



LOCAL GOV

health + wellness

2025 BENEFITS BOOKLET





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This benefits guide is for members enrolled in the
Local Government Health Insurance Plan
(Blue Cross and Blue Shield of Alabama Group 30000).



ABOUT LOCAL GOV

In 1993, the Local Government Health Insurance Plan (the Plan) was created by the Alabama Legislature to provide health insurance benefits for local government employees. The Plan was originally administered by the State Employees' Insurance Board from 1993 through 2014. In 2015, the Local Government Health Insurance Board (Local Gov) held its first meeting. The nine-member Board is comprised of three appointees from the Alabama League of Municipalities, three appointees from the Association of County Commissions of Alabama, one appointee from the Alabama Retired State Employees Association, and two members elected by the Plan's members.

Local Gov is responsible for the administration of the Plan, which includes designing benefits and setting premiums for over 60,000 active and retired local government employees and their dependents.

Our Mission

To provide a best-in-class, affordable healthcare program that is effectively communicated to our employer units and the members we serve, offering excellent benefits, financial soundness, and innovative approaches to improving the health and well-being of our members.

Our Vision

To enhance the health and well-being of our members and improve their quality of life.

IMPORTANT INFORMATION TO REMEMBER

Open Enrollment

November 1-November 30

Benefits & Claims Administrators

Health & Dental: Blue Cross and Blue Shield of Alabama

Prescription Drugs: Prime Therapeutics

Vision*: Southland Benefit Solutions

Dental*: Southland Benefit Solutions

Cancer*: Southland Benefit Solutions

*Voluntary coverage

Other Providers

Virta

Wondr

Doctor on Demand

Hinge Health

Find a Doctor

www.AlabamaBlue.com/FindADoctor

CONTACT US

334-851-6802 | 866-836-9137 | www.lghip.org

Virta Health, an independent company, offers a provider-led treatment program to help Blue Cross and Blue Shield of Alabama members achieve diabetes reversal.

Doctor on Demand is an independent company providing teleconsultation services to eligible members on behalf of Blue Cross and Blue Shield of Alabama.

Hinge Health is an independent company providing a digital solution to help patients with musculoskeletal pain.

Wondr Health is an independent company providing weight management services to Blue Cross and Blue Shield of Alabama members.

TruHearing is an independent company offering exclusive hearing aid savings for Southland members.

Southland and Prime Therapeutics are independent companies not affiliated with Blue Cross and Blue Shield of Alabama and do not provide Blue Cross and Blue Shield of Alabama products or services.

ENROLLMENT BASICS

Throughout this guide, a “unit” is your employer and a “member” is the employee (you).

Adding Dependents

If you get married, have kids, or gain custody of a child (qualifying life events), be sure to add them to your coverage within 60 days of the date this occurred. Otherwise, you must wait until open enrollment to add your eligible dependents to your coverage. Be sure to include your marriage certificate, birth certificate(s), or the court order that grants legal and physical custody of the dependent when you add your dependents.

If you or your dependents decline coverage due to other acceptable coverage, you can enroll in our Plan if you lose your other coverage. Proof of losing your other coverage must be provided within 60 days of the event.

Examples of qualifying life events include:

- Marriage
- Birth of a child or gain legal or physical custody of a child
- COBRA coverage (if elected) is exhausted
- Loss of eligibility (including termination, divorce, death, termination of employment, or reduction of hours of employment)
- Employer stopped contributing to coverage
- A substantial change in other acceptable coverage
- A substantial change in cost of other acceptable coverage
- Loss of coverage under Medicaid or the state Children’s Health Insurance Program (CHIP)

Please note: divorced spouses or ex-stepchildren are not eligible for coverage under our Plan, regardless of the divorce decree. Ex-stepchildren for whom you have legal and physical custody are allowed to stay on the plan with proper documentation.

If your spouse works full-time for another unit that offers our Plan, that spouse must enroll as a subscriber with their employer.

Dropping Dependents

You may only drop dependents or family coverage due to a qualifying life event or during open enrollment. Proof of the qualifying life event must be provided within 60 days of the event if you drop a dependent outside of open enrollment.

Qualifying life events to cancel family coverage or drop a dependent from coverage include, but are not limited to:

- Divorce
- Loss of custody
- Commencement of dependent employment
- Dependent’s employer has a different open enrollment than the LGHIP
- Medicare/Medicaid entitlement
- Dependent change of residence
- Dependent no longer qualifies for LGHIP coverage



Local Gov Enrollments Team:
334-851-6802 | enrollments@lghip.org

ENROLLMENT BASICS

Proof of Other Coverage

If you choose to decline or cancel coverage with our Plan, you must provide proof of other acceptable health insurance coverage. Proof of other coverage must include:

- Effective date
- Type of coverage
- Individuals covered
- Current date (within 60 days)

Retiree Enrollment Rules

If your employer provides retiree coverage, you may elect to continue your coverage as a retiree if, at the time of retirement, you have at least 10 years of coverage in our Plan (coverage not required to be continuous) and:

- A combination of 25 years or more of service with a participating unit or other service approved by Local Gov, regardless of age, or
- Are 60 years old or older, or
- Are determined to be disabled by the Social Security Administration.

If you are retiring from a unit that has been participating in our plan less than 10 years, you must have been enrolled in our Plan continuously from the date the unit joined our Plan. Only retirees who retire from active status are eligible to continue coverage as a retiree. Terminated employees are not eligible for retiree coverage.

Contact Information

To provide you with best in class benefits, make sure you keep your information current. If you move, change your name, update your phone number, notice your birthday isn't correct, or anything similar, be sure to contact your personnel department to send us the correct information.

Order New ID Cards

- **Blue Cross and Blue Shield of Alabama:** To order new Blue Cross cards, you must login to your account at www.bcbsal.com. Under the "myBlueCross" tab at the top, click on "ID Cards". You will have the option to send your ID card to a dependent or provider via email, download an image of your card to print, or order new cards. You can also order new ID cards by calling Member Customer Service at 1-800-321-4391.
- **Prime Therapeutics:** Your Blue Cross and Blue Shield card also serves as your prescription drug card. To order new Blue Cross cards, see the instructions above.
- **United Healthcare (Medicare Retirees):** To order new UnitedHealthcare cards, call 1-866-950-6558 or visit www.retiree.uhc.com/LGHIB.
- **Southland:** For new Southland cards, call 1-866-327-6674.

SUMMARY OF MEDICAL BENEFITS



An Independent Licensee of the Blue Cross and Blue Shield Association

BLUE CROSS AND BLUE SHIELD OF ALABAMA

800-321-4391 | www.bcbsal.org

	In-Network	Out-of-Network
Calendar Year Deductible	\$200 per person each calendar year Maximum of three deductibles per family	
Out-of-Pocket Maximum		
Individual Family	\$9,200 \$18,400	Do not apply to the out-of-pocket maximum.
Preventative Care		
	\$0 Copay	Covered at 80%
Office Visits		
Primary Care Physician Specialist Physician Nurse Practitioners	\$40 Copay \$50 Copay \$20 Copay	Covered at 80% Subject to \$200 deductible
Virtual Appointments Available through Doctor on Demand	\$0 Copay	Not Covered
Chiropractic Care	Covered at 80% No deductible	Covered at 80% Subject to \$200 deductible
Hospital Services		
Inpatient		
Inpatient Services	Covered at 100% Subject to \$200 deductible & \$50 per day copay for days 2-5, per admission	Covered at 80% Subject to \$200 deductible & \$50 per day copay for days 2-5, per admission
Outpatient		
Emergency Services	Covered at 100% Subject to \$200 copay	Covered at 100% Subject to \$200 copay
Diagnostic X-Rays & Tests	Covered at 100% Subject to \$100 facility copay	Covered at 80% Subject to \$200 deductible
Diagnostic Lab & Pathology	Covered at 100% Subject to \$7.50 copay per test	Covered at 80% Subject to \$200 deductible
Mental Health		
Inpatient	Covered at 100% Subject to \$200 deductible \$50 per day copay for days 2-5, per admission	Covered at 80% Subject to \$200 deductible \$50 per day copay for days 2-5, per admission
Outpatient	Covered at 100% May be subject to office copay	Covered at 80% Subject to \$200 deductible

Please refer to the Plan Handbook for full coverage information at www.lghip.org.

SUMMARY OF DENTAL BENEFITS

If applicable



An Independent Licensee of the Blue Cross and Blue Shield Association

BLUE CROSS AND BLUE SHIELD OF ALABAMA

800-321-4391 | www.bcbsal.org

Benefits	Preferred Dental Network
Deductible	\$25 per member each calendar year Maximum of three deductibles per family
Diagnostic & Preventive Services	Covered at 100% of the Preferred Dental Fee Schedule with no deductible
Basic & Major Services (Fillings, Oral Surgery, Periodontics, Endodontics, Prosthodontics)	Covered at 50% of the Preferred Dental Fee Schedule subject to a \$25 annual deductible
Orthodontic Services	Covered at 50% of the Preferred Dental Fee Schedule subject to a \$25 annual deductible. No dollar limit for medically necessary services for members under age 19. All other services limited to a separate lifetime maximum of \$1,000 per person. Coverage available to dependent children under age 19 only.
Annual Benefit Maximum	No maximum for members under age 19 \$1,500 per member age 19 and over for all covered services
Annual Out-of-Pocket Maximum	For members under age 19, deductibles and coinsurance for in-network (preferred) dental services will apply to the annual health in-network out-of-pocket maximum.

SUMMARY OF PHARMACY BENEFITS

Information about covered prescription drugs, including tier levels and our formulary, can be found at www.lghip.org.



PRIME THERAPUETICS

800-321-4391 | www.myprime.com

Prescription Drug Coverage	Cost Share	Notes
Tier 1: Generics	\$15	\$15 copay or the cost of the medication, whichever is less.
Tier 2 & 3: Preferred and non-preferred brands	20%	Member pays 100% of the cost of the drug at the point of sale and files for 80% reimbursement, subject to \$200 deductible.*
Tier 4: Certain high-cost specialty drugs and brand-name diabetic drugs	20%	Members are responsible for 20% coinsurance at the point of sale. The plan covers medications at 80%.
Specialty Medications	Filled through designated specialty pharmacies, specialty medications can be found in multiple tiers and follow the benefit structure of that tier.	

*Direct member reimbursement (DMR) claims: Members requesting claim reimbursement for preferred and non-preferred brand drugs can submit a DMR request.

Please refer to the Plan Handbook for full coverage information at www.lghip.org.

SUMMARY OF OPTIONAL SOUTHLAND BENEFITS

VISION PLAN

Voluntary Coverage

Premium	Rate
Single	\$12
Family	\$20

Vision Allowances	Benefit
Eye Exam	\$95
AND	
Frames	\$95
Lenses-Single Vision	\$100
Lenses-Bifocal	\$130
Lenses-Trifocal	\$180
Lenses-Lenticular	\$180
OR	
Refractive Surgery (Per Eye)	\$180
OR	
Contacts	\$180

Examinations: One in any plan year.

Only **one of the following** in a plan year:

- **Contacts:** One new prescription or replacement, OR
- **Frames and Lenses:** One new or replacement frame and one new lens prescription or replacement, OR
- **Refractive Surgery:** One surgery per eye.

CANCER PLAN

Voluntary Coverage

Premium	Rate
Single	\$12
Family	\$24

	Benefit
Hospital Confinement	\$350 per day for first 90 consecutive days; \$500 per day thereafter
Hospice Care	Actual charges up to max of \$250 per day; \$5,000 lifetime max
Radiation & Chemotherapy	Actual charges; \$10,000 lifetime max
Cancer Surgery	Actual charges depending on type of surgery; \$2,400 lifetime max

Please refer to the Plan Handbook for full coverage information at www.lghip.org.

DENTAL PLAN

Voluntary Coverage

Premium	Rate	Deductible
Single	\$44	\$0
Family	\$44	\$25

	Employee Only	Family Plan
Benefits per person per year	\$1,250	\$1,000
Deductible Preventative & Diagnostic	\$0	\$0
Deductible Basic & Major Services	\$0	\$25
Preventative Services Exams, Cleanings, X-rays, Emergency Visits	100%	100%
Basic & Major Services Fillings, Oral Surgery, Periodontics, Endodontics, Dentures, Crowns, General Anesthetics	80%	60%

No cost preventative services

No & low deductible plans

Basic & major services covered at 80% for employee only & 60% for family plan

Large annual benefit maximums

TRUHEARING DISCOUNT

Enrollment in either the vision or dental plan through Southland entitles the subscriber and their family to a discounted hearing network through TruHearing.

The TruHearing discount includes:

- Free online hearing screening
- 60-day, no-risk trial period
- Full 3-year manufacturer warranty
- 80 free batteries per hearing aid
- 1 year of follow-up visits

Technology Level	Average Retail Price	Average TruHearing Price
Premium	\$3,300	\$2,100
Advanced	\$2,750	\$1,650
Standard	\$2,150	\$1,250
Basic	\$2,000	\$1,100
Value	\$1,900	\$695

Sample pricing per aid

SUMMARY OF EYEMED VISION DISCOUNT PROGRAM



EYEMED

888-581-3648 | www.eyemed.com

The EyeMed Vision Discount through Blue365 offers savings on eyeglasses, contact lenses, eye exams, accessories, and laser vision correction. The EyeMed network consists of major national and regional retail locations such as LensCrafters, Pearle Vision, Target Optical, and more.

To utilize this discount at your provider's office, you'll need to provide a discount code available on your Blue 365 account. If your provider has questions or need support using the discount code, call 888-581-3648 or visit eyemedinfocus.com.

Program Features:

- Discounts on vision care services and materials
- No limit to the number of times the member can receive discounts on purchases
- Access to large provider network



To take advantage of the EyeMed Vision Network, scan the QR code or login to your myBlueCross account and click the Blue365 tab.

Vision Care Services	Cost
Exam with dilation as necessary	\$50 routine exam \$10 off contact lens fit and follow-up Complete pair of glasses purchase: frame, standard plastic lenses, and lens options must be purchased in the same transaction to receive full discount.
Frames	
Any frame available at provider location	35% off retail price
Standard Plastic Lenses	
Single-vision	\$50
Bifocal	\$70
Trifocal	\$105
Lenticular	\$105
Standard Progressive	\$135
Premium Progressive	30% off retail price
Lens Options	
UV Coating	30% off retail price
Tint (Solid and Gradient)	30% off retail price
Standard Scratch-Resistance	30% off retail price
Standard Polycarbonate	30% off retail price
Standard Anti-Reflective	30% off retail price
Other Add-Ons and Services	30% off retail price
Contact Lens Materials (Applied to materials only)	
Conventional	15% off retail price
Laser Vision Correction	
Lasik or PRK	15% off retail price or 5% off promotional price
Frequency	
Examination, Frame, Lenses, or Contact Lenses	Unlimited

SUMMARY OF MENTAL HEALTH BENEFITS

The Plan provides a variety of mental health benefits for members and covered dependents, including inpatient, outpatient, and virtual healthcare services.

Office Visit Copays:

- Licensed Professional Counselor (LPC) - \$20 copay per visit
- Psychiatric Nurse Practitioner - \$20 copay per visit
- Psychologist/Psychiatrist - \$50 copay per visit

Example of Types of Mental Health Providers:

- Licensed Professional Counselor (LPC) - A Licensed Professional Counselor has a Master's degree in psychology, counseling, or a related field. They are able to make a diagnosis and provide individual or group counseling.
- Psychiatric Nurse Practitioner - A Psychiatric Nurse Practitioner is an advanced practice registered nurse. They are qualified to make a diagnosis and can prescribe medication.
- Psychologist - A psychologist is a professional with a doctoral degree in psychology. They are able to make a diagnosis and provide individual or group counseling.
- Psychiatrist - A psychiatrist is a medical doctor that is trained in the diagnosis and treatment of mental and emotional illnesses. They are qualified to make a diagnosis and can prescribe medication.

	In-Network	Out-of-Network
Mental Health		
Inpatient	Covered at 100% Subject to \$200 deductible \$50 per day copay for days 2-5, per admission	Covered at 80% Subject to \$200 deductible \$50 per day copay for days 2-5, per admission
Outpatient	Covered at 100% May be subject to office copay	Covered at 80% Subject to \$200 deductible
Eating Disorders (Residential Treatment Facilities)	Covered at 100% Subject to \$200 deductible \$50 per day copay for days 2-5, per admission	Covered at 80% Subject to \$200 deductible \$50 per day copay for days 2-5, per admission
Intensive Outpatient Services & Partial Hospitalization for Mental Health Disorders	Covered at 100% Subject to \$100 copay per treatment	Covered at 80% Subject to \$200 deductible

Doctor on Demand is a virtual healthcare provider that can provide mental health appointments 24/7 by phone or video. Doctor on Demand utilizes U.S. board-certified doctors across the country to save you from having to visit a doctor's office. Mental health visits with Doctor on Demand are **FREE** under our plan.

Receive care for issues such as:

- Anxiety
- Borderline personality disorder
- Bipolar disorder
- Depression
- Post Traumatic Stress Disorder
- Obsessive compulsive disorder
- Stress
- Postpartum
- Grief & loss
- Cognitive behavioral therapy
- Behavioral therapy
- Family counseling
- Marriage counseling
- Couples therapy
- Eating disorders

Talk to a doctor for free with Doctor on Demand:

1. Visit www.doctorondemand.com/Alabama
2. Call 1-800-997-6196
3. Download the Doctor on Demand app





PRIME THERAPEUTICS

Pharmacy benefit manager



800-321-4391 | www.myprime.com

Prime Therapeutics (Prime) is the pharmacy benefit manager for Local Gov. To receive your medications at a retail pharmacy, please show your combined medical/pharmacy member ID card and prescription at the pharmacy. Prime’s retail pharmacy network will include thousands of retail pharmacies, including national chains and most independent pharmacies.

Prime Member Portal

Visit MyPrime.com to access helpful tools to:

- See your benefits and view prescription history
- Download forms
- Check the list of covered medicines
- Find network pharmacies
- Learn more about specialty pharmacy services
- Track prior authorizations

Accredo Specialty Pharmacy

Your plan is committed to providing a specialty pharmacy that offers the medications and support needed to manage complex health issues. Members have access to:

- Simple communication, including refill reminders, through phone, email, text or web.
- A mobile app that allows you to track prescriptions, make payments and set reminders to take your medicines.
- 500 condition-specific pharmacists and 600+ nurses, all offering one-on-one counseling.
- Free standard delivery
- 24/7 support

To contact Accredo Specialty Pharmacy toll free, call 833-715-0965.

Prescription Drug Coverage	Cost Share	Notes
Tier 1: Generics	\$15	\$15 copay or the cost of the medication, whichever is less.
Tier 2 & 3: Preferred and non-preferred brands	20%	Member pays 100% of the cost of the drug at the point of sale and files for 80% reimbursement, subject to \$200 deductible.*
Tier 4: Certain high-cost specialty drugs and brand-name diabetic drugs	20%	Members are responsible for 20% coinsurance at the point of sale. The plan covers medications at 80%.
Specialty Medications	Filled through designated specialty pharmacies, specialty medications can be found in multiple tiers and follow the benefit structure of that tier.	

**Direct member reimbursement (DMR) claims: Members requesting claim reimbursement for preferred and non-preferred brand drugs can submit a DMR request.*

Contact Prime

If you or your provider have questions about your pharmacy benefits, please call the customer service number on your Blue Cross and Blue Shield of Alabama member ID card. This is the same customer service number as your medical benefits.

Blue Cross and Blue Shield of Alabama Member Services

800-321-4391 (TTY: 711)

Monday-Friday, 7am-6pm Central Time

After-hours pharmacy calls will be directed to Prime Therapeutics.

**FREE
BENEFIT**

ANNUAL WELLNESS SCREENING

Our Plan offers free wellness screenings to help you stay on top of your number one priority: your health. We'll come to your workplace or you can visit one of many pharmacies in Alabama, your physician, or a public health department to complete your annual wellness screening.

With some quick and easy testing, you know where you stand with your cholesterol, blood pressure, glucose, and more. The wellness screening program is available to all participants and non-Medicare retirees who are enrolled in our Plan, along with their covered spouses.

Wellness screenings performed at the workplace, pharmacy, or public health department are free. Screenings may also be performed by a primary care physician or nurse practitioner, however copays may apply. For additional questions regarding wellness screenings, please contact the Local Gov Health and Wellness team.



How to Get Your Screening:

Workplace Screening

Many workplaces offer on-site screenings to easily accommodate employee work schedules.

Pharmacy or Health Department

Members can visit participating local pharmacies or their local health department* for a free screening.

**May require an appointment.*

Primary Care Physician

Your primary care physician can also perform your wellness screening.* The Provider Screening Form is required to be completed.**

**Copays may apply*

***This form can be found online under Member Forms.*



WELLNESS SCREENING

What is included in the wellness screening?

- Height
- Blood pressure
- Weight
- Glucose
- Cholesterol
- + more

Local Gov Wellness Team:

334-851-6802 | wellness@lghip.org



MY.LGHIP.ORG

Results from your wellness screening can be found online by creating an account at my.lghip.org. All prior screenings will be available in your account.

You can also review your contact information, update your email address for electronic communication, and view your coverage details on my.lghip.org.

WELLNESS EDUCATION

Health and wellness is a multi-faceted puzzle with many different pieces. While each person has individual health needs and concerns, there are a few key components to good health.



TOTAL CHOLESTEROL (TC)

Cholesterol is a fat-like substance your body requires to carry out specific metabolic functions. Excess cholesterol travels in the blood and clogs your arteries. Clogged arteries stop the flow of blood to your heart, increasing the risk of a heart attack. Cholesterol involves two types of lipoproteins: HDL and LDL. HDL is known as good cholesterol and LDL is known as bad cholesterol.

While high cholesterol can be inherited, it is most often the result of unhealthy lifestyle choices, making it both preventable and treatable. A healthy diet, regular exercise, and medication can help reduce high cholesterol.

Cardiovascular Risk Factors:

- High blood pressure
- Family or personal history of heart disease
- Obesity
- Diabetes
- Poor diet
- Tobacco usage

RISK LEVEL	TOTAL CHOLESTEROL	LDL CHOLESTEROL	HDL CHOLESTEROL	RECOMMENDATION
Normal	Less than 200	Under 100	60 or higher	Re-check at annual screening.
Borderline	200-239	100-159	40-59 (male) 50-59 (female)	Your healthcare provider will determine if treatment is necessary.
High	240 or higher	160 or higher	Under 40 (male) Under 50 (female)	Consult with a healthcare provider

**General guidelines per Cleveland Clinic*

Total cholesterol level of 250 or higher will receive a referral to see their primary care provider.

BLOOD GLUCOSE (BG)



Blood glucose is sugar in the blood. If your glucose is too high, which is also known as **hyperglycemia**, you may be at risk for diabetes. The average blood sugar is 70-100. Glucose, or sugar, comes from carbohydrates in food and drinks. Carbohydrates are the main source of energy for your body. In people without diabetes, insulin aids your body in keeping blood glucose in a healthy range. Hyperglycemia often happens due to a lack of insulin or insulin resistance, which can lead to diabetes.

Diabetes Risk Factors:

- Obesity
- High blood pressure
- Family history of diabetes

TESTING TIME	BLOOD SUGAR LEVELS
Fasting Normal	70-100
2 hours after eating	Less than 180
4 hours after eating	Less than 140

**General guidelines per American Diabetes Association*

Blood glucose readings of 200 or higher will be referred to see their primary care provider.



BLOOD PRESSURE (BP)

Blood pressure is the force of blood against the artery walls as it moves through the blood vessels.

Systolic pressure is the “upper” and largest number. This is the amount of force on the artery walls when the heart is pumping.

Diastolic pressure is the “lower” and smaller number. This is the amount of force on the artery walls when the heart is resting between beats.

BLOOD PRESSURE CATEGORY	SYSTOLIC PRESSURE		DIASTOLIC PRESSURE
Normal	Less than 120	and	Less than 80
Elevated	120-129	and	Less than 80
High Blood Pressure (Hypertension Stage 1)	130-139	or	80-89
High Blood Pressure (Hypertension Stage 2)	140 or higher	or	90 or higher
Hypertensive Crisis (Consult your physician immediately)	Higher than 180	and/or	Higher than 120

**General guidelines per American Heart Association*

Systolic readings of 160 or higher will receive a referral to see their primary care provider.

Diastolic readings of 100 or higher will receive a referral to see their primary care provider.

BODY MASS INDEX (BMI)



BMI is a calculation that assumes for any height, there is a weight that corresponds to better health.

If you are overweight, based on a BMI calculation, you may be at risk for health problems such as diabetes, coronary heart disease, and high blood pressure.

Potential health consequences of obesity:

- High blood pressure
- High cholesterol
- Type 2 diabetes
- Stroke
- Coronary heart disease
- Sleep apnea
- Chronic inflammation

BMI RANGES FOR ADULT MEN & WOMEN	
Normal	19-24
Overweight	25-29
Obese	30 or above

**General guidelines per National Heart, Lung, and Blood Institute*

BMI calculation of 40 or higher will receive a referral to see their primary care provider.

myBLUECROSS

Online benefits account

The myBlueCross online benefits account is available through Blue Cross and Blue Shield of Alabama. This member website makes it easy to view your coverage, view ID cards, check claims, and more.

1 BENEFIT SUMMARY

See where you stand at a glance on progress toward your deductible for the year.

2 ID CARDS

View and print a copy of your ID card.

3 VIEW ALL CLAIMS

Easily locate and access claim statements from your dashboard.

4 CARE REMINDERS

Stay up to date with reminders that highlights gaps in care.

Depending on coverage, each member's dashboard may look a little different.



To register for myBlueCross, visit www.alabamablue.com/mybluecross



An Independent Licensee of the Blue Cross and Blue Shield Association

The screenshot shows the myBlueCross dashboard for a user named Christina. The page is divided into several sections:

- Account Summary:** Displays the current contract (BLU123456789) and a benefit summary for Christina. It shows two progress indicators: 0.0% for the individual deductible and 21.99% for the family deductible.
- Action Items:** A section for important tasks, currently showing 0 items.
- Frequently Visited:** A list of commonly accessed pages like Claim Statements, myBlueRewards, and Care Reminders.
- Manage My Contract:** Options for ID Cards, Proof of Coverage Letter, and Self Service.
- Recent Activity:** A table of claim statements with columns for Claim Number, Patient Name, Provider, Date, and Deductible Amount.
- myBlueWellness:** A section for health reminders, including a blood sugar level gauge and a wellness scorecard.
- myBlueRewards:** A section for tracking rewards earned, with a table showing activity descriptions, dates, and amounts.

BLUE365[®]

Discount program

FREE
BENEFIT

Employees with insurance coverage through Blue Cross and Blue Shield of Alabama have access to a variety of free benefits. These benefits are designed to help you and your family live happier, healthier lives.

Blue365 is a free health and wellness discount program offered to you as a member of Blue Cross and Blue Shield of Alabama. This program offers year-round discounts on gym memberships, fitness gear, healthy eating options, and more.

- **Handpicked deals** from premium brands that you recognize.
- **Exclusive offers** only available to Blue365 members.
- **Better discounts** than other health savings programs across nearly all categories.
- **Year-round discounts** with no limited supplies and no limits on savings.

➤ APPAREL & FOOTWEAR

➤ FITNESS

➤ HEARING & VISION

➤ HOME & FAMILY

➤ NUTRITION

➤ PERSONAL CARE

➤ TRAVEL



Scan the QR code or visit blue365deals.com to take advantage of these deals!

Members must login to their myBlueCross account to access deals.

Brands and discounts are subject to change without notice.



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**FREE
BENEFIT**

VIRTA

Virtual Type 2 diabetes & prediabetes reversal program

Virta is a research-backed treatment that safely and sustainably reverses type 2 diabetes and prediabetes without the risks, costs, or side effects of medications or surgery. This program goes beyond just treating the symptoms of the disease; Virta teaches you how to eat so that your body uses fat for energy, instead of sugar/carbohydrates. This can help you naturally lower your blood sugar and reduce the need for diabetes medication. The program may also help you lose weight and live a healthier life.

Our Plan is fully covering the cost of Virta, valued at over \$3,000, for all eligible, benefits-enrolled subscribers and their spouses with type 2 diabetes or prediabetes

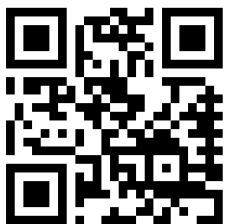
What you get on Virta:

- Virtual medical care from a physician-led team
- Unlimited one-on-one health coaching
- Free diabetes testing supplies like meters and strips, delivered right to your door
- Practical resources like recipes, food lists, and meal plans
- Access to a private online patient community

How Virta care works:

1. Submit application
2. Complete enrollment*
3. Meet your care team
4. Start nutritional changes
5. **See real change!**

*Lab work and medical clearance required



Learn more at
www.virtahealth.com/lghip
or scan the QR code today
to learn more!



Within 1 year, Virta patients see an average of:

63%	1.3pt	31 lbs
medication reduction	HbA1c reduction	weight loss



Virta is available to subscribers and spouses between the ages of 18 and 79 who are enrolled in the LGHIP. This benefit is currently being offered to those with type 2 diabetes and prediabetes. There are some serious medical conditions that would exclude patients from the Virta treatment. Start the application process now to find out if you qualify.

The information provided by Virta and/or Local Gov as part of the Virta materials and through the service, is for general informational purposes only. None of the Virta or Local Gov materials should be considered medical advice or an endorsement, representation or warranty that any particular medication or treatment is safe, appropriate, or effective for you.

**FREE
BENEFIT**

WONDR

Virtual weight loss program

Wondr is a skills-based digital weight loss program where you can eat what you love and still lose weight at **no cost to you!**

Wondr is clinically proven to help you lose weight, sleep better, stress less, and so much more. We'll teach you simple skills that are based on behavioral science.

More About Wondr

- **Not a diet.** No points, plans, or restrictions. You'll learn how to eat your favorite foods to lose weight, sleep better, stress less, and live longer.
- **Digital weight loss program.** Our entirely digital program offers intriguing, on-demand master classes like the science of eating pizza, as well as nonstop support in our Wondr app and community.
- **Science-based and clinically proven.** Born from behavioral science, Wondr has helped hundreds of thousands of people learn clinically-proven skills to improve their overall health for good.

Space is limited!

Sign up now to save your spot for the upcoming session. Visit www.wondrhealth.com/LGHIP or scan the QR code today to learn more!



Subscribers and spouses enrolled in the Plan (Blue Cross and Blue Shield of Alabama Group 30000) are eligible to apply. To successfully complete the program, you must complete 8 of the WondrSkills classes.

The information provided by Wondr and/or the Local Gov as part of the Wondr materials and through the service, is for general informational purposes only. None of the Wondr or Local Gov materials should be considered medical advice or an endorsement, representation or warranty that any particular medication or treatment is safe, appropriate, or effective for you.

BABY YOURSELF®

Maternity program

FREE
BENEFIT

One of the most important things you can provide your baby is a healthy start. Ensure that you and your baby receive the best prenatal healthcare possible by enrolling in Baby Yourself!

Baby Yourself is a free maternity program for the subscriber or covered dependents that includes:

- A personal nurse to answer questions during and after pregnancy
- Gifts and educational resources
- Information on breastfeeding
- A free app to track your pregnancy

The Baby Yourself app allows you to:

- View a timeline
- Count baby's kicks
- Count contractions
- Click to call your OB/GYN or your Baby Yourself nurse
- Baby size guide
- Weekly checklists
- Click to notify family and friends when baby is on the way!



DID YOU KNOW?

Local Gov will **waive** the hospital deductible and daily copays at delivery for those who enroll in the program. Enroll within your 1st or 2nd trimester for this benefit!



Three ways to enroll:

1. Call toll free: 1-800-222-4379
2. Enroll online:
AlabamaBlue.com/BabyYourself
3. Download the Baby Yourself app



**FREE
BENEFIT**

DOCTOR ON DEMAND

Virtual healthcare provider

Doctor on Demand by Included Health is a virtual healthcare provider that can provide urgent care, mental health, and dermatology appointments 24/7 from a phone, tablet, or computer. Doctor on Demand provides access to experienced providers to save you from having to visit a doctor's office. Visits with Doctor on Demand are **FREE** under our plan.

Receive care for issues such as:

Cold & Flu

- Cold & flu
- Pink eye
- Nausea & vomiting
- Asthma
- Fever & cough
- Sinus infections
- Headaches

Skin Conditions

- Acne
- Cellulitis
- Hives
- Rashes
- Allergies
- Sunburn

Mental Health

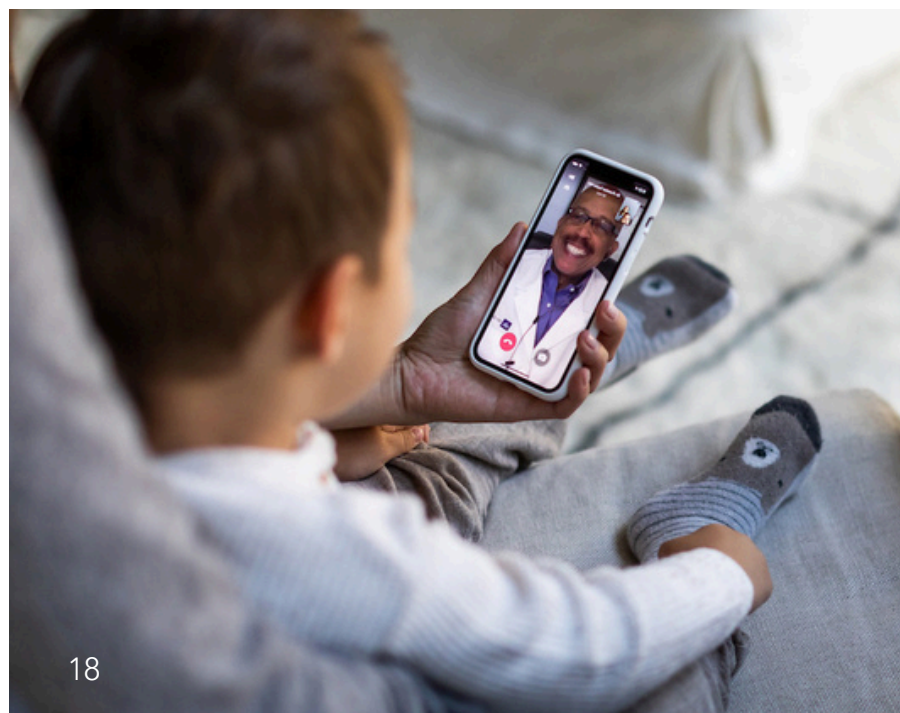
- Anxiety
- Depression
- PTSD
- Stress
- Postpartum
- Grief & loss
- Behavioral therapy
- Family counseling
- Marriage counseling
- Couples therapy

To make your first visit with Doctor on Demand quick and easy, download the app and fill out the medical history for yourself and any dependents on your plan so you won't have to worry about it when you're sick.



Talk to a doctor for free:

1. Visit www.doctorondemand.com/Alabama
2. Call 1-800-997-6196
3. Download the Doctor on Demand app

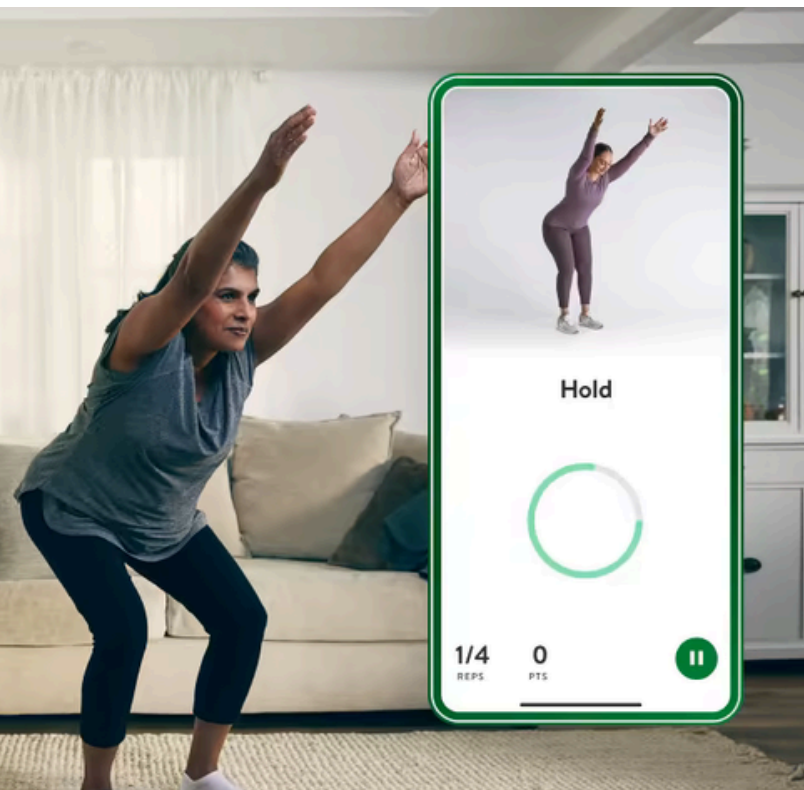


HINGE HEALTH

Digital exercise therapy program

**FREE
BENEFIT**

Hinge Health is a free benefit available for all subscribers, spouses, and dependents aged 18+ struggling with joint or muscle pain. This free online program provides a personalized program developed by physical therapists, dedicated 1-on-1 support, and convenient exercise sessions to help relieve joint, muscle pain, or improve pelvic floor strength.



A personalized program

Get unlimited exercises and stretches developed for you by physical therapists. Reduce your pain with a plan that's personalized for your needs, goals, and ability.

Dedicated 1-on-1 support

Partner with a care team that includes a qualified health coach and physical therapist. Connect via text, email, phone call, or video chat to ask questions, set goals, and more.

Convenient exercise sessions

With the Hinge Health app, you can do your exercise therapy anytime, anywhere. Plus, your exercises are designed so they can be done in about 15 minutes or less.



Clinical studies show that Hinge Health helps members relieve their back and joint pain, improve their mental wellbeing, and avoid surgery.

68%
decrease in
pain

400k
Hinge Health
members

4.9
average
app rating

Application Process

1. Apply

- Visit hinge.health/lghip-enroll to apply.
- Complete the questionnaire.
- Expect a follow up email within 24-48 hours.

2. Program Acceptance

- Receive welcome message from your care team.
- If you need items with your treatment plan, you will receive them within a few business days.

3. Begin Program

- Login to the app and begin the Hinge Health program.
- Set up an initial call with a member of your care team.

ALABAMA ALLIANCE OF YMCAS

Through your employer's partnership with the Local Gov, you are invited to take advantage of a special offer: **join the YMCA and enjoy a \$0 joining fee!**

Start enjoying membership benefits at the YMCA location(s) nearest you. Benefits, programs, and amenities vary by YMCA location.

Note: This benefit is only available at participating YMCA locations. See map for details. You must present your BCBS Group 30000 insurance card when joining.



PHYSICIAN WEIGHT MANAGEMENT PROGRAM

Our Plan will cover approved **physician-supervised weight management and nutritional counseling programs**, and will reimburse 80% of the cost of a physician-supervised weight management program and/ or nutritional counseling with no deductible. The cost cannot exceed \$150 per calendar year. Only medications dispensed or administered at the provider's office are eligible for reimbursement.

To apply for reimbursement, send your name, address, contract number, primary phone number, a copy of the program receipt(s), and program contact information to the Wellness Division mailing address below.

Note: This benefit is available through Local Gov Health and Wellness, not Blue Cross and Blue Shield of Alabama.

TOBACCO CESSATION REIMBURSEMENT PROGRAM

Our Plan provides a tobacco cessation program for its covered members. For more information about available programs, please call **Alabama's Tobacco Quitline at 1-800-QUIT-NOW (1-800-784-8669)** or visit **www.quitnowalabama.com**. Both programs offer free master's level counseling and up to four weeks of free nicotine replacement therapy patches if you are in counseling with the Quitline and do not have medical contraindications.

Our Plan will reimburse each member 80% of the cost of the program with no deductible. There is a lifetime maximum benefit of \$150. Tobacco cessation seminars and certain forms of nicotine replacement are covered services. Send your name, address, contract number, and a copy of your tobacco cessation program receipts to the Wellness Division mailing address below. Prescription medications for tobacco cessation are covered through the prescription drug program and are not subject to the \$150 lifetime maximum benefit.

Note: E-cigarettes are not eligible for reimbursement through our Plan's tobacco cessation program or as an approved tobacco cessation product. All claims must be filed with Local Gov, not Blue Cross and Blue Shield of Alabama.

To file for reimbursement:

Local Gov Health and Wellness, Wellness Division
PO Box 304901, Montgomery, AL 36130-4900

1.800.QUITNOW
QUITNOWALABAMA.COM
1-800-784-8669

Discrimination is Against the Law

The Local Government Health Insurance Board (LGHIB) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The LGHIB does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The LGHIB:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact 1-855-216-3144 or TTY: 711.

If you believe that the LGHIB has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Section 1557 Coordinator, PO Box 304901, Montgomery, Alabama, 36130; Direct: (334) 851-6802; Email: 1557Grievance@lghip.org. You can file a grievance by mail, email or in person. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Interpreter Services

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-216-3144 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-216-3144 (TTY: 711). 번으로 전화해 주십시오

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-216-3144 (TTY: 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-216-3144 (TTY: 711).

Arabic: ما تفالم والكبكم: إذا كنت تتحدث اذكر اللغة, فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-216-3144 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-216-3144 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-216-3144 (ATS: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-216-3144 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-216-3144 (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते, भाषा सहायता सेवाओं, नि: शुल्क, आप के लिए उपलब्ध हैं। कॉल 1-855-216-3144 कॉल (TTY: 711)।

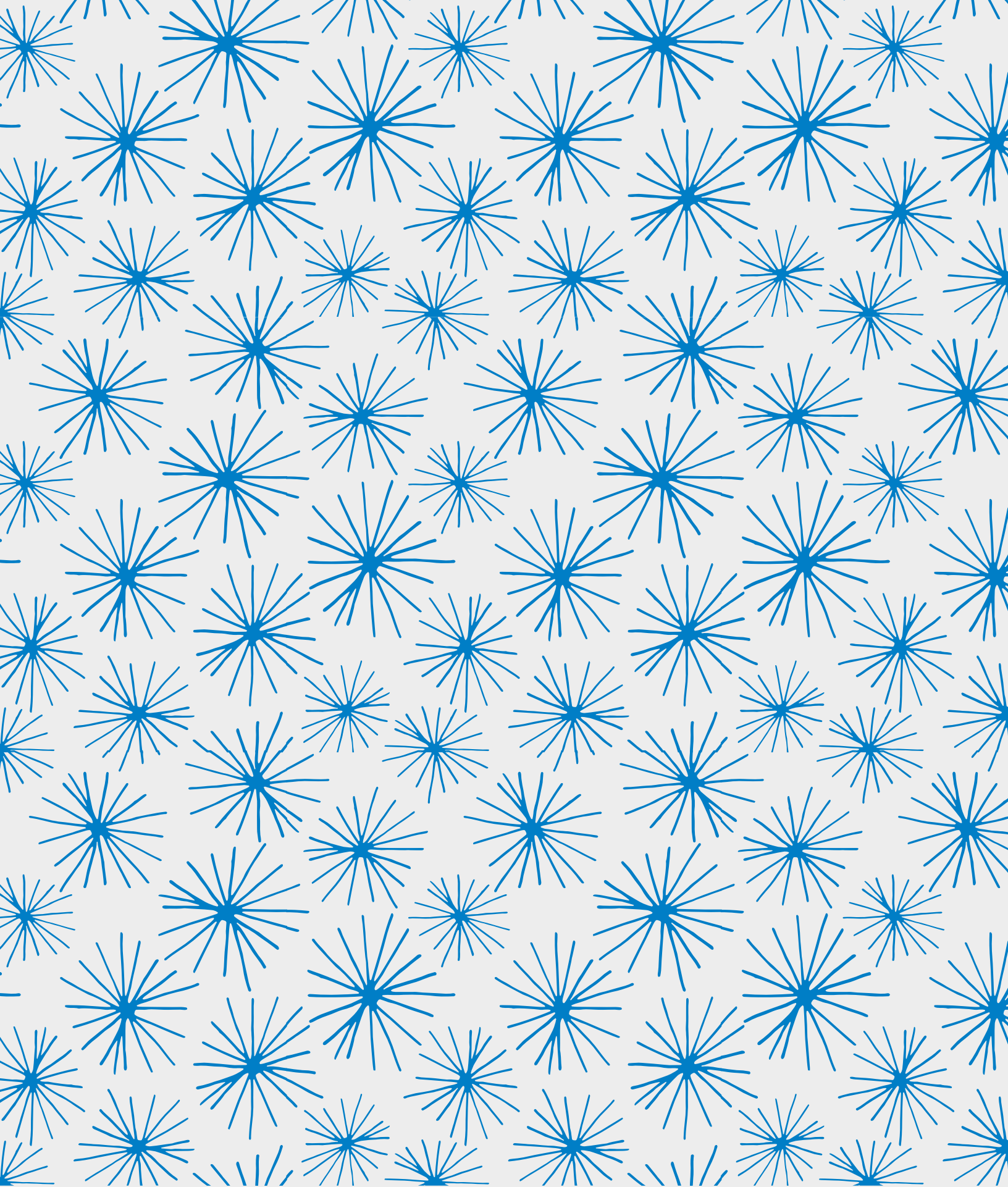
Laotian: ໂປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-216-3144 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-216-3144 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-216-3144 (TTY: 711).

Turkish: DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-216-3144 (TTY: 711) irtibat numaralarını arayın.

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます 1-855-216-3144 (TTY: 711) まで、お電話にてご連絡ください



LOCAL GOV HEALTH & WELLNESS
P.O. BOX 304901
MONTGOMERY, AL 36130

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