



# LOCAL GOV

health + wellness





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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 nearly 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 member 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: OptumRx

Vision\*: Southland Benefit Solutions

Dental\*: Southland Benefit Solutions

\*Voluntary coverage

## Other Providers

Virta

Wondr

Teladoc

Hinge Health

## Find a Doctor

[www.AlabamaBlue.com/FindADoctor](http://www.AlabamaBlue.com/FindADoctor)

# CONTACT US

334-851-6802 | 866-836-9137 | [www.lghip.org](http://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.*

*Teladoc Inc. 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 Blue Cross and Blue Shield of Alabama and Southland members.*

*Southland and OptumRx 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 paperwork that proves 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:

- 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
- Eligible employees and their dependents who lose 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 dependent works full-time for another unit that offers our Plan, that dependent 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](mailto: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](http://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.
- **OptumRx:** To order new OptumRx cards, you must login to your account at [www.optumrx.com](http://www.optumrx.com). Under the "Benefits and Claims" tab at the top, click on "ID Card". You will have the option to view your ID card online, print a temporary card, or order a new card. You can also order new ID cards by calling Customer Service at 1-844-785-1603.
- **United Healthcare (Medicare Retirees):** To order new United Healthcare cards, call 1-866-950-6558 or visit [www.uhc.com](http://www.uhc.com).
- **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   |
|--|---|--|
| <b>Calendar Year Deductible</b>  | \$200 per person each calendar year<br>Maximum of 3 deductibles per family          |  |
| <b>Out-of-Pocket Maximum</b>   |   |  |
| <b>Individual<br/>Family</b>   | \$9,450<br>\$18,900   | Do not apply to the out-of-pocket maximum.   |
| <b>Preventative Care</b>   |   |  |
|  | 100%  | 80%  |
| <b>Office Visits</b>   |   |  |
| <b>Primary Care Physician<br/>Specialist Physician<br/>Nurse Practitioners</b> | \$40 Copay<br>\$50 Copay<br>\$20 Copay  | Covered at 80%<br>Subject to \$200 deductible                                      |
| <b>Virtual Appointments</b><br>Available through Teladoc                       | 100%  | Not Covered  |
| <b>Chiropractic Care</b>   | Covered at 80%<br>No deductible   | Covered at 80%<br>Subject to \$200 deductible                                      |
| <b>Hospital Services</b>   |   |  |
| <b>Inpatient</b>   |   |  |
| <b>Inpatient Services</b>  | Covered at 100%<br>Subject to \$200 deductible &<br>\$50 per day copay for days 2-5 | Covered at 80%<br>Subject to \$200 deductible & \$50<br>per day copay for days 2-5 |
| <b>Outpatient</b>  |   |  |
| <b>Emergency Services</b>  | Covered at 100%<br>Subject to \$200 copay   | Covered at 100%<br>Subject to \$200 copay  |
| <b>Diagnostic X-Rays &amp; Tests</b>   | Covered at 100%<br>Subject to \$100 facility copay                                  | Covered at 80%<br>Subject to \$200 deductible                                      |
| <b>Diagnostic Lab &amp; Pathology</b>  | Covered at 100%<br>Subject to \$7.50 copay per test                                 | Covered at 80%<br>Subject to \$200 deductible                                      |
| <b>Mental Health</b>   |   |  |
| <b>Inpatient</b>   | Covered at 100%<br>Subject to \$200 deductible<br>\$50 per day copay for days 2-5   | Covered at 80%<br>Subject to \$200 deductible<br>\$50 per day copay for days 2-5   |
| <b>Outpatient</b>  | Covered at 100%<br>May be subject to office copay                                   | Covered at 80%<br>Subject to \$200 deductible                                      |

Please refer to the Plan Handbook for full coverage information at [www.lghip.org](http://www.lghip.org).

## SUMMARY OF DENTAL BENEFITS

*If applicable*

| Benefits  | Preferred Dental Network   |
|---|--|
| <b>Deductible</b>   | \$25 per member each calendar year<br>Maximum of three deductibles per family  |
| <b>Diagnostic &amp; Preventive Services</b>   | Covered at 100% of the Preferred Dental Fee Schedule with no deductible  |
| <b>Basic &amp; Major Services (Fillings, Oral Surgery, Periodontics, Endodontics, Prosthodontics)</b> | Covered at 50% of the Preferred Dental Fee Schedule subject to a \$25 annual deductible  |
| <b>Orthodontic Services</b>   | 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. |
|   |  |
| <b>Annual Benefit Maximum</b>   | No maximum for members under age 19<br>\$1,500 per member age 19 and over for all covered services   |
| <b>Annual Out-of-Pocket Maximum</b>   | 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](http://www.lghip.org).*

| Prescription Drug Coverage                         | Cost Share   | Notes   |
|--|--|---|
| <b>Tier 1: Generics</b>                            | \$15   | \$15 copay or the cost of the medication, whichever is less.  |
| <b>Tier 2: Preferred Brands</b>                    | 20%  | You must pay 100% of the cost of the drug. You may submit a request to receive a reimbursement of 80% once your \$200 annual deductible has been met. Submitting this claim will count toward your deductible.<br><br>Submit claims online and enroll in direct deposit for faster reimbursement. |
| <b>Tier 3: Non-Preferred Brands</b>                | 20%  |   |
| <b>Tier 4: Point-of-Sale Exception Medications</b> | 20%  | For a limited number of high-cost specialty drugs and brand name diabetic drugs, members are responsible for 20% coinsurance at the point-of-sale. Plan covers medication at 80%  |
| <b>Specialty Medications</b>                       | The only drugs available by mail order. These drugs are filled through the OptumRx Specialty Pharmacy. Specialty medications can be found in any tier (1-4) and follow the benefit structure of that tier. |   |

*Please refer to the Plan Handbook for full coverage information at [www.lghip.org](http://www.lghip.org).*

# SUMMARY OF OPTIONAL VISION PLAN

Voluntary Coverage

866-327-6674 | www.southlandbenefit.com

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

| Premium | Rate |
|---------|------|
| Single  | \$12 |
| Family  | \$20 |

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.

# SUMMARY OF OPTIONAL DENTAL PLAN

Voluntary Coverage

SOUTHLAND

|   | Employee Only | Family Plan |
|---|---------------|-------------|
| Benefits per person per year  | \$1,250       | \$1,000     |
| Deductible-Preventative & Diagnostic  | \$0           | \$0         |
| Deductible-Basic & Major  | \$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%         |

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

# SUMMARY OF HEARING DISCOUNT

Only available with Southland Dental or Vision plan



SOUTHLAND  
TRUHEARING

833-414-6907 | www.truhearing.com/southland

| 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                    |

- 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

Please refer to the Plan Handbook for full coverage information at [www.lghip.org](http://www.lghip.org).



Members who fill brand name covered drugs (Tier 2 and Tier 3) pay 100% of the drug cost at an in-network pharmacy. You can file an online claim to be reimbursed 80% of the drug cost on [www.optumrx.com](http://www.optumrx.com). The first \$200 of reimbursed funds will apply to the deductible if it has not been met for the year. After you have met your \$200 deductible, an approved claim will be processed for reimbursement.

More information about prescription drug tier levels can be found in the formulary (the covered drug list) on [www.lghip.org](http://www.lghip.org).

### Steps to submit a claim

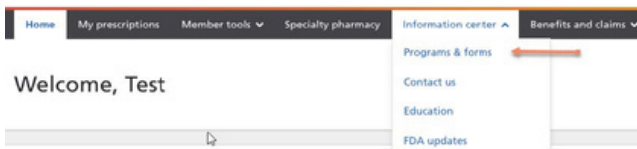
What you will need on your pharmacy receipt to submit an online claim:

- Prescription (Rx) number
- Date the prescription was filled
- Name of drug and strength
- Amount paid (do not include coupon amounts)
- Name and address of pharmacy
- Banking details (direct deposit only)
- Prescription label and cash or credit card receipt

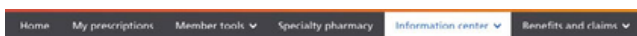
**Step 1:** Sign in to your member account at [www.optumrx.com](http://www.optumrx.com).

**Step 2:**

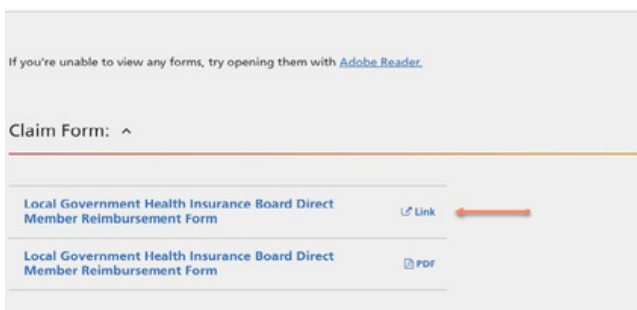
- Click *Programs and forms* in the *Information Center* dropdown menu.



- Select *LGHIB Direct Member Reimbursement* Link.



### Programs & Forms



**Step 3:**

- Start with Member information by filling out the required fields.
- Fill out prescription information by entering prescription details
- Add cash or credit card receipt and detailed pharmacy receipt. The pharmacy receipt must include:
  - Prescription (Rx) number
  - Date the prescription was filled
  - Name of drug and strength
  - Amount paid
  - Name and address of pharmacy
- Add bank information (direct deposit requests only)
- After all required fields are filled out, click *Agree and Send Securely*.

**Agree and Send Securely**

- Once completed, your online claim will be submitted for processing. Your \$200 deductible will be applied unless you have already met this deductible.
- If a reimbursement is due, a check will be mailed to the subscriber's address on file or directly deposited to your account if elected.
- Check requests will normally be received within 14 days of the request.
- Direct deposit requests will be deposited in as little as 5 business days.

# ANNUAL WELLNESS SCREENING

**FREE  
BENEFIT**

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.*



### What is included in the wellness screening?

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

**Local Gov Wellness Team:**  
334-851-6802 | [wellness@lghip.org](mailto:wellness@lghip.org)



## MY.LGHIP.ORG

Results from your wellness screening can be found online by creating an account at [my.lghip.org](http://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](http://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)<br>50-59 (female)       | Your healthcare provider will determine if treatment is necessary. |
| High       | 240 or higher     | 160 or higher   | Under 40 (male)<br>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 |
|---|-------------------|--------|--------------------|
| <b>Normal</b>   | Less than 120     | and    | Less than 80       |
| <b>Elevated</b>   | 120-129           | and    | Less than 80       |
| <b>High Blood Pressure (Hypertension Stage 1)</b>               | 130-139           | or     | 80-89              |
| <b>High Blood Pressure (Hypertension Stage 2)</b>               | 140 or higher     | or     | 90 or higher       |
| <b>Hypertensive Crisis (Consult your physician immediately)</b> | 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 |             |
|----------------------------------|-------------|
| <b>Normal</b>                    | 19-24       |
| <b>Overweight</b>                | 25-29       |
| <b>Obese</b>                     | 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.*

**FREE  
BENEFIT**

# VIRTA

## Virtual Type 2 diabetes reversal program

**Virta** is a research-backed treatment that safely and sustainably reverses type 2 diabetes 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.

### 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

Within 1 year, Virta patients see an average of:

**63%**  
medication  
reduction

**1.3pt**  
HbA1c  
reduction

**12%**  
weight loss



Learn more at [www.virtahealth.com/lghip](http://www.virtahealth.com/lghip) or scan the QR code today to learn more!



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. 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 the LGHIP as part of the Virta materials and through the service, is for general informational purposes only. None of the Virta or LGHIP 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.

### What is 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](http://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 a and/or the LGHIB as part of the Wondr materials and through the service, is for general informational purposes only. None of the Wondr or LGHIB 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. The testimonials provided are individual experiences, reflecting real life experiences. However, they are individual results and results do vary. We do not claim that they are typical results that consumers will generally achieve. The testimonials are not necessarily representative of all of those who will use the products and/or services. Always consult with a physician or other healthcare professional before starting any diet, exercise or weight loss program.

# BLUE365<sup>®</sup>

## 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

#### Apparel & Footwear:

- Crocs
- Skechers
- Reebok

#### Fitness:

- Echelon Fitness
- Les Mills
- Obe Fitness
- Fitbit

#### Hearing & Vision:

- Eye Med
- LasikPlus
- Glasses.com
- Contacts Direct
- Beltone
- TruHearing

#### Home & Family:

- Office Depot
- Invite Health
- Spot Pet Insurance
- Fetch
- Rocket Mortgage
- Philips Avent

#### Nutrition:

- KIND
- Blue Apron
- Sunbasket
- Nutrisystem
- Pendulum

#### Personal Care:

- Snow
- eMindful
- Philips Sonicare
- Symtek
- Breastpumps.com

#### Travel:

- Universal
- Walt Disney World
- Budget
- Avis
- Hertz

*Brands and discounts are subject to change without notice.*



Scan the QR code or visit [blue365deals.com](http://blue365deals.com) to take advantage of these deals!

Members must login to their *myBlueCross* account to access deals.



An Independent Licensee of the Blue Cross and Blue Shield Association

# 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](http://AlabamaBlue.com/BabyYourself)
3. Download the Baby Yourself app





# TELADOC

Virtual healthcare provider

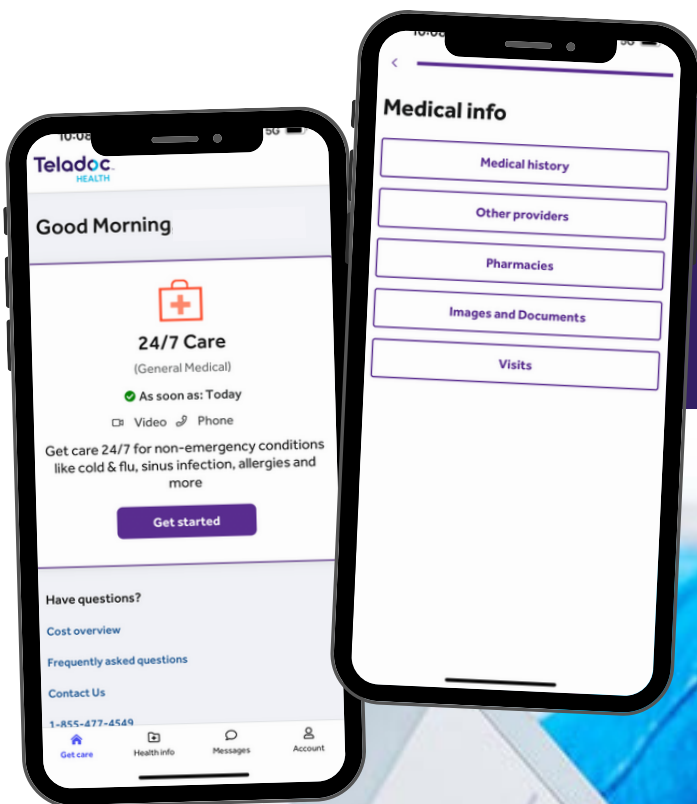
**FREE  
BENEFIT**

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

Receive affordable care for issues such as:

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Allergy
- Upset stomach
- Nausea
- + more

To make your first visit with Teladoc quick and easy, download the Teladoc 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.teladoc.com/Alabama](http://www.teladoc.com/Alabama)
2. Call 1-855-477-4549
3. Download the Teladoc app

**Teladoc**<sup>™</sup>  
HEALTH



# HINGE HEALTH

## Virtual exercise program

**FREE  
BENEFIT**

Hinge Health is a free benefit available for all subscribers, spouses, and dependents aged 18+. 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 and muscle pain.



### 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](https://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.

# 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](http://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.*

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

**To file for reimbursement:**  
Local Gov Health and Wellness  
Wellness Division  
PO Box 304901  
Montgomery, AL 36130-4900

## 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 تف المص والبكم: إذا كنت تتحدث اذكر اللغة , فإن خدمات المساعدة اللغوية تتوافر لك 3144-216-855-1 اتصل برقم (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:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, 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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