered at 100% of the allowed amount, after \$600.00 hospital copay</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, not covered</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Medical Emergency)	Covered at 100% of the allowed amount, after \$300.00 hospital copay	Covered at 100% of the allowed amount, after \$300.00 hospital copay and subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, after \$300.00 hospital copay
Emergency Room (Accident) Note: If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to Emergency Room (Medical Emergency) above.	Covered at 100% of the allowed amount, after \$300.00 hospital copay	Covered at 100% of the allowed amount, after \$300.00 hospital copay and subject to calendar year deductible for services rendered within 72 hours; covered at 80% of the allowed amount subject to calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan
Emergency Room (Physician)	Covered at 100% of the allowed amount, after \$60.00 physician copay	Covered at 100% of the allowed amount, after \$60.00 physician copay and subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, after \$60.00 physician copay
Outpatient Diagnostic Lab, Pathology & X-ray	Lower Member Cost Share: Covered at 100% of the allowed amount, after \$300.00 hospital copay Higher Member Cost Share: Covered at 100% of the allowed amount, after \$600.00 hospital copay	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Chemotherapy, Dialysis, IV Therapy & Radiation Therapy	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services	Covered at 100% of the allowed amount, after \$60.00 daily hospital copay	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama, not covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse) Precertification is required for some physician benefits. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . If precertification is not obtained, no benefits are available.		
Office Visits and Consultations	Covered at 100% of the allowed amount, after \$40.00 primary care physician copay or \$60.00 specialist physician copay	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible
Second Surgical Opinions	Covered at 100% of the allowed amount, after \$60.00 physician copay	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible
Angiography/Arteriography, CAT Scan, Colonoscopy, ERCP, MRI, Muga-gated cardiac scan, PET/SPECT & UGI endoscopy	Covered at 100% of the allowed amount, after \$300.00 copay per procedure	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy & X-ray	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible
Surgery & Anesthesia	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible
Maternity Care	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible
Applied Behavioral Analysis (ABA) Therapy Limited to ages 0-18 for autism spectrum disorders	Covered at 100% of the allowed amount, after \$40.00 copay	Covered at 80% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE BENEFITS		
<p>Routine Immunizations and Preventive Services</p> <ul style="list-style-type: none"> See AlabamaBlue.com/Preventive Services and AlabamaBlue.com/SourceRxACAPreventiveDrugList for a listing of the specific drugs, immunizations and preventive services or call our Customer Service Department for a printed copy Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/VaccineNetwork DrugList for more information. 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
<p>Note: In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.</p>		
PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some drugs; if precertification is not obtained, no benefits are available.		
<p>Retail Prescription Prepaid Benefits</p> <p>The retail pharmacy network for the plan is ValueONE Retail Network</p> <ul style="list-style-type: none"> Locate a ValueONE Retail Network pharmacy at AlabamaBlue.com/ValueONEPharmacyLocator <p>Maintenance drugs - up to 90-day supply may be purchased but copay applies for each 30-day supply</p> <p>Prescription drugs (other than maintenance drugs) - up to a 30-day supply</p> <ul style="list-style-type: none"> Some copays combined for diabetic supplies View the SourceRx 2.0 drug list that apply to the plan at AlabamaBlue.com/SourceRx2DrugList4T <p>The only in-network pharmacy for some Tier 4 (specialty) drugs is the Pharmacy Select Network</p> <ul style="list-style-type: none"> Tier 4 (specialty) drugs can be dispensed for up to a 30-day supply View the Specialty Drug List at AlabamaBlue.com/SelfAdministered SpecialtyDrugList 	<p>Covered at 100% of the allowed amount, subject to the following copays for a 30-day supply for each prescription:</p> <p>Tier 1 Drugs: \$15 copay per prescription</p> <p>Tier 2 Drugs: \$40 copay per prescription</p> <p>Tier 3 Drugs: \$80 copay per prescription</p> <p>Tier 4 (specialty) Drugs: 50% of the allowed amount up to \$350 copay per prescription</p>	Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>Mail Order Pharmacy Benefits</p> <ul style="list-style-type: none"> Up to a 90-day supply with one copay Mail Order Drugs are available through Home Delivery Network (Enroll online at AlabamaBlue.com/HomeDeliveryNetwork or call 1-800-391-1886) <p>Only maintenance drugs can be purchased through this mail order pharmacy service</p> <ul style="list-style-type: none"> View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList View the SourceRx 2.0 drug list that applies to the plan at AlabamaBlue.com/SourceRx2DrugList4T <p>Note: If you have less than a 90-day supply, you will pay the same copay as a 90-day supply when using this mail order program</p>	<p>Covered at 100% of the allowed amount, subject to the following copays:</p> <p>Tier 1 Drugs: \$37.50 copay per prescription</p> <p>Tier 2 Drugs: \$100 copay per prescription</p> <p>Tier 3 Drugs: \$200 copay per prescription</p> <p>Tier 4 (specialty) Drugs: Not Covered</p>	<p>Not Covered</p>
<p>BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.</p>		
<p>Allergy Testing & Treatment</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p>
<p>Ambulance Service</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p>
<p>Participating Chiropractic Services</p> <p>Limited to 15 visits per member per calendar year</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, not covered</p>
<p>Durable Medical Equipment (DME)</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Rehabilitative Occupational, Physical and Speech Therapy</p> <p>Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>Habilitative Occupational, Physical and Speech Therapy</p> <p>Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Home Health and Hospice</p>	<p>Covered at 100% of the allowed amount, no copay or deductible</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, not covered</p>
<p>HEALTH MANAGEMENT BENEFITS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Individual Case Management</p>	<p>Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.</p>	
<p>Chronic Condition Management</p>	<p>Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and other specialized conditions.</p>	
<p>Baby Yourself®</p>	<p>A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.com/BabyYourself.</p>	
<p>Contraceptive Management</p>	<p>Covers prescription contraceptives, which include: birth control pills, injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance.</p>	
<p>Air Medical Transport</p>	<p>Air medical transportation to a network hospital near home if hospitalized while traveling more than 150 miles from home; to arrange transportation, call AirMed at 1-877-872-8624.</p>	

We cover what matters.



Visit our website at
AlabamaBlue.com

BlueCard[®] PPO Plan Benefits

**Alabama State Bar Association
Silver Plan
BlueCard[®] PPO**

Effective August 1, 2020



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

Alabama State Bar Association
Proposed BlueCard® PPO – Silver Plan
Effective August 1, 2020

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p><i>Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.</i></p>		
<p>SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Calendar Year Deductible</p> <p>The in-network and out-of-network calendar year deductibles are separate and do not apply to each other</p>	\$4,000 individual; \$8,000 family	\$5,200 individual; \$10,400 family
<p>Calendar Year Out-of-Pocket Maximum</p> <p>All deductibles, copays and coinsurance for in-network services and all deductibles, copays and coinsurance for out-of-network mental health disorders and substance abuse emergency services apply to the out-of-pocket maximum.</p>	<p>\$8,150 individual; \$16,300 family</p> <p>After you reach your Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year</p>	There is no out-of-pocket maximum for out-of-network services.
<p>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Precertification is required for inpatient admissions (except medical emergency services and maternity); notification within 48 hours for medical emergencies. Generally, if precertification is not obtained, no benefits are available. Call 1-800-248-2342 (toll-free) for precertification.</p>		
<p>Inpatient Hospital</p>	<p>Lower Member Cost Share: Covered at 100% of the allowed amount, after \$450.00 daily hospital copay days 1-5 for each admission</p> <p>Higher Member Cost Share: Covered at 100% of the allowed amount, after \$600.00 daily hospital copay days 1-5 for each admission</p>	<p>Covered at 50% of the allowed amount, after \$1,200.00 per admission deductible</p> <p>Note: In Alabama, available only for medical emergency services and accidental injury</p>
<p>Inpatient Physician Visits and Consultations</p>	<p>Covered at 100% of the allowed amount, subject to calendar year deductible</p> <p>Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, no copay or deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>Mental Health Disorders and Substance Abuse Services covered at 50% of the allowed amount, no copay or deductible</p>
<p>OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Precertification is required for some outpatient hospital benefits. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. If precertification is not obtained, no benefits are available.</p>		
<p>Outpatient Surgery (Including Ambulatory Surgical Centers)</p>	<p>Lower Member Cost Share: Covered at 100% of the allowed amount, after \$450.00 hospital copay</p> <p>Higher Member Cost Share: Covered at 100% of the allowed amount, after \$600.00 hospital copay</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, not covered</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Medical Emergency)	Covered at 100% of the allowed amount, after \$450.00 hospital copay	Covered at 100% of the allowed amount, after \$450.00 hospital copay and subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, after \$450.00 hospital copay
Emergency Room (Accident) Note: If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to Emergency Room (Medical Emergency) above.	Covered at 100% of the allowed amount, after \$450.00 hospital copay	Covered at 100% of the allowed amount, after \$450.00 hospital copay and subject to calendar year deductible for services rendered within 72 hours; covered at 50% of the allowed amount subject to the calendar year deductible when services are rendered after 72 hours after the accident and not a medical emergency as defined by the plan
Emergency Room (Physician)	Covered at 100% of the allowed amount, after \$70.00 physician copay	Covered at 100% of the allowed amount, after \$70.00 physician copay and subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, after \$70.00 physician copay
Outpatient Diagnostic Lab, Pathology & X-ray	Lower Member Cost Share: Covered at 100% of the allowed amount, after \$450.00 hospital copay Higher Member Cost Share: Covered at 100% of the allowed amount, after \$600.00 hospital copay	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Chemotherapy, Dialysis, IV Therapy & Radiation Therapy	Covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services	Covered at 100% of the allowed amount, after \$70.00 daily hospital copay	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some physician benefits. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . If precertification is not obtained, no benefits are available.		
Office Visits and Consultations	Covered at 100% of the allowed amount, after \$40.00 primary care physician copay or \$70.00 specialist physician copay	Covered at 50% of the allowed amount, subject to calendar year deductible
Second Surgical Opinions	Covered at 100% of the allowed amount, after \$70.00 physician copay	Covered at 50% of the allowed amount, subject to calendar year deductible
Diagnostic X-ray	Covered at 100% of the allowed amount, after \$10.00 copay per procedure	Covered at 50% of the allowed amount, subject to calendar year deductible
Angiography/Arteriography, Cardiac cath/Arteriography, CAT Scan, Colonoscopy, ERCP, MRI, Muga-gated cardiac scan, PET/SPECT & UGI endoscopy	Covered at 100% of the allowed amount, after \$450.00 copay per procedure	Covered at 50% of the allowed amount, subject to calendar year deductible
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology & Radiation Therapy	Covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Surgery & Anesthesia	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Maternity Care	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Applied Behavioral Analysis (ABA) Therapy Limited to ages 0-18 for autism spectrum disorders	Covered at 100% of the allowed amount, after \$40.00 physician copay	Covered at 50% of the allowed amount, subject to calendar year deductible
PREVENTIVE CARE BENEFITS		
Routine Immunizations and Preventive Services <ul style="list-style-type: none"> • See AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/SourceRxACAPreventiveDrugList for listing of specific drugs, immunizations and preventive services or call our Customer Service Department for a printed copy • Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/VaccineNetworkDrugList for more information 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Note: In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some drugs; if precertification is not obtained, no benefits are available.		
<p>Retail Prescription Prepaid Benefits</p> <p>The retail pharmacy network for the plan is ValueONE Retail Network</p> <ul style="list-style-type: none"> Locate a ValueONE Retail Network pharmacy at AlabamaBlue.com/ValueOnePharmacyLocator <p>Maintenance drugs - up to 90-day supply may be purchased but copay applies for each 30-day supply</p> <p>Prescription drugs (other than maintenance drugs) - up to a 30-day supply</p> <ul style="list-style-type: none"> Some copays combined for diabetic supplies View the SourceRx 2.0 drug list that apply to the plan at AlabamaBlue.com/SourceRx2DrugList4T <p>The only in-network pharmacy for some Tier 4 (specialty) drugs is the Pharmacy Select Network</p> <ul style="list-style-type: none"> Tier 4 (specialty) drugs can be dispensed for up to a 30-day supply View the Specialty Drug List at AlabamaBlue.com/SelfAdministeredSpecialtyDrugList 	<p>Covered at 100% of the allowed amount, subject to the following copays for a 30 day supply for each prescription</p> <p>Tier 1 Drugs: \$20 copay per prescription</p> <p>Tier 2 Drugs: \$65 copay per prescription</p> <p>Tier 3 Drugs: \$100 copay per prescription</p> <p>Tier 4 (specialty) Drugs: 50% of the allowed amount or \$350 copay per prescription</p>	<p>Not Covered</p>
<p>Mail Order Pharmacy Benefits</p> <ul style="list-style-type: none"> Up to a 90-day supply with one copay Mail Order Drugs are available through Home Delivery Network (Enroll online at AlabamaBlue.com/HomeDeliveryNetwork or call 1-800-391-1886) <p>Only maintenance drugs can be purchased through this mail order pharmacy service</p> <ul style="list-style-type: none"> View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList View the SourceRx 2.0 drug list that applies to the plan at AlabamaBlue.com/SourceRx2DrugList4T <p>Note: If you have less than a 90-day supply, you will pay the same copay as a 90-day supply when using this mail order program</p>	<p>Covered at 100% of the allowed amount, subject to the following copays</p> <p>Tier 1 Drugs: \$50 copay per prescription</p> <p>Tier 2 Drugs: \$162.50 copay per prescription</p> <p>Tier 3 Drugs: \$250 copay per prescription</p> <p>Tier 4 (specialty) Drugs: Not covered</p>	<p>Not Covered</p>
BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.		
<p>Allergy Testing & Treatment</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Ambulance Service</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Participating Chiropractic Services Limited to 15 visits per member per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Durable Medical Equipment (DME)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Rehabilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Habilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Home Health and Hospice	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered
HEALTH MANAGEMENT BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.	
Chronic Condition Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and other specialized conditions.	
Baby Yourself®	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.com/BabyYourself .	
Contraceptive Management	Covers prescription contraceptives, which include: birth control pills, injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance.	
Air Medical Transport	Air medical transportation to a network hospital near home if hospitalized while traveling more than 150 miles from home; to arrange transportation, call AirMed at 1-877-872-8624.	

We cover what matters.



Visit our website at
AlabamaBlue.com

BlueCard[®] PPO Plan Benefits

**Alabama State Bar
Association Bronze Plan**
BlueCard[®] PPO

Effective August 1, 2020



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

Alabama State Bar Association
Proposed BlueCard® PPO – Bronze
August 1, 2020

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p><i>Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.</i></p>		
<p>SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Calendar Year Deductible</p> <p>The in-network and out-of-network calendar year deductibles are separate and do not apply to each other</p>	<p>\$4,000 individual; \$8,000 family</p>	<p>\$8,000 individual; \$16,000 family</p>
<p>Calendar Year Out-of-Pocket Maximum</p> <p>All deductibles, copays and coinsurance for in-network services and all deductibles, copays and coinsurance for out-of-network mental health disorders and substance abuse emergency services apply to the out-of-pocket maximum.</p>	<p>\$8,150 individual; \$16,300 family</p> <p>After you reach your Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year</p>	<p>There is no out-of-pocket maximum for out-of-network services.</p>
<p>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Precertification is required for inpatient admissions (except medical emergency services and maternity); notification within 48 hours for medical emergencies. Generally, if precertification is not obtained, no benefits are available. Call 1-800-248-2342 (toll-free) for precertification.</p>		
<p>Inpatient Hospital</p>	<p>Covered at 60% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>Note: In Alabama, available only for medical emergency services and accidental injury</p>
<p>Inpatient Physician Visits and Consultations</p>	<p>Covered at 60% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>Mental Health Disorders and Substance Abuse Services covered at 50% of the allowed amount, no copay or deductible</p>
<p>OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Precertification is required for some outpatient hospital benefits. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. If precertification is not obtained, no benefits are available.</p>		
<p>Outpatient Surgery (Including Ambulatory Surgical Centers)</p>	<p>Covered at 60% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, not covered</p>
<p>Emergency Room (Medical Emergency)</p>	<p>Covered at 60% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 60% of the allowed amount, subject to calendar year deductible</p> <p>Mental Health Disorders and Substance Abuse Services covered at 60% of the allowed amount, subject to in-network calendar year deductible</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Accident) Note: If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to Emergency Room (Medical Emergency) above.	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, and subject to calendar year deductible for services rendered within 72 hours; 50% of the allowed amount subject to calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan
Emergency Room (Physician)	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 60% of the allowed amount, subject to in-network calendar year deductible
Chemotherapy, Dialysis, IV Therapy, Outpatient Diagnostic Lab, Pathology, Radiation Therapy & X-ray	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered
PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some physician benefits. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . If precertification is not obtained, no benefits are available.		
Office Visits and Second Surgical Opinions	Covered at 100% of the allowed amount, after \$45.00 primary care physician copay or \$65.00 specialist physician copay	Covered at 50% of the allowed amount, subject to calendar year deductible
Surgery & Anesthesia	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Maternity Care	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy & X-ray	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>Applied Behavioral Analysis (ABA) Therapy</p> <p>Limited to ages 0-18 for autism spectrum disorders</p>	<p>Covered at 60% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>
PREVENTIVE CARE BENEFITS		
<p>Routine Immunizations and Preventive Services</p> <ul style="list-style-type: none"> See AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/SourceRxACAPreventiveDrugList for a listing of the specific drugs, immunizations and preventive services or call our Customer Service Department for a printed copy Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/VaccineNetworkDrugList for more information. 	<p>Covered at 100% of the allowed amount, no copay or deductible</p>	<p>Not Covered</p>
<p>Note: In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.</p>		
PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some drugs; if precertification is not obtained, no benefits are available.		
<p>Retail Prescription Prepaid Benefits</p> <p>The retail pharmacy network for the plan is ValueONE Retail Network</p> <ul style="list-style-type: none"> Locate a ValueONE Retail Network pharmacy at AlabamaBlue.com/ValueOnePharmacyLocator <p>Maintenance drugs - up to 90-day supply may be purchased but copay applies for each 30-day supply</p> <p>Prescription drugs (other than maintenance drugs) - up to a 30-day supply</p> <ul style="list-style-type: none"> Some copays combined for diabetic supplies View the SourceRx 1.0 drug list that apply to the plan at AlabamaBlue.com/SourceRx1DrugList4T <p>The only in-network pharmacy for some Tier 4 (specialty) drugs is the Pharmacy Select Network</p> <ul style="list-style-type: none"> Tier 4 (specialty) drugs can be dispensed for up to a 30-day supply View the Specialty Drug List at AlabamaBlue.com/SelfAdministeredSpecialtyDrugList 	<p>Covered at 100% of the allowed amount, subject to the following copays for a 30 day supply for each prescription</p> <p>Tier 1 Drugs: \$15 copay per prescription</p> <p>Tier 2 Drugs: \$60 copay per prescription</p> <p>Tier 3 Drugs: \$100 copay per prescription</p> <p>Tier 4 (specialty) Drugs: 50% of the allowed amount up to \$500 maximum</p>	<p>Not Covered</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>Mail Order Pharmacy Benefits</p> <ul style="list-style-type: none"> Up to a 90-day supply with one copay Mail Order Drugs are available through Home Delivery Network (Enroll online at AlabamaBlue.com/HomeDeliveryNetwork or call 1-800-391-1886) <p>Only maintenance drugs can be purchased through this mail order pharmacy service</p> <ul style="list-style-type: none"> View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList View the SourceRx 1.0 drug list that applies to the plan at AlabamaBlue.com/SourceRx1DrugList4T 	<p>Tier 1 Drugs: \$37.50 copay per prescription</p> <p>Tier 2 Drugs: \$150 copay per prescription</p> <p>Tier 3 Drugs: \$250 copay per prescription</p> <p>Tier 4 (specialty) Drugs: Not covered</p>	<p>Not Covered</p>
<p>BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.</p>		
<p>Allergy Testing & Treatment</p>	<p>Covered at 60% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Ambulance Service</p>	<p>Covered at 60% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Participating Chiropractic Services Limited to 15 visits per member per calendar year</p>	<p>Covered at 60% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, not covered</p>
<p>Durable Medical Equipment (DME)</p>	<p>Covered at 60% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Rehabilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year</p>	<p>Covered at 60% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Habilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year</p>	<p>Covered at 60% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18</p>	<p>Covered at 60% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Home Health and Hospice</p>	<p>Covered at 60% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, not covered</p>

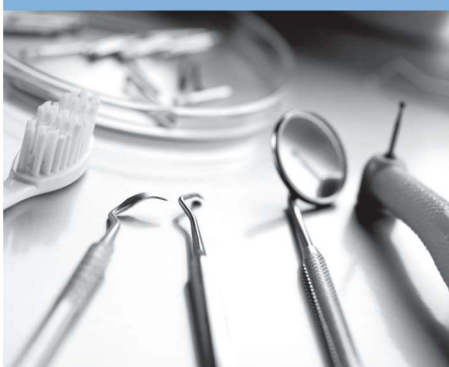
BENEFIT	IN-NETWORK	OUT-OF-NETWORK
HEALTH MANAGEMENT BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.	
Chronic Condition Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and other specialized conditions.	
Baby Yourself®	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.com/BabyYourself .	
Contraceptive Management	Covers prescription contraceptives, which include: birth control pills, injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance	
Air Medical Transport	Air medical transportation to a network hospital near home if hospitalized while traveling more than 150 miles from home; to arrange transportation, call AirMed at 1-877-872-8624.	

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, provider finder website (AlabamaBlue.com) or call 1-800-810-BLUE (2583).
- In-network hospitals, physicians and other healthcare providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard® PPO, PMD). In-network pharmacies are pharmacies that participate with Blue Cross and Blue Shield of Alabama or its Pharmacy Benefit Manager(s). In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network. Sometimes an in-network provider may furnish a service to you that is not covered under the contract between the provider and a Blue Cross and/or Blue Shield Plan. When this happens, benefits may be denied or reduced. Please refer to your benefit booklet for the type of provider network that we determine to be an in-network provider for a particular service or supply.
- 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 website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.
- Bariatric Surgery, Gastric Restrictive procedures and complications arising from these procedures are not covered under this plan. Please see your benefit booklet for more detail and for a complete listing of all plan exclusions.
- Please refer to your benefit book or contact Blue Cross directly about coverage for your hospital charges and other related medical services. Approval for air medical services does not mean that hospitalization and other medical expenses will be covered. All coverage determinations for medical benefits are subject to the terms, conditions, limitations and exclusions of the health plan. Air medical transport services are provided through a contract with AirMed International, LLC, an independent company that does not provide Blue Cross and Blue Shield of Alabama products. Blue Cross is not responsible for any mistakes, errors or omissions that AirMed, its employees or staff members make. Air medical services terminate if coverage by your health plan ends.

This is not a contract, benefit booklet or Summary Plan Description. Benefits are subject to the terms, limitations and conditions of the group contract (including your benefit booklet). Check your benefit booklet for more detailed coverage information. Please visit our website, AlabamaBlue.com.

We cover what matters.



Dental Plan Benefits



Alabama State Bar

Effective August 1, 2020

Visit our website at
AlabamaBlue.com



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

Dental Blue® 1500B

Dental Benefits

GENERAL PROVISIONS

Calendar Year Deductible	\$25 deductible per member per calendar year; \$75 family maximum.
Annual Maximum Benefits each Calendar Year	\$1,500 per member per calendar year.
Annual Maximum Benefits Rollover each Calendar Year	Plan will allow up to \$500 of unused annual maximum dollars to carry over when a member completes their diagnostic and preventive service(s) within a calendar year.
Rollover Account Maximum Limit	The rollover amount is \$1,000.

DIAGNOSTIC AND PREVENTIVE SERVICES

Covered at 100%, with no deductible.

Includes:

- Dental exams up to twice per calendar year.
- Full mouth x-rays, one set during any 36 consecutive months.
- Bitewing x-rays, up to twice per calendar year.
- Other dental x-rays, used to diagnose a specific condition.
- Routine cleanings, twice per calendar year.
- Tooth sealants on teeth numbers 3, 14, 19, and 30, limited to one application per tooth each 48 months. Benefits are limited to a maximum payment of \$20 per tooth. Limited to the first permanent molars of children through age 13.
- Fluoride treatment for children through age 18 twice per calendar year.
- Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18.

BASIC RESTORATIVE SERVICES

Covered at 100%, subject to deductible.

Includes:

- Fillings made of silver amalgam and synthetic tooth color materials (tooth color materials include composite fillings on the front upper and lower teeth numbers 5-12 and 21-28; payment allowance for composite fillings used on posterior teeth is reduced to the allowance given on amalgam fillings).
- Simple tooth extractions.
- Direct pulp capping, removal of pulp and root canal treatment.
- Repairs to crowns, inlays, onlays, veneers, fixed partial dentures and removable dentures.
- Emergency treatment for pain.

BASIC SUPPLEMENTAL SERVICES

Covered at 100%, subject to deductible.

Includes:

- Oral surgery for tooth extractions and impacted teeth and to treat mouth cysts and abscesses of the intra-oral and extra-oral soft tissue.
- General anesthesia given for oral or dental surgery. This means drugs injected or inhaled for relaxation or to lessen pain, or to make unconscious, but not analgesics, drugs given by local infiltration, or nitrous oxide.
- Treatment of the root tip of the tooth including its removal.

MAJOR PROSTHETIC SERVICES

Covered at 50%, subject to deductible.

Includes:

- Full or partial dentures.
- Fixed or removable bridges.
- Inlays, onlays, veneers or crowns to restore diseased or accidentally broken teeth, if less expensive fillings will not restore the teeth.

Note: No benefits for late enrollee until the member has been covered for a continuous 365-days

MAJOR PERIODONTIC SERVICES

Covered at 80%, subject to deductible.

Includes:

- Periodontic exams twice each 12 months.
- Removal of diseased gum tissue and reconstructing gums.
- Removal of diseased bone.
- Reconstruction of gums and mucous membranes by surgery.
- Removing plaque and calculus below the gum line for periodontal disease.

Note: No benefits for late enrollee until the member has been covered for a continuous 365-days

This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.

**Dental Blue® 1000B
Dental Benefits**

GENERAL PROVISIONS

Calendar Year Deductible	\$50 deductible per member per calendar year; \$150 family maximum.
Annual Maximum Benefits each Calendar Year	\$1,000 per member per calendar year.
Annual Maximum Benefits Rollover each Calendar Year	Plan will allow up to \$500 of unused annual maximum dollars to carry over when a member completes their diagnostic and preventive service(s) within a calendar year.
Rollover Account Maximum Limit	The rollover amount is \$1,000.

DIAGNOSTIC AND PREVENTIVE SERVICES

Covered at 100%, with no deductible.

Includes:

- Dental exams up to twice per calendar year.
- Full mouth x-rays, one set during any 36 consecutive months.
- Bitewing x-rays, up to twice per calendar year.
- Other dental x-rays, used to diagnose a specific condition.
- Routine cleanings, twice per calendar year.
- Tooth sealants on teeth numbers 3, 14, 19, and 30, limited to one application per tooth each 48 months. Benefits are limited to a maximum payment of \$20 per tooth. Limited to the first permanent molars of children through age 13.
- Fluoride treatment for children through age 18 twice per calendar year.
- Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18.

BASIC RESTORATIVE SERVICES

Covered at 100%, subject to deductible.

Includes:

- Fillings made of silver amalgam and synthetic tooth color materials (tooth color materials include composite fillings on the front upper and lower teeth numbers 5-12 and 21-28; payment allowance for composite fillings used on posterior teeth is reduced to the allowance given on amalgam fillings).
- Simple tooth extractions.
- Direct pulp capping, removal of pulp and root canal treatment.
- Repairs to crowns, inlays, onlays, veneers, fixed partial dentures and removable dentures.
- Emergency treatment for pain.

BASIC SUPPLEMENTAL SERVICES

Covered at 80%, subject to deductible.

Includes:

- Oral surgery for tooth extractions and impacted teeth and to treat mouth cysts and abscesses of the intra-oral and extra-oral soft tissue.
- General anesthesia given for oral or dental surgery. This means drugs injected or inhaled for relaxation or to lessen pain, or to make unconscious, but not analgesics, drugs given by local infiltration, or nitrous oxide.
- Treatment of the root tip of the tooth including its removal.

MAJOR PERIODONTIC SERVICES

Covered at 80%, subject to deductible.

Includes:

- Periodontic exams twice each 12 months.
- Removal of diseased gum tissue and reconstructing gums.
- Removal of diseased bone.
- Reconstruction of gums and mucous membranes by surgery.
- Removing plaque and calculus below the gum line for periodontal disease.

Note: No benefits for late enrollee until the member has been covered for a continuous 365-days

This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.

Why Everyone Needs Vision Care




Vision is more critical to a benefits package than you might think. Employees who have a vision benefit are nearly twice as satisfied with their benefits - and are more than twice as likely to say benefits are a reason they stay with their employer.¹

Employees Need Vision Care	Powerful Preventive Healthcare	Increased Employee Satisfaction
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3 in 4 adults need vision correction.²



Only **1 in 5** Americans get an annual medical exam – only half get the preventive screenings you'd expect.⁴

VSP MEMBER PROMISE SATISFACTION GUARANTEE

Your employees will be happy or we'll make it right.




1 in 4 children need vision correction.²



6 in 10 VSP members get an annual WellVision Exam.⁵

VSP doctors are often first to detect signs of diabetes

VSP members report **99%** satisfaction.⁵

9 in 10 employees say visual disturbances affect their quality of work.³



\$2,787 SAVINGS over 2 years for every employee who seeks care for diabetes after early identification.⁶



Employees satisfied with their benefits are **2X MORE LOYAL.**⁷



The right vision benefit can improve employee health and productivity, while lowering healthcare costs. Add value to your benefits package with a VSP plan.

Sources: 1. MetLife Seeing Eye to Eye on Vision Benefits, 2013; 2. Vision Council, VisionWatch December 2014; 3. Transitions 2015 Employee Perceptions of Vision Benefits survey; 4. American Journal of Preventive Medicine 2012, 42, Issue 2:164-73. 5. VSP data. 6. Human Capital Management Services, Inc. (HCMS) on behalf of VSP 2013. 7. MetLife 11th Annual study of Employee Benefits Trends, 2013.

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JOB#20651CL 04/15

VSP Choice Plan® Proposal

Prepared for Alabama Bar Association



The VSP Choice Plan is a full-service plan that offers low costs, a focus on health, and real provider choices.

Guaranteed Lowest Out-of-Pocket Costs

Our Member Promise guarantees that employees are completely satisfied with their eye care and eyewear from VSP network providers, or we'll make it right. This includes satisfaction with out-of-pocket costs, consumer's #1 priority in a vision plan. We guarantee your employees will have the lowest out-of-pocket costs for equivalent glasses with VSP network providers, compared to your current vision plan, if applicable. One of the ways we reduce patient out-of-pocket costs is by applying fixed copays toward popular lens enhancements. We're also covering standard progressives with no additional copay. Unlike most competing vision plans, we also offer a wholesale frame pricing guarantee allowing us to cover more frames.

A Focus on Health - VSP Healthy Innovations

Your benefit includes VSP Healthy Innovations, a total wellness solution that leverages the power of a VSP WellVision® exam to see beyond eye health issues. Taking this holistic approach helps identify signs of chronic conditions before they become serious, saving you money and helping your employees manage their health. This year we're even more focused on helping our members with diabetes and pre-diabetes. VSP doctors are often the first to detect chronic conditions—before other healthcare providers—including diabetes 34% of the time. Members identified in our system as having diabetes receive a complimentary reminder letter from us 14 months after their last eye exam. Every year, we see an average of 22% of these members then scheduling and receiving an exam

Real Provider Choices

Your employees can choose their provider from **98,000 access points**, including the largest national network of independent doctors and nearly 22,000 participating retail chain access points.

VSP Doctors - 91% offer early morning, evening and weekend appointments. 24-hour access to emergency care.

Participating Retail Chains¹ - Your employees get the convenience of popular retail chains like these and more.



VSP Benefits subject to applicable copays²

Exam Services	Comprehensive WellVision Exam® covered-in-full after copay		
	Contact lens exam - fitting and evaluation (when choosing contacts): Standard and Premium fit : Covered in full with a copay. Member receives 15% off ³ of contact lens exam services; ⁴ member's copay will never exceed \$60		
	Routine retinal screening covered after an up to \$39 copay ³		
Lenses	Glass or plastic:	Single vision Lined bifocal Lined trifocal Lenticular	Covered-in-full after copay Covered-in-full after copay Covered-in-full after copay Covered-in-full after copay
Frame	<ul style="list-style-type: none"> • Frames covered-in-full after copay up to the retail allowance of \$130⁵ • Frame allowance is guaranteed by a \$50 wholesale allowance at VSP doctors, ensuring nearly 12,000 frames are covered-in-full • Members who select a featured frame brand including bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more will receive an extra \$20 toward their frame allowance.⁶ • 20% off³ any amount above the retail frame allowance⁴ • Members can choose from virtually any frame on the market 		

Our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to pre-paid vision plans with a defined benefit

Lens Enhancements The most popular lens enhancements are covered after a copay, saving members an average of 20-25%⁴; members should see their VSP network provider for special pricing on additional lens enhancements. Maximum copay on standard lens enhancements:

<i>Lens Enhancement</i>	<i>Single Vision</i>	<i>Multifocal</i>
Standard progressives plastic	N/A	No copay
Premium progressives plastic	N/A	\$95-105
Custom progressives plastic	N/A	\$150-175
Standard anti-reflective coating	\$41	\$41
Solid tints & dyes (pink I&II)	No copay	No copay
Solid plastic dye (except pink I&II)	\$15	\$15
Plastic gradient dye	\$17	\$17
UV protection	\$16	\$16
Factory applied scratch-resistant coating	\$17	\$17
Polycarbonate for children	No copay	No copay
Polycarbonate	\$31	\$35
Photochromic plastic	\$75	\$75

Elective Contact Lenses (instead of lenses & frame)

- Prescription contact lens materials covered-in-full up to \$130 retail allowance
- VSP members get exclusive mail-in savings⁷ on eligible contacts at VSP doctors
- Members can choose from any available prescription contact lens materials

Necessary Contact Lenses (instead of lenses & frame)

- Covered-in-full after copay for members who have specific conditions at VSP doctors
- Covered up to \$210 after copay for members who have specific conditions at participating retail chains

Additional Pairs of Glasses⁸ 20% off³ unlimited additional pairs of prescription glasses and/or non-prescription sunglasses⁴

Primary EyeCare ProgramSM Supplemental coverage for non-surgical medical eye conditions, such as pink eye and other urgent eye care - \$20 copay⁹ per visit at VSP doctors

Laser VisionCare ProgramSM Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, and Custom LASIK¹⁰ through VSP doctors

Low Vision Supplemental testing covered every two years. 75% coverage for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years at VSP doctors

Eye Health Management Program[®] Exam reminder letters sent to VSP members with diabetes who have not had an eye exam in 14 months

Out-of-Network Benefits subject to applicable copays²

Exam Lenses:	Reimbursed up to \$45	Frame	Reimbursed up to \$70	
Single vision	Reimbursed up to \$30	Contact lens exam & materials (in lieu of lenses & frame):		
Lined bifocal	Reimbursed up to \$50			
Lined trifocal	Reimbursed up to \$65		Elective	Reimbursed up to \$105 ¹¹
Lenticular	Reimbursed up to \$100		Necessary	Reimbursed up to \$210

Exclusions¹² There may be some materials and services with either limited or no coverage under this plan. Please contact your VSP representative for more information.

¹ Participating retail chains upon request. Benefits may vary at participating retail chain locations.

² When covered-in-full services are obtained from a VSP network provider, the patient will have no out-of-pocket expense other than any applicable copays. Services and eyewear obtained through out-of-network providers are subject to product availability and the same copays and limitations. Please refer to rate page.

³ Based on applicable laws, benefits may vary by location.

⁴ Walmart and Costco published prices already include discounts instead of those noted.

⁵ Walmart and Costco allowance of \$70 is equivalent to the frame allowance at other VSP network providers.

⁶ Reflects current promotion, evaluated annually. Promotion/featured frame brands are subject to change and the promotional allowance does not apply at Walmart and Costco. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

⁷ Rebates subject to change.

⁸ 20% off applies to unlimited additional pairs of glasses valid through any VSP network provider within 12 months of the last covered eye exam.

⁹ The VSP Primary EyeCare Plan pays secondary to other medical eye insurance coverage.

¹⁰ Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser VisionCare discounts are only available from VSP-contracted facilities.

¹¹ If \$100 allowance is purchased, out-of-network providers will reimburse up to \$85.

¹² Coverage shall be governed solely by the terms of your VSP contract

Our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to pre-paid vision plans with a defined benefit

Alliance Enroll

In order to efficiently and accurately manage such a large plan, the Bar Association has engaged Alliance Enroll to administer our on-line benefits portal.

Employers will enroll, make changes and manage all aspects of their plan with an easy to use benefits portal.

EMPLOYERS CAN:

- Enroll employees quickly
- Compare and select plans
- Review coverage status for all employees
- Monitor employee enrollment status
- Find company contacts

EMPLOYEE'S CAN:

- Enroll in their benefits
- View compliance documents
- Review benefit programs



Access to quality, affordable healthcare is more important than ever. With increasing healthcare costs, it is critical we continue to provide customers with the information they need to make efficient, cost-effective choices about their healthcare providers.

That's why we created the Hospital Choice Network program. We collaborated with in-network hospitals to measure and rank them using some of the same criteria as the Centers for Medicare and Medicaid Services (CMS): quality, patient experience and cost.

Below is the result of this ranking, as of January 1, 2020. Customers will maximize their benefit by visiting a hospital categorized as a Lower Member Cost Share provider. Hospitals may also be categorized as a Higher Member Cost Share; however, these still qualify as being in-network.

NOTE: Critical Access Hospitals, Academic and Research Medical Centers, and Specialty Hospitals are considered Lower Member Cost Share providers.

Hospital Name	Category	City	County
Andalusia Regional Hospital	Lower Member Cost Share	Andalusia	Covington
Athens-Limestone Hospital	Lower Member Cost Share	Athens	Limestone
Atmore Community Hospital	Lower Member Cost Share	Atmore	Escambia
Baptist Medical Center East	Lower Member Cost Share	Montgomery	Montgomery
Baptist Medical Center South	Higher Member Cost Share	Montgomery	Montgomery
Baypointe Hospital	Specialty Hospital	Mobile	Mobile
Beacon Children's Hospital	Specialty Hospital	Luverne	Crenshaw
Bibb Medical Center	Lower Member Cost Share	Centreville	Bibb
Brookwood Medical Center	Lower Member Cost Share	Birmingham	Jefferson
Bryan W. Whitfield Memorial Hospital	Lower Member Cost Share	Demopolis	Marengo
Bullock County Hospital	Lower Member Cost Share	Union Springs	Bullock
Callahan Eye Foundation	Specialty Hospital	Birmingham	Jefferson
Children's Hospital	Specialty Hospital	Birmingham	Jefferson
Choctaw General Hospital	Critical Access Hospital	Butler	Choctaw
Citizens Baptist Medical Center	Lower Member Cost Share	Talladega	Talladega
Clay County Hospital	Lower Member Cost Share	Ashland	Clay
Community Hospital	Lower Member Cost Share	Tallasse	Elmore
Coosa Valley Medical Center	Lower Member Cost Share	Sylacauga	Talladega
Crenshaw Community Hospital	Lower Member Cost Share	Luverne	Crenshaw
Crestwood Medical Center	Lower Member Cost Share	Huntsville	Madison
Cullman Regional Medical Center	Lower Member Cost Share	Cullman	Cullman
D.W. McMillan Memorial Hospital	Lower Member Cost Share	Brewton	Escambia
Dale Medical Center	Lower Member Cost Share	Ozark	Dale
DCH Regional Medical Center	Lower Member Cost Share	Tuscaloosa	Tuscaloosa
Decatur Morgan Hospital	Lower Member Cost Share	Decatur	Morgan
DeKalb Regional Medical Center	Lower Member Cost Share	Fort Payne	DeKalb
East Alabama Medical Center	Lower Member Cost Share	Opelika	Lee
Eastpointe Hospital	Specialty Hospital	Daphne	Baldwin

Hospital Name	Category	City	County
Elmore Community Hospital	Lower Member Cost Share	Wetumpka	Elmore
Evergreen Medical Center	Lower Member Cost Share	Evergreen	Conecuh
Fayette Medical Center	Lower Member Cost Share	Fayette	Fayette
Flowers Hospital	Lower Member Cost Share	Dothan	Houston
Floyd Cherokee Medical Center	Lower Member Cost Share	Centre	Cherokee
Gadsden Regional Medical Center	Lower Member Cost Share	Gadsden	Etowah
Grandview Medical Center	Lower Member Cost Share	Birmingham	Jefferson
Greene County Hospital	Lower Member Cost Share	Eutaw	Greene
Grove Hill Memorial Hospital	Lower Member Cost Share	Grove Hill	Clarke
Hale County Hospital	Lower Member Cost Share	Greensboro	Hale
Healthsouth Lakeshore Rehab Hospital	Specialty Hospital	Birmingham	Jefferson
Healthsouth Rehab-Dothan	Specialty Hospital	Dothan	Houston
Healthsouth Rehab-Gadsden	Specialty Hospital	Gadsden	Etowah
Healthsouth Rehab-Montgomery	Specialty Hospital	Montgomery	Montgomery
Healthsouth Rehab-North Alabama	Specialty Hospital	Huntsville	Madison
Helen Keller Hospital	Lower Member Cost Share	Sheffield	Colbert
Highlands Medical Center	Higher Member Cost Share	Scottsboro	Jackson
Hill Hospital of Sumter County	Lower Member Cost Share	York	Sumter
Hill Crest Behavioral Health Services	Specialty Hospital	Birmingham	Jefferson
Huntsville Hospital	Lower Member Cost Share	Huntsville	Madison
Infirmiry Long Term Acute Care	Specialty Hospital	Mobile	Mobile
J. Paul Jones Hospital	Lower Member Cost Share	Camden	Wlicox
Jack Hughston Memorial Hospital	Lower Member Cost Share	Phenix City	Russell
Jackson Hospital & Clinic	Lower Member Cost Share	Montgomery	Montgomery
Jackson Medical Center	Lower Member Cost Share	Jackson	Clarke
L.V. Stabler Memorial Hospital	Lower Member Cost Share	Greenville	Butler
Lake Martin Community Hospital	Lower Member Cost Share	Dadeville	Tallapoosa
Lakeland Community Hospital	Lower Member Cost Share	Haleyville	Winston
Laurel Oaks Behavioral Center	Specialty Hospital	Dothan	Houston
Lawrence Medical Center	Lower Member Cost Share	Moulton	Lawrence
Marshall Medical Center	Lower Member Cost Share	Boaz	Marshall
Medical Center Barbour	Lower Member Cost Share	Eufaula	Barbour
Medical Center Enterprise	Lower Member Cost Share	Enterprise	Coffee
Mizell Memorial Hospital	Lower Member Cost Share	Opp	Covington
Mobile Bay Rehabilitation Hospital	Specialty Hospital	Daphne	Baldwin
Mobile Infirmiry	Lower Member Cost Share	Mobile	Mobile
Monroe County Hospital	Lower Member Cost Share	Monroeville	Monroe
Mountain View Hospital	Specialty Hospital	Gadsden	Etowah
Noland Hospital-Anniston	Specialty Hospital	Anniston	Calhoun
Noland Hospital-Birmingham	Specialty Hospital	Birmingham	Jefferson
Noland Hospital-Dothan	Specialty Hospital	Dothan	Houston
Noland Hospital-Montgomery	Specialty Hospital	Montgomery	Montgomery
Noland Hospital-Shelby	Specialty Hospital	Alabaster	Shelby

Hospital Name	Category	City	County
Noland Hospital-Tuscaloosa	Specialty Hospital	Tuscaloosa	Tuscaloosa
North Alabama Medical Center	Lower Member Cost Share	Florence	Lauderdale
North Baldwin Infirmary	Lower Member Cost Share	Bay Minette	Baldwin
North Mississippi Medical Center	Lower Member Cost Share	Hamilton	Marion
NE Alabama Regional Medical Center	Lower Member Cost Share	Anniston	Calhoun
Northwest Medical Center	Lower Member Cost Share	Winfield	Marion
Prattville Baptist Hospital	Lower Member Cost Share	Prattville	Autauga
Princeton Baptist Medical Center	Lower Member Cost Share	Birmingham	Jefferson
Providence Hospital	Lower Member Cost Share	Mobile	Mobile
Red Bay Hospital	Critical Access Hospital	Red Bay	Franklin
Riverview Regional Medical Center	Lower Member Cost Share	Gadsden	Etowah
Russell Medical Center	Lower Member Cost Share	Alexander City	Tallapoosa
Russellville Regional Medical Center	Lower Member Cost Share	Russellville	Franklin
Select Speciality Hospital-Birmingham	Specialty Hospital	Birmingham	Jefferson
Shelby Baptist Medical Center	Lower Member Cost Share	Alabaster	Shelby
Shoals Hospital	Higher Member Cost Share	Muscle Shoals	Colbert
South Baldwin Regional Medical Center	Lower Member Cost Share	Foley	Baldwin
Southeast Alabama Medical Center	Lower Member Cost Share	Dothan	Houston
Springhill Memorial Hospital	Lower Member Cost Share	Mobile	Mobile
St. Vincent's Birmingham	Lower Member Cost Share	Birmingham	Jefferson
St. Vincent's Blount	Critical Access Hospital	Oneonta	Blount
St. Vincent's Chilton	Lower Member Cost Share	Clanton	Chilton
St. Vincent's East	Lower Member Cost Share	Birmingham	Jefferson
St. Vincent's St. Clair	Lower Member Cost Share	Pell City	St. Clair
Stringfellow Memorial Hospital	Lower Member Cost Share	Anniston	Calhoun
Tanner Medical Center	Lower Member Cost Share	Wedowee	Russell
The Sanctuary at the Woodlands	Specialty Hospital	Cullman	Cullman
Thomas Hospital	Lower Member Cost Share	Fairhope	Baldwin
Troy Regional Medical Center	Lower Member Cost Share	Troy	Pike
University of South Alabama Medical Center	Academic and Research Medical Centers	Mobile	Mobile
University of Alabama Hospital (UAB)	Academic and Research Medical Centers	Birmingham	Jefferson
UAB Medical West	Lower Member Cost Share	Bessemer	Jefferson
USA Children's and Women's Hospital	Specialty Hospital	Mobile	Mobile
Vaughan Regional Medical Center	Lower Member Cost Share	Selma	Dallas
Walker Baptist Medical Center	Lower Member Cost Share	Jasper	Walker
Washington County Hospital	Critical Access Hospital	Chatom	Washington
Wiregrass Medical Center	Lower Member Cost Share	Geneva	Geneva

This Hospital Choice Network category status information is based on current data as of January 1, 2020.

Building a good customer experience does not happen by accident.

It happens by design.

Our goal is to exceed our members expectations and deliver value to each organization. Should you ever need us, we are here for you.



Contact Information:

Alabama Bar Association
415 Dexter Ave.
Montgomery, AL 36104
334-269-1515

Alliance Insurance Group
6730 Taylor Court
Montgomery, AL 36117
334-396-3960
albar@allianceinsgroup.com



Alabama State Bar

Group Enrollment Agreement

Plan Year:2020-2021

Company Name: _____ Date: _____

Physical Address:

Billing Address (if different than physical)

Plan Decision Maker: _____

Phone: _____

Email: _____

BillingContact: _____

Phone: _____

Email: _____

Current medical insurance provider and group number: _____

Current dental insurance provider and group number: _____

Current vision insurance provider and group number: _____

This information will be use to credit deductibles and out of pocket maximums where possible.

Benefit Selection

Medical Options:

- Gold
- Silver
- Bronze

Dental Options:

- Value
- Complete

Vision Option:

- VSP

***If you are electing more than one plan check all boxes that apply.**

Participation Requirements:

Health

Dental

Vision

Number of Eligible Employees: _____

Number of Employees Enrolled: _____

Participation Percentage: _____

- I) Working Owners Provision: Subject to the Associations plan, self-employed working owners are not permitted IF they are the only enrollee.
- II) For the purposes of this plan, Full Time Employees are employees who work on average more than 30 hours per week in accordance with the Affordable Care Act .
- III) By signature below you attest that your company will make timely payments of premium and that the administrator may take action, including cancellation if premiums are not paid.

Employers Signature: _____

Employers Name: _____

Employers Title: _____

Alliance Insurance Group Use Only

Date Received: _____ Division #'s Assigned: Health: _____ Dental: _____ Vision: _____



Alabama State Bar

Application for Enrollment or Changes for: Health, Dental and Vision

Employer Company Name		Group # 374/ 5	Employer's Phone Number	
Employee Name (Last) (First) (Initial)		Employee's Date of Birth		
Street Address		City	State	Zip
Employee's Phone Number				
CHECK ONE: <input type="checkbox"/> Male <input type="checkbox"/> Female	CHECK ONE: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Employee's Social Security Number		Date of Hire
LIST ALL ELIGIBLE DEPENDENTS TO ENROLL		SOCIAL SECURITY NUMBER		DATE OF BIRTH
LAST NAME	FIRST NAME	INITIAL	RELATIONSHIP	M D Y
1.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
2.			<input type="checkbox"/> Son <input type="checkbox"/> Daughter	
3.			<input type="checkbox"/> Son <input type="checkbox"/> Daughter	
4.			<input type="checkbox"/> Son <input type="checkbox"/> Daughter	
5.			<input type="checkbox"/> Son <input type="checkbox"/> Daughter	

NATURE OF APPLICATION – CHOOSE ONE

NEW CONTRACT APPLICATION <input type="checkbox"/> New Individual Health <input type="checkbox"/> New Family Health <input type="checkbox"/> New Individual Dental <input type="checkbox"/> New Family Dental <input type="checkbox"/> New Individual Vision <input type="checkbox"/> New Family Vision	CHANGE OF CONTRACT <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Type of Coverage Change Single to family Family to Single	ADD DEPENDENT <input type="checkbox"/> Add Spouse <input type="checkbox"/> Add Dependent Child	REMOVE DEPENDENT <input type="checkbox"/> Divorce <input type="checkbox"/> Remove all dependents <input type="checkbox"/> Remove spouse only <input type="checkbox"/> Loss of Eligibility
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EVENT AND DATE OCCURRED: (Examples: Marriage, Birth, Divorce, Death) _____ Date: _____

Do you or your dependents currently have coverage with BC/BS of AL? YES NO If yes, list your contract number. _____	Do you or your dependents have coverage with another group health plan? YES NO Ins. Co. Name _____ Contract # _____
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I apply for the Group Health Benefit Certificate or Group Agreement for which I am eligible. My application is subject to the terms and conditions of the agreement between my Group (my employer) and you (Blue Cross and Blue Shield of Alabama). If you accept this application, you will send me an ID card. My Group's contract with you is made up of 1) my Group's application to you; 2) the Group Health Benefits Certificate or Group Agreement, and 3) any written amendments to the Certificate or Group Agreement. My contract with you is made up of these three items and this and any later application by me to you. My coverage will be through this contract. I name my Group as my Group Agent or Remitting Agent. I ask my Group to pay you direct and I give my Group the right to deduct my part of your fees from my pay (if applicable). Everything I say in this application is true. I give up all rights to service if I have not told the complete truth everywhere in this application. You may take back any monies paid for me or my family and pay no more if you find I did not tell the complete truth. I understand that any misrepresentation is fraud and will be pursued to the fullest extent allowed by the law including all compensatory and punitive damages as well as costs and attorney's fees. Coverage will not begin until you accept this application in writing.

If you do not accept my application, the only thing you have to do is return any fees I paid. You may pay providers directly for service to me. I ask my doctor, hospital or anyone else to give all medical records of me or my family to you. You may release those records to anyone necessary in order to administer the contract. This applies to anyone I have listed or added. This begins now and continues as long as you need to decide about this application and process any of our claims.

I will cooperate with you. If you need information about other health policies I have, including payments by them, I will give it to you. If you need information to help you subrogate (substitute for me or a family member) or be reimbursed, I will give it to you.

I understand that if I did not enroll within 30 days of my initial eligibility or as a special enrollee, my next opportunity to enroll would be at open enrollment.

SIGNATURE OF EMPLOYER	DATE	SIGNATURE OF EMPLOYEE	DATE
<input type="checkbox"/> Health Cancel Coverage <input type="checkbox"/> Dental <input type="checkbox"/> Vision		REQUESTED START DATE	

Medical Plan Elected <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze	Dental Plan Elected <input type="checkbox"/> Complete <input type="checkbox"/> Value	Vision Plan Elected <input type="checkbox"/> VSP
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