Local Government Health Insurance Plan

Effective January 1, 2025

BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

Local Government Health Insurance Plan
JANUARY 1, 2025

This table is a summary of benefits and is subject to all other terms and conditions of the Plan.

To maximize your benefits, seek medical services from a Preferred Provider who participates in the BlueCard® Preferred Provider Organization (PPO) Program. To find out if your provider is a PPO member, call 1-800-810-BLUE (2583) or access the Blue Cross website, **AlabamaBlue.com**. Please be aware that not all providers participating in the BlueCard® PPO Program will be recognized by Blue Cross as approved providers for the type of service being furnished as explained more fully in the "Benefit Conditions" section of the Plan book.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
INPATIENT HOSPITAL BENEFITS		
Precertification is required for inpatient admissions (except medical emergency, maternity and as required by Federal law); notification within 48 hours for medical emergencies. Generally, if precertification is not obtained, no benefits are available. Call 1-800-248-2342 for precertification.		
Inpatient Facility Coverage (including maternity)	Covered at 100% of the allowance, subject to a $200 per admission deductible and $50 copay per day for days 2-5	Covered at 80% of the allowance, subject to a $200 per admission deductible and $50 copay per day for days 2-5.
OUTPATIENT HOSPITAL BENEFITS		
Precertification is required for certain outpatient hospital benefits, including radiology services and a select group of provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. Call 1-800-248-2342 for precertification. If precertification is not obtained, no benefits are available.		
Surgery	Covered at 100% of the allowance, subject to the $100 facility copay. Certain outpatient surgeries require pre-certification, call 1-800-248-2342.	Covered at 80% of the allowance, subject to the calendar year deductible. Certain outpatient surgeries require pre-certification, call 1-800-248-2342.
Medical Emergency	Covered at 100% of the allowance, subject to the $200 facility copay for treatment of sudden and severe symptoms that require immediate medical attention and meet medical emergency guidelines. Claims with emergency room charges that do not meet medical emergency guidelines will be covered under Major Medical. Includes Mental Health Disorders and Substance Abuse services.	Covered at 100% of the allowance, subject to the $200 facility copay for treatment of sudden and severe symptoms that require immediate medical attention and meet medical emergency guidelines. Claims with emergency room charges that do not meet medical emergency guidelines will be covered under Major Medical. Includes Mental Health Disorders and Substance Abuse services.
Accidental Injury	Covered at 100% of the allowance with no deductible or copay	Covered at 100% of the allowance with no deductible or copay
Diagnostic X-rays & Tests	Covered at 100% of the allowance, subject to the $100 facility copay per visit or cost of service, whichever is less.	Covered at 80% of the allowance, subject to the calendar year deductible.
Diagnostic Lab & Pathology Certain outpatient x-rays and tests require precertification, call 1-866-803-8002.	Covered at 100% of the allowance, subject to a $7.50 copay per test.	Covered at 80% of the allowance, subject to the calendar year deductible.
Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Covered at 100% of the allowance, subject to the $25 facility copay. Dialysis performed at free standing clinics are covered under major medical services at 80%, subject to the calendar year deductible.	Covered at 80% of the allowance, subject to the calendar year deductible.
Note: In Alabama, inpatient and outpatient benefits for non-member hospitals are available only in cases of accidental injury or medical emergency and covered as an out-of-network hospital.		
PHYSICIAN / NURSE PRACTITIONER / PHYSICIAN ASSISTANT BENEFITS		
Precertification is required for a select group of provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. Call 1-800-248-2342 for precertification. If precertification is not obtained, no benefits are available. For provider-administered drugs listed on AlabamaBlue.com/Providers/HelpScript, cost share may vary based on available manufacturer assistance. Upon enrollment, cost share will be lowered or reduced to zero.		
Primary Care Physician Office Visits, Office Surgery & Outpatient Consultations	Covered at 100% of the allowance, subject to the $40 office visit copay.	Covered at 80% of the allowance, subject to the calendar year deductible.
Specialist Physician Office Visits, Office Surgery & Outpatient Consultations	Covered at 100% of the allowance, subject to the $50 office visit copay.	Covered at 80% of the allowance, subject to the calendar year deductible.
Nurse Practitioners / Nurse Midwives, Physician Assistant Office Visits, Registered Dietician, Licensed Professional Counselor, Office Surgery & Outpatient Consultations	Covered at 100% of the allowance, subject to the $20 office visit copay.	Covered at 80% of the allowance, subject to the calendar year deductible.
Physician fees for Outpatient Surgery and Anesthesia (other than in a physician's office)	Covered at 100% of the allowance; no copay or deductible	Covered at 80% of the allowance, subject to the calendar year deductible.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
Second Surgical Opinion	Covered at 100% of the allowance; no copay or deductible	Covered at 80% of the allowance, subject to the calendar year deductible.
Doctor On Demand Telemedicine A telephone and online video consultation service available to diagnose, treat and prescribe medication (when necessary) for certain medical, behavior health, and dermatology issues are available through Doctor on Demand. To enroll in the Telephone and Online Video Consultations Program, visit doctorondemand.com/alabama or call 1-800-997-6196.	Covered at 100% of the allowance; no copay or deductible	Not covered.
Emergency Room	Covered at 100% of the allowance, subject to the office visit copay. Includes Mental Health Disorders and Substance Abuse services.	Covered at 100% of the allowance, subject to the office visit copay. Includes Mental Health Disorders and Substance Abuse services.
Inpatient Visits	Covered at 100% of the allowance; no copay or deductible	Covered at 80% of the allowance, subject to the calendar year deductible.
Maternity	Covered at 100% of the allowance; no copay or deductible	Covered at 80% of the allowance, subject to the calendar year deductible.
Lab & Pathology Exams	Covered at 100% of the allowance, subject to a $7.50 copay per test.	Covered at 80% of the allowance, subject to the calendar year deductible.
Diagnostic X-rays & Tests	Covered at 100% of the allowance; no copay or deductible	Covered at 80% of the allowance, subject to the calendar year deductible.
IV Therapy, Chemotherapy & Radiation Therapy	Covered at 100% of the allowance; no copay or deductible	Covered at 80% of the allowance, subject to the calendar year deductible.
TELEHEALTH SERVICES		
Benefits are provided for Telehealth Services subject to applicable cost-sharing for in-network and out-of-network services, when services rendered are performed within the scope of the health care providers license and deemed medically necessary.		
ROUTINE PREVENTIVE CARE		
Routine Immunizations and Preventive Services	Covered at 100% of the allowance with no deductible or copay. • See **AlabamaBlue.com/preventiveservices** for a listing of the immunizations and preventive services or call the BCBS Customer Service Department at 1-800-321-4391 for a printed copy	Covered at 80% of the allowance subject to the calendar year deductible. • See **AlabamaBlue.com/preventiveservices** for a listing of the immunizations and preventive services or call Customer Service Department at 1-800-321-4391 for a printed copy
Additional Routine Preventive Services	Covered at 100% of the allowance with no deductible or copay. In addition to the standard, the following will apply: • Urinalysis (once by age 5, then once between ages 12-17) • CBC (once every 2 calendar years ages 6-17, then once every calendar year age 18 and over) • Glucose testing (once every calendar year age 18 and over) • Cholesterol testing (once every calendar year age 18 and over) • TB skin testing (once before age 1, once between ages 1-4, and once between ages 14-18)	Covered at 80% of the allowance subject to the calendar year deductible. In addition to the standard, the following will apply: • Urinalysis (once by age 5, then once between ages 12-17) • CBC (once every 2 calendar years ages 6-17, then once every calendar year age 18 and over) • Glucose testing (once every calendar year age 18 and over) • Cholesterol testing (once every calendar year age 18 and over) • TB skin testing (once before age 1, once between ages 1-4, and once between ages 14-18)
MENTAL HEALTH DISORDERS SERVICES		
Inpatient Facility Services	Covered at 100% of the allowance, subject to a $200 inpatient per admission deductible and $50 copay per days 2-5. Precertification is required.	Covered at 80% of the allowance, subject to a $200 inpatient per admission deductible and $50 copay per days 2-5. Precertification is required.
Inpatient Provider Services	Covered at 100% of the allowance, no copay or deductible.	Covered at 80% of the allowance no copay or deductible.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
LGHIP Outpatient Provider Services (See Mental Health and Substance Abuse chapter in your plan book for more information on approved LGHIP providers.)	**Approved LGHIP Facilities**: Covered at 100% of the allowance with no deductible or copay. Other copays may apply based on services rendered. **Blue Choice Behavioral Network providers:** Covered at 100% of the allowance, subject to the applicable medical provider copay.	Covered at 80% of the allowance, subject to the calendar year deductible.
Residential Treatment Facilities for treatment of Eating Disorders	Covered at 100% of the allowance, subject to a $200 inpatient per admission deductible and $50 copay per days 2-5; precertification and ongoing medical necessity review required.	Covered at 80% of the allowance, subject to a $200 inpatient per admission deductible and $50 copay per days 2-5; precertification and ongoing medical necessity review required.
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders	Covered at 100% of the allowance, subject to a $100 copay per treatment episode. Precertification is required.	Covered at 80% of the allowance, subject to the calendar year deductible. Precertification is required.
SUBSTANCE ABUSE SERVICES		
Inpatient Facility Services	Covered at 100% of the allowance, subject to a $200 inpatient per admission deductible and $50 copay per days 2-5. Precertification is required.	Covered at 80% of the allowance, subject to a $200 inpatient per admission deductible and $50 copay per days 2-5. Precertification is required.
Inpatient Provider Services	Covered at 100% of the allowance; no copay or deductible.	Covered at 80% of the allowance.
LGHIP Outpatient Provider Services (See Mental Health and Substance Abuse chapter in your plan book for more information on approved LGHIP providers.)	**Approved LGHIP Facilities:** Covered at 100% of the allowance, no copay or deductible. **Blue Choice Behavioral Network providers:** Covered at 100% of the allowance, subject to the applicable medical provider copay.	Covered at 80% of the allowance, subject to the calendar year deductible
Intensive Outpatient Services and Partial Hospitalization for Substance Abuse Services	Covered at 100% of the allowance, subject to a $100 copay per treatment episode. Precertification is required.	Covered at 80% of the allowance, subject to the calendar year deductible. Precertification is required.
MAJOR MEDICAL GENERAL PROVISIONS		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
Calendar Year Deductible	$200 per person each calendar year; maximum of three deductibles per family.	
Annual Out-of-Pocket Maximum	$9,200 individual annual out-of-pocket maximum; $18,400 family maximum. **In-Network Services:** Deductibles, copays and coinsurance for in-network services and out-of-network emergency services apply to the out-of-pocket maximum, including prescription drugs. For members up to age 19, deductibles and coinsurance for in-network dental services under the group dental benefits apply to the out-of-pocket maximum. **Out-of-Network Services:** Do not apply to the out-of-pocket maximum. After you reach your Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowance for remainder of the calendar year.	
MAJOR MEDICAL SERVICES		
Precertification is required for certain major medical services and a select group of provider administered drugs; please see the Plan book for more information. Call 1-800-248-2342 for precertification. If no precertification is obtained, no benefits are available. For provider-administered drugs listed on AlabamaBlue.com/Providers/HelpScript, cost share may vary based on available manufacturer assistance. Upon enrollment, cost share will be lowered or reduced to zero.		
Chiropractor Services	Covered at 80% of the allowance with no deductible. Precertification is required after the 18th visit.	Covered at 80% of the allowance, subject to the calendar year deductible. Member is responsible for the 20% coinsurance and any amount billed over the fee schedule. Precertification is required after the 18th visit.
Applied Behavioral Analysis (ABA) Therapy	For children 18 years or younger, covered at 100% of the allowance after $14 copay per visit. Precertification is required prior to rendering ABA therapy to determine medical necessity. Precertification is also required every six months thereafter to determine medical necessity for continued therapy. If precertification is not obtained, coverage for all services associated with subsequent visits will be denied. For a complete listing of covered services and precertification requirements, please call 1-877-563-9347.	For children 18 years or younger, covered at 80% of the allowance subject to calendar year deductible. Precertification is required prior to rendering ABA therapy to determine medical necessity. Precertification is also required every six months thereafter to determine medical necessity for continued therapy. If precertification is not obtained, coverage for all services associated with subsequent visits will be denied. For a complete listing of covered services and precertification requirements, please call 1-877-563-9347.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
Physical Therapy, Speech Therapy and Occupational Therapy related to the screening, diagnosis, and treatment of Autism Spectrum Disorder	For children 18 years or younger, covered at 80% of the allowance, subject to the calendar year deductible. Precertification is required after the 15th visit to determine the medical necessity for continued therapy. Call 1-800-248-2342 for precertification. If precertification is not obtained, coverage for all services associated with the 16th and subsequent visits will be denied.	For children 18 years or younger, covered at 80% of the allowance, subject to the calendar year deductible. Member is responsible for the 20% coinsurance and any amount billed over the fee schedule. Precertification is required after the 15th visit to determine the medical necessity for continued therapy. Call 1-800-248-2342 for precertification. If precertification is not obtained, coverage for all services associated with the 16th and subsequent visits will be denied.
Rehabilitative and Habilitative Physical Therapy, Speech Therapy and Occupational Therapy	Covered at 80% of the allowance, subject to the calendar year deductible. Precertification is required after the 15th visit to determine the medical necessity for continued therapy. Call 1-800-248-2342 for precertification. If precertification is not obtained, coverage for all services associated with the 16th and subsequent visits will be denied.	Covered at 80% of the allowance, subject to the calendar year deductible. Member is responsible for the 20% coinsurance and any amount billed over the fee schedule. Precertification is required after the 15th visit to determine the medical necessity for continued therapy. Call 1-800-248-2342 for precertification. If precertification is not obtained, coverage for all services associated with the 16th and subsequent visits will be denied.
Durable Medical Equipment	Covered at 80% of the allowance, subject to the calendar year deductible.	Covered at 80% of the allowance, subject to the calendar year deductible. Member is responsible for the 20% coinsurance and any amount billed over the fee schedule.
Ground Ambulance Services	Covered at 80% of the allowance, subject to the calendar year deductible.	Covered at 80% of the allowance, subject to the calendar year deductible. Member is responsible for the 20% coinsurance and any amount billed over the fee schedule.
Air Ambulance Services	Covered at 80% of the allowance, subject to the calendar year deductible.	Covered at 80% of the allowance, subject to the calendar year deductible.
Allergy Testing & Treatment	Covered at 80% of the allowance, subject to the calendar year deductible.	Covered at 80% of the allowance, subject to the calendar year deductible. Member is responsible for the 20% coinsurance and any amount billed over the fee schedule.
Home Health Services	Covered at 80% of the allowance, subject to the calendar year deductible, when services are rendered by a participating Home Health agency; Precertification is required; call 1-800-821-7231.	Outside Alabama: Covered at 80% of the allowance, subject to the calendar year deductible. Precertification is required; call 1-800-821-7231. In Alabama: No coverage for services rendered by a non-participating Home Health agency.
Home Infusion Services	Covered at 100% of the allowance, subject to the $25 office visit copay when services are rendered by a participating Home Infusion Service Provider; Precertification is required for provider-administered drugs; call 1-800-821-7231.	Outside Alabama: Covered at 80% of the allowance, subject to the calendar year deductible. Precertification is required for provider-administered drugs; call 1-800-821-7231. In Alabama: No coverage for services rendered by a non-participating Home Infusion Service Provider.
Diabetic Education	Covered at 100% of the allowance with no deductible; limited to five diabetic classes (in an approved diabetic education facility) per person within a six-month period for any diabetic diagnosis (not held to insulin dependent diabetics); services in excess of this maximum must be certified through case management; call 1-800-248-2342.	Not covered.
Medical Nutrition Therapy For Adults and Children, 6 hours per member per calendar year	Covered at 100% of the allowance, subject to the applicable office visit copay.	Covered at 80% of the allowance, subject to the calendar year deductible.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
PRESCRIPTION DRUGS		
PRESCRIPTION DRUGS – ACTIVE AND NON-MEDICARE MEMBERS Prescription drug benefits are administered by Prime Therapeutics. For more information, call Member Services at 1-800-321-4391 or visit the website at **myprime.com**		
Prescription Drug Benefits • The plan utilizes the Broad Select pharmacy network. See myPrime.com for a listing of participating pharmacies • Up to a 60-day supply at retail for maintenance drugs (after an initial 30-day fill) • View the **NetResults A-Series Full** drug list by visiting LGHIP.org, myPrime.com, or by calling the BCBSAL Member Services at 1-800-321-4391. • Specialty drugs can be dispensed for up to a 30-day supply. For more information contact Accredo Specialty Pharmacy at 833-715-0965	**Participating Pharmacy:** Prescription drugs will be covered at 100%, subject to the following member cost share amounts: • Tier 1 - Generic Copay Card - Copay $15. The member pays the lesser of the actual cost of the prescription or $15. Note: The deductible does not apply to this tier. Tier 1 non-maintenance drugs may be dispensed up to a 30-day supply. Tier 1 maintenance drugs may be dispensed up to a 60-day supply for one copay. • Tier 2 - Preferred Brand - Member pays 100% of the cost of the prescription at the point of sale. The member then may submit a reimbursement request with Prime to be reimbursed up to 80%. Subject to the annual deductible. Member will not be reimbursed if member paid (whether paid directly by the member, copay assistance, coupons, or a combination thereof) 20% or less of the cost of the drug at the point of sale. Receipt is required. 90-day fill available. • Tier 3 - Non-Preferred Brand - Member pays 100% of the cost of the prescription at the point of sale. The member then may submit a reimbursement request with Prime to be reimbursed up to 80%. Subject to the annual deductible. Member will not be reimbursed if member paid (whether paid directly by the member, copay assistance, coupons, or a combination thereof) 20% or less of the cost of the drug at the point of sale. Receipt is required. 90-day fill available. • Tier 4 - POS Exception List - Member pays 20% of the cost of the prescription at the point of sale and no reimbursement to the member is available. The POS Exception List includes a specific list of certain high cost, specialty drugs. It also includes a specific list of diabetic medications. Day supply is dependent upon the medication. Note: Deductible does not apply to these medications.	**Non-Participating Pharmacy**: Out-of-Network Pharmacies are not covered, and no benefits are available for prescriptions purchased at an out of network pharmacy.
HEALTH MANAGEMENT BENEFITS		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231 and press 7.	
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. For more information, please call 1-833-964-1448 and press 0.	
Baby Yourself®	A maternity program that will waive the hospital deductible and daily copays for inpatient admission at delivery. For the waived hospital deductible and daily copays to apply, the member must enroll in the Baby Yourself program within the first two trimesters of pregnancy. Members may enroll at **AlabamaBlue.com/BabyYourself**. For more information, please call 1-800-222-4379.	

Doctor on Demand by Included Health is an independent company that provides a telehealth mobile app and health services on behalf of Blue Cross and Blue Shield of Alabama.

For precertification call 1-800-248-2342. Call Blue Cross and Blue Shield of Alabama at 1-800-321-4391.

The LGHIP is a self-insured health benefits plan administered by the LGHIB. The LGHIP provides minimum essential coverage and meets the minimum value standard as defined by the Affordable Care Act. Visit the Local Government Health Insurance Board's website at www.lghip.org.

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

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Notice of Nondiscrimination

Discrimination is Against the Law

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described in 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY),1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-216-3144 (TTY: 711) or call Customer Service.ى

Arabic: انتباه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات الإضافية المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم 1-855-216-3144 (الهاتف النصي: 711) أو الاتصال بخدمة العملاء.

Chinese: 请注意：如果您说 普通话，我们可免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以易读格式向您提供信息。请拨打 1-855-216-3144（TTY 用户请拨 711）或致电客户服务部。

French: À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1 855 216 3144 (TTY : 711) ou contactez le service client.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos erhältlich. Rufen Sie +1 855 216 3144 (Durchwahl: 711) oder den Kundendienst an.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિઃશુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટેની યોગ્ય સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-216-3144 (TTY: 711) પર અથવા ગ્રાહક સેવા પર કૉલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें या ग्राहक सेवा को कॉल करें।

Japanese: ご案内：日本語を話される方には、無料の言語アシスタントサービスをご用意しております。アクセシブルな形式で情報を提供するため、補助器具や支援サービスも無料で提供しております。1-855-216-3144 (TTY: 711) もしくは、カスタマーサービスにお電話でお問合せください。

Korean: 주의: 한국어을(를) 하시면 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 제공됩니다. 1-855-216-3144(TTY: 711)로 전화하거나 고객 서비스에 문의하세요.

Lao: ໂອ້ໃຈໃສ່: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີແມ່ນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທຫາຜ່າຍບໍລິການລູກຄ້າ.

Portuguese: ATENÇÃO: Se você falar português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-216-3144 (TTY: 711) ou ligue para o Atendimento ao Cliente.

Russian: ВНИМАНИЕ. Если ваш язык русский язык, к вашим услугам бесплатная языковая помощь. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-216-3144 (TTY: 711) или обратитесь в службу поддержки клиентов.

Spanish: ATENCIÓN: Si usted habla español, hay disponibles servicios gratuitos de asistencia lingüística. También hay disponibles, de forma gratuita, ayudas y servicios auxiliares adecuados para dar información en formatos accesibles. Llame al 1-855-216-3144 (TTY: 711) o llame a Servicio al cliente.

Tagalog: ATTENTION: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga libreng serbisyo sa tulong sa wika. Available rin ang naaangkop na mga pantulong na tulong at serbisyo nang walang bayad para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-216-3144 (TTY: 711) o tumawag sa Serbisyo sa Customer.

Turkish: DİKKAT Konuşmanız durumunda Türkçe, ücretsiz dil yardımı hizmetlerinden yararlanabilirsiniz. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak sunulmaktadır. 1-855-216-3144 (TTY: 711) nolu telefonu veya Müşteri Hizmetlerini arayın.

Vietnamese: CHÚ Ý: Nếu quý vị nói tiếng việt thì dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Chúng tôi cũng có các hỗ trợ và dịch vụ phụ trợ miễn phí phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận. Vui lòng gọi số 1-855-216-3144 (TTY: 711) hoặc gọi Dịch Vụ Khách Hàng.

Local Government Health Insurance Program Benefit Plan Administered By:

Local Government Health Insurance Board
PO Box 304901
Montgomery, Alabama 36130

Phone: 1-334-851-6802
Toll-Free: 1-866-836-9137
Website: LGHIP.org

Medical Claims Administrator & Utilization Management

Blue Cross and Blue Shield of Alabama
450 Riverchase Parkway East
Birmingham, Alabama 35298

Customer Service: 1-800-321-4391
Rapid Response: 1-800-248-5123
Fraud Hot Line: 1-800-824-4391
Baby Yourself® Maternity Program: 1-800-222-4379
Case Management: 1-800-821-7231
Medical/Surgical Precertification: 1-800-248-2342
Website: AlabamaBlue.com

Pharmacy Benefit Manager

Prime Therapeutics
2900 Ames Crossing Road
Suite 200
Eagan, MN 55121

Member Services: 1-800-321-4391
TTY users call 711
Website: myprime.com

Specialty Pharmacy

Accredo Specialty Pharmacy: 833-715-0965

Group Number 30000