

## USA Health Plan Select P6767

Coverage For: Individual + Family Plan Type: PPO



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)		



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	0% <a href="#">coinsurance</a>	Not Covered	Benefits listed are for USA Health Network network PPO Providers subject to 80% <a href="#">coinsurance</a> and in-network overall deductible; precertification is required for coverage; precertification is obtained, no benefits are available; 60 visits per member per calendar year; benefits are also available for home infusion services
	<a href="#">Rehabilitation services</a>	0% <a href="#">coinsurance</a> & \$15 <a href="#">copay</a>	Not Covered	Benefits listed are for USA Health Network network PPO Providers subject to 80% <a href="#">coinsurance</a> and in-network overall deductible; benefits listed are for Habilitation and Rehabilitation, each service limited to 60 visits per therapy per person per calendar year; occupational, physical and speech therapy; autism diagnosis coverage is available
	<a href="#">Habilitation services</a>	0% <a href="#">coinsurance</a> & \$15 <a href="#">copay</a>	Not Covered	
	<a href="#">Skilled nursing care</a>	30% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	Benefits listed are for USA Health Network network PPO Providers subject to 80% <a href="#">coinsurance</a> and in-network overall deductible; limited to a maximum of 60 days per member per calendar year; precertification is required; precertification is obtained, no benefits are available

\* For more information about limitations and exceptions, see the

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Hearing aids
- Routine foot care
- Cosmetic surgery
- Longerm care
- Private duty nursing 1.8025/L1.615
- Dental care (Adult)
- Glasses, child

**Peg is Having a Baby**  
(9 months of in-network prenatal care and a hospital delivery)

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well controlled condition)

**Mia's Simple Fracture**  
(in-network emergency room visit and follow-up care)

The plan's overall deductible	\$25
Specialist copayment	\$15
Hospital (facility) coinsurance	0%
Other copayment/coinsurance	\$50/30%

The plan's overall deductible	\$125
Specialist copayment	\$15
Hospital (facility) coinsurance	0%
Other copayment/coinsurance	\$50/30%

This EXAMPLE event includes services like:

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
--------------------	----------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$100
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$160

The plan would be responsible for the other costs of these EXAMPLE covered services.



*Language Access Services and Notice of Nondiscrimination only apply to administrative services that Blue Cross and Blue Shield of Alabama provides to your employer.*

**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. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.**

Blue Cross and Blue Shield of Alabama:

Provides free 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 services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these 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>.

## **Foreign Language Assistance**

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

**Korean:** : , . 1-855-216-3144 (TTY: 711)

**Chinese:** 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 1-855-216-3144 (TTY: 711).

