

Employee Benefits Package

1/1/2026-12/31/2026

Blue and Gold Automotive Health Trust & Voluntary offerings



NAPA INSURANCE CENTER



AUTO PARTS



AUTO CARE



Our Commitment to You

At the NAPA Insurance Center, we believe our most valuable asset is you — our NAPA customers. That's why for almost four decades we've been committed to providing benefits and insurance products that truly meet your needs. In partnership with Alkeme, throughout the year we work closely with our trusted benefit partners to ensure we're offering the best options available for you and your employees. And as we gear up for the upcoming 2026 plan year, we're excited to share some important updates to our benefit offerings.

What's Staying the Same

Your carriers remain the same. Blue Cross, Kaiser, and MetLife will continue to provide your core health and wellness coverage. And here's some good news — there will be no increase to premiums for Dental, Vision, or MetLife products.

Plan Transitions for 2026

For medical plans, the average increase across all plans is just 5.5%, and we're keeping things simple with plan transitions:

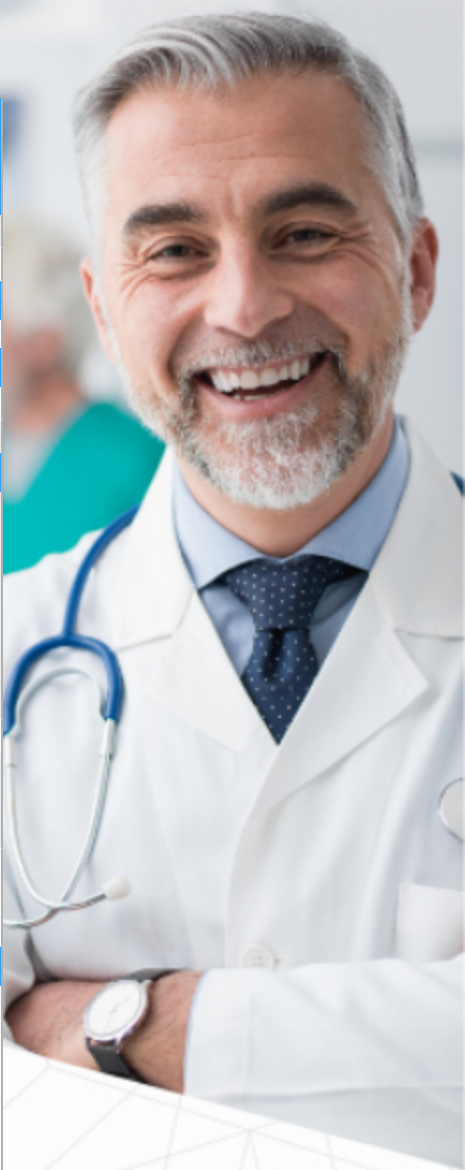
- The PPO Plan 2500 stays the same — no benefit changes.
- The PPO 3500 will be replaced with the MVP 4000.
- The PPO 4000 will be replaced with the PPO 5000.
- All plans will be offered at owner-selected contribution amounts to ensure compliance.

Additional Voluntary Options

We're also proud to offer additional voluntary options through Allstate, with no employer contribution required.

Blue Cross and Blue Shield of Alabama |

	MVP LOW ACTIVE HEALTH PLAN BLUECARD® PPO	PPO 2500 PLAN BLUECARD® PPO	BLUECARD® PPO – HSA QUALIFIED HDHP 5000
DEDUCTIBLE			
Single	\$4,000	\$2,500	\$5,000
Family	\$8,000	\$5,000	\$10,000
COINSURANCE			
Member %			
OUT OF POCKET MAXIMUM			
Single	\$6,000	\$7,000	\$8,500
Family	\$12,000	\$14,000	\$17,000
COMMONLY USED SERVICES			
Primary Care Physician Office Visit	Covered at 60% of the allowed amount subject to calendar year deductible	Covered at 100% of the allowed amount subject to \$35.00 copay for primary care physician Covered at 100% of the allowed amount subject to \$70.00 copay for specialist	Covered at 60% of the allowed amount subject to calendar year deductible
Specialist Office Visit	\$0	\$0	\$0
Urgent Care	\$0	Covered at 100% of the allowed amount subject to \$35.00 physician copay	\$0
Emergency Room	Covered at 60% of the allowed amount subject to calendar year deductible	Covered at 100% of the allowed amount subject to \$70.00 ER physician copay	Covered at 60% of the allowed amount subject to calendar year deductible
PREVENTIVE CARE			
Preventive Services	Covered at 100% of the allowed amount, no copay or deductible	Covered at 100% of the allowed amount, subject to \$35.00 copay for primary care physician Covered at 100% of the allowed amount, subject to \$70.00 copay for specialist	Covered at 60% of the allowed amount, subject to calendar year deductible
MAJOR MEDICAL EXPENSES			
Outpatient Surgery	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Inpatient Hospitalization / Surgery	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
CT scan, PT scan, MRI	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Hospital Newborn Delivery	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
PRESCRIPTION DRUG COVERAGE			
Prescription Deductible	\$0	\$0	\$0
Generic (Tier 1)	\$15	Covered at 100% of the allowed amount after \$30 copay per prescription	\$15
Brand Name (Tier 2)	\$50	Covered at 100% of the allowed amount after \$50 copay per prescription	\$50
Non-Preferred (Tier 3)	\$75	Covered at 100% of the allowed amount after \$100 copay per prescription	\$75
Specialty (Tier 4)	\$395	Covered at 100% of the allowed amount after \$395 copay per prescription	N/A



Plan Explanation

Health Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, H S A or H R A contributions, or any other relevant information employees need to know about their plan.

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Specialty (Tier 5)	\$0	\$0	\$0
Mail Order - 90 day Supply	\$0	\$0	\$0
PLAN INFORMATION			
Plan Year	2026		
Deductible Period	1/1/2026-12/31/2026		
Deductible Explanation			
Network Type			
Network Name			
Member Website	AlabamaBlue.com		
Customer Service Phone Number			



YOU'RE NEVER ALONE.

Turn to an in-network behavioral health provider in times of need.



Good mental health can improve your quality of life. It may even help you fight or prevent chronic medical conditions, such as cardiovascular disease, diabetes and obesity. That's why Blue Cross offers an extensive network of behavioral health professionals providing cost-effective, quality services.

Find an in-network behavioral health provider:

3 DIGIT CODE FOR SEARCH N5B

1. Log in to your *myBlueCross* account on **AlabamaBlue.com** or the Alabama Blue mobile app, and click *Find a Doctor*. Only your Plan's in-network providers display when you are logged in.
2. Change the Location as needed (the contract holder's address automatically populates). Then select *Behavioral Health Provider* or *Behavioral Health Facility* in the Search Term drop down menu.
3. Refine your results using the filters along the left of your screen.

-OR-

Call the customer service number on the back of your Blue Cross member ID card.

Behavioral Health providers include:*

- ▶ Psychiatrists (adult and child)
- ▶ Clinical psychologists
- ▶ Licensed clinical social workers (LCSW)
- ▶ Licensed professional counselors
- ▶ Nurse practitioners

**varies by health plan*

Maximize your benefits, and pay the lowest out-of-pocket cost.

- Over 2,100 providers in Alabama and neighboring counties
- Over 267,000 providers nationwide
- No referrals necessary**
- Providers file all claims
- No balance charges (only pay your copay or coinsurance)

***Authorization required for inpatient, residential treatment center and intensive outpatient treatment facility services*



**BlueCross BlueShield
of Alabama**

We cover what matters.

An Independent Licensee of the Blue Cross and Blue Shield Association

Take **Blue** With You

Download the **Alabama Blue** app for your mobile devices.

- View your benefits
- View a virtual ID card
- Manage contract information
- Find a doctor
- *And more...*



Compatible
with iOS
and Android



Download Now!

Available at



**BlueCross BlueShield
of Alabama**
We cover what matters.

An Independent Licensee of the Blue Cross and Blue Shield Association

There is no charge from BCBSAL to download, but rates from your wireless provider may apply. This Information is for educational purposes only and is not a substitute for personal care from a licensed physician. Please consult your physician for diagnosis and treatment options.

BlueCross BlueShield of Alabama Dental & Vision

Dental Plan

Coverage	BlueCross BlueShield of Alabama	
	In-Network Costs	Out-of-Network Costs
Individual Annual Deductible	\$50	
Family Annual Deductible	\$150	
Diagnostic work - exams, cleaning, X-rays, fluoride, sealants	No cost	80% of the service cost
Regular Restorative work - fillings, simple extractions, endodontics (root canals), periodontal work (gum disease)	80% of the service cost	60% of the service cost
Major Services - crowns, bridges & dentures	50% of the service cost	40% of the service cost
Orthodontic Services - appliances and related services	50% of the service cost	50% of the service cost
The maximum amount plan will pay towards cost of your dental services per year	\$1,500	\$1,000
Orthodontic work is covered, up to a lifetime maximum of \$1,000 per patient		

Please note: You must be under 19 years old for orthodontic benefits.

Vision Plan

Coverage	Voluntary Vision Bene its BCBS/VSP	
	In-Network Costs	Out-of-Network Costs
Exam Copay	\$10	Reimburse up to \$45 after \$10 copay
Single Vision Lenses	\$25 copay	Reimburse up to \$30 after materials copay
Bifocal Vision Lenses	\$25 copay	Reimburse up to \$50 after materials copay
Trifocal Vision Lenses	\$35 copay	Reimburse up to \$65 after materials copay
Frames	\$70 copay Plan will pay for frames that cost up to \$130. Plan will pay for featured frames that cost up to \$150. 20% Savings on the amount over allowance	Reimburse up to \$70 after materials copay
Elective contact lenses	\$130 Allowance	Reimburse up to \$105
Medically Necessary Contacts*	\$25 copay	Reimburse up to \$210
Service frequencies: exams and lenses once every 12 months, frames every 24 months		

* Medically necessary contact lenses are determined at the provider's discretion. If your provider considers your contacts necessary, you should ask your provider to contact BCBS vision to confirm this before you purchase your contacts.



Allstate[®] BENEFITS

24-hour protection for
medical treatment and
services due to an
accidental injury

Accident Insurance

You don't know when an accident will happen, and you don't know how much it may cost. Hospital stays, medical treatment, follow-up visits and other expenses can all add up quickly. Your major medical insurance may not cover everything, but Allstate Benefits Accident Insurance can help.

Accident Insurance from Allstate Benefits pays in addition to any other coverage that you have. Benefits are paid directly to you and you decide how to spend them, whether it's to help cover costs left over from your major medical coverage or to help pay other daily living expenses. There are no restrictions on how your benefit is spent.

Your Benefits

Like most Accident Insurance, Allstate Benefits Accident coverage includes benefits for hospital admission and stays, medical treatment, services for accidental injuries, and more. But our protection goes well beyond the basics.

Affordable Premiums

You may wonder how our Accident Insurance premium rates are so affordable. The answer is simple: much like major medical insurance issued, our coverage is offered to most, if not all, within your workplace, or "group." This keeps your premiums affordable and offers the convenience of payroll-deducted premiums.

The Allstate Benefits Advantage

- Guaranteed Issue coverage, meaning no medical questions to answer*
- Benefits paid directly to you for medical services/treatment due to accidental injuries
- Coverage for you and your entire family is also available
- Affordable premiums available through your employer can be payroll deducted
- Portable coverage means you can take it with you if you leave your employer

With Allstate Benefits, you can receive the treatment you need to protect your finances. **Practical benefits for everyday living.[®]**

DID YOU KNOW ?



**1,054 injuries
in 10 minutes**

Every 10 minutes, 1,054 people suffer an injury severe enough to require a doctor or medical professional†



**85%
off-the-job**

More than 85% of medically-consulted injuries suffered by workers occurred off the job†

Offered through NAPA Insurance:



*Please refer to the Exclusions and Limitations section of this brochure.

†National Safety Council, Injury Facts[®], 2022 Edition.

Meet Joe

Joe, his wife, and their two young children lead an active lifestyle, with participation in lots of children's sports teams and friendly pickup games at the neighborhood park and community center.

Joe's employer offers Accident Insurance from Allstate Benefits during their annual open enrollment period, and Joe selects family coverage. The decision helps give him peace of mind because he knows that in the event of an accidental injury, he will have help covering some of the medical costs.



Joe's story of injury and treatment for a broken leg turned into a happy ending, because he had Accident Insurance to help with his expenses.



COVERAGE

Joe chose Accident benefits offered through his employer during his annual enrollment to help protect his family if they suffer an accidental injury.



TREATMENT

One afternoon, Joe is playing soccer when he breaks his leg after colliding with another player. He is taken to the urgent care center and receives treatment for his injury.

Here's Joe's treatment path:

- Taken by ambulance to an urgent care center
- Examined by a doctor and X-rays were taken
- Diagnosed with a fracture of the tibia and fibula and admitted for surgery to repair it
- Visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his leg for several weeks
- Seen by his doctor during a follow-up visit and sent to physical therapy to strengthen his leg and improve his mobility

Joe went online to file claims and cash benefits were direct deposited into his bank account.

Joe is back playing soccer with his buddies.



BENEFITS

Joe's Accident claim paid cash benefits for the following:

Ground Ambulance
Urgent Care Center
X-rays
Initial Hospital Admission
Daily Hospital Confinement
Dislocation or Fracture (Open Reduction)
General Anesthesia
Medical Equipment
Medical Supplies
Medication
Therapy (6 days)
Accident Physician Treatment
Accident Follow-Up Treatment

For a listing of benefits and benefit amounts, see pages 3, 4, 5 and 6.

ACCIDENT INSURANCE from Allstate Benefits

ACCIDENT FACILITY CARE BENEFITS				PLAN
Initial Hospital Admission				\$1,500
Daily Hospital Confinement (pays daily)				\$250
Intensive Care Unit Confinement (pays daily)				\$400
Rehabilitation Unit Confinement (pays daily)				\$180
ACCIDENT INJURIES BENEFITS				PLAN
Brain Injury Diagnosis				\$360
Broken Tooth				\$300
Burns (% of body surface)	2nd Degree	Less than 10%		\$157.50
		10% to 24%		\$315
		25% or more		\$1,575
	3rd Degree	Less than 10%		\$630
		10% to 24%		\$3,150
		25% or more		\$12,600
Skin Graft (% of Burns Benefit)				50%
Lacerations	With Repair (total length)	Less than 2"		\$80
		2" to 6"		\$200
		More than 6"		\$400
Without Repair				\$80
Paralysis	1 or 2 Limbs			\$10,500
	3 or 4 Limbs			\$21,000
Puncture Wound				\$25
ACCIDENT TREATMENT AND URGENT CARE BENEFITS				PLAN
Accident Follow-Up Treatment (pays daily)				\$75
Accident Physician Treatment				\$75
Ambulance	Air			\$1,250
	Ground			\$300
Urgent Care				\$125
X-ray				\$150
Emergency Room Services				\$130
Blood, Plasma or Platelets				\$510
Eye Injury				\$170
General Anesthesia				\$170
Ligament, Rotator Cuff, Tendon or Knee Cartilage Surgery	With Repair			\$850
	Without Repair			\$255
Miscellaneous Outpatient Surgery				\$170
Open Abdominal or Thoracic Surgery				\$1,700
Ruptured or Herniated Disc Surgery				\$850
Major Diagnostic Exam			up to	\$200
Pain Management (Epidural or Nerve Ablation)				\$100
TREATMENT, SUPPORT AND RECOVERY BENEFITS				PLAN
Companion Non-Local Lodging (pays daily)				\$200
Medical Equipment				\$250
Medical Supplies				\$10
Medication				\$10
Non-Local Transportation (per trip; 3 times per accident)				\$500
Post-Accident Common Carrier Transportation				\$400
Prosthetic Device	1 device			\$1,000
	2 or more devices			\$2,000
Residence/Automobile Modification				\$1,000
Therapy (pays daily; up to 10 days per accident)				\$60
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS				PLAN
Accidental Death				\$40,000
Common Carrier Accidental Death (fare-paying passenger)				\$100,000
Accidental Dismemberment†				\$40,000
Functional Loss†				\$40,000
ADDITIONAL RIDER BENEFITS				PLAN
Dislocation and Fracture Rider^				
Closed Reduction Maximum				\$4,000
Open Reduction Maximum				\$12,000
Avulsion Fracture or Chip Fracture (25% of Closed Reduction)			up to	\$1,000
Partial Dislocation (25% of Closed Reduction)			up to	\$1,000
Stress Fracture (10% of Closed Reduction)			up to	\$400
Organized Sports Activity Rider*				25%
Outpatient Physician Treatment for Accident and Preventive Care (pays daily)				\$25

Benefits are paid once per covered person per covered accident, unless otherwise noted

PLAN MONTHLY PREMIUMS

EE	EE + SP	EE + CH	F
\$5.75	\$9.94	\$13.15	\$17.34

EE = Employee

EE + SP = Employee + Spouse

EE + CH = Employee + Child(ren)

F = Family

Issue ages: 18 and Over if Actively at Work

Injury Benefit Schedule is on page 4

[†]Up to amount shown; see the "Dismemberment and Functional Loss" section of the Injury Benefit Schedule on page 4. Multiple losses from the same injury pay up to the amount shown.

[^]Up to amount shown; see Injury Benefit Schedule on page 4. Multiple losses from the same injury pay up to the maximums shown here for each type of repair (Open or Closed Reduction).

*Organized Sports Activity

Pays an additional percentage of the benefit amounts paid for: Accident Facility Care; Accident Injuries; Accident Treatment and Urgent Care; Treatment, Support and Recovery

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

WITH CLOSED or OPEN REDUCTION	PLAN	
DISLOCATION*	OPEN	CLOSED
Hip Joint	\$12,000	\$4,000
Ankle Joint; Knee Joint (except Patella); Bone or Bones of the Foot (except Toes)	\$4,800	\$1,600
Wrist Joint	\$4,200	\$1,400
Elbow Joint	\$3,600	\$1,200
Shoulder Joint	\$2,400	\$800
Bone or Bones of the Hand (except Fingers); Collarbone	\$1,800	\$600
Lower Jaw	\$1,200	\$400
Two or more Fingers or Two or more Toes	\$840	\$280
Kneecap (Patella)	\$600	\$200
One Finger or One Toe or Any other dislocation not listed above	\$360	\$120
FRACTURE*	OPEN	CLOSED
Hip; Thigh (Femur); Pelvis (except Coccyx); Skull Fracture—Depressed (except Bones of the Face or Nose)	\$12,000	\$4,000
Skull Fracture—Non-Depressed (except Bones of the Face or Nose)	\$11,400	\$3,800
Vertebral Body or Vertebral Processes	\$9,000	\$3,000
Arm, between Shoulder and Elbow (Humerus); Shoulder Blade (Scapula); Leg (Tibia or Fibula)	\$6,600	\$2,200
Ankle; Kneecap (Patella); Collarbone (Clavicle); Forearm (Radius or Ulna)	\$4,800	\$1,600
Foot (except Toes); Hand or Wrist (except Fingers)	\$4,200	\$1,400
Lower Jaw (Mandible) (except Alveolar Process)	\$2,400	\$800
Two or more Ribs, Fingers or Toes; Bones of Face (except Nose); Nose; Upper Jaw (except Alveolar Process); Sternum	\$1,800	\$600
One Rib, Finger or Toe; Coccyx; Any other fracture not listed above	\$840	\$280

*Employee, Spouse and Children receive 100% of the benefit amounts listed.

DISMEMBERMENT AND FUNCTIONAL LOSS	PLAN
Arm, Leg, Hand, Foot	\$20,000 each
Hearing or Sight (per Ear or Eye)	\$20,000
Speech	\$40,000
One or more entire Toes or Fingers	\$4,000

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access mybenefits.allstate.com

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Dependent Eligibility

Coverage may include you, your spouse and your children.

*Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid.

Benefits (subject to maximums as listed on page 3)

Services must be received within 180 days of the covered accident, unless otherwise specified.

ACCIDENT FACILITY CARE BENEFITS

Initial Hospital Admission - first admission to a hospital

Daily Hospital Confinement - maximum of 365 days over a two-year period following the covered accident

Intensive Care Unit Confinement - maximum of 180 days

Rehabilitation Unit Confinement - must be hospital-confined prior to being transferred to the rehabilitation unit. Maximum of 30 days per continuous period of rehabilitation unit confinement, up to the maximum of 60 days per calendar year

ACCIDENT INJURIES BENEFITS

Brain Injury Diagnosis - diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage

Broken Tooth - dental repair to sound natural teeth by crown, filling or extraction. One crown, filling or extraction per covered person, per accident. Not payable for injury caused by biting or chewing

Burns - treatment received within 48 hours of an accident for a 2nd or 3rd degree burn resulting from exposure to heat, electricity, radiation, friction or chemicals. Sunburns are not covered. If both 2nd and 3rd degree burns are suffered in a single accident, the benefit amount for each degree of burn is paid

Skin Graft - skin transplant to repair or treat burns on the body. A benefit must be paid under the Burns benefit

Lacerations - treatment received within three days of an accident for a cut or tear of skin/flesh. If more than one laceration in a single accident is repaired, the total length of all repaired lacerations will determine the benefit amount paid

Paralysis - complete/permanent loss of use of one or more limbs for 90 consecutive days

Puncture Wound - treatment received within three days of a piercing or penetration of the skin by a sharp object, including a needle

ACCIDENT TREATMENT AND URGENT CARE BENEFITS

Accident Follow-Up Treatment - treatment received by telemedicine consultation (doesn't include electronic mail message, fax or online questionnaire), at a doctor's office or as an outpatient in a hospital. Maximum of six days. Not paid if the Therapy benefit is paid for the same day of treatment. If treatment is eligible for payment under the Accident Follow-Up Treatment and Therapy benefits, the treatment paying the highest benefit amount is paid

Accident Physician Treatment - treatment by a doctor

Ambulance - transportation by a licensed ground or air ambulance service. Payable once per accident per year

Urgent Care - services received at an urgent care facility

X-ray - must be ordered by a doctor

Emergency Room Services - treatment in an emergency room

Blood, Plasma or Platelets - transfusion of blood products to treat an injury

Eye Injury - surgery or removal of a foreign object by a doctor. Eye exam with or without anesthesia is not surgery

General Anesthesia - administered for surgery, provided one of the certificate surgery benefits is paid

Ligament, Rotator Cuff, Tendon, or Knee Cartilage Surgery* - surgery or an exploratory arthroscopic surgical procedure to repair a torn, ruptured or severed ligament, rotator cuff, tendon, or knee cartilage

Miscellaneous Outpatient Surgery* - outpatient surgical procedures. Not paid if Eye Injury or any other surgery is paid

Open Abdominal or Thoracic Surgery* - performed by a doctor for diagnosis or repair

Ruptured or Herniated Disc Surgery* - surgical repair for a ruptured disc of the spine

Major Diagnostic Exam - CAT or CT scan, EEG, MRI, PET, or ultrasound. X-rays are not covered. If more than one exam is ordered, the exam paying the highest benefit amount is paid

Pain Management - epidural injection or nerve ablation procedure to manage pain in the body. General, regional or local anesthesia is not covered

Benefits, Continued (subject to maximums as listed on pages 3 and 4)

TREATMENT, SUPPORT AND RECOVERY BENEFITS

Companion Non-Local Lodging - each day a companion stays at a non-local lodging to be with a covered person while confined in a non-local facility more than 50 miles from their home. Maximum of 30 days

Medical Equipment - doctor-prescribed cane, crutches, supportive braces, walker, walking boot, wheelchair or scooter that aids in mobility

Medical Supplies - purchase of medical supplies

Medication - purchase of prescription or over-the-counter medication

Non-Local Transportation - when a covered person travels more than 50 miles from their home to obtain treatment not available locally. Not paid when receiving services other than non-local treatment, when someone accompanies or visits a covered person receiving non-local treatment, or when transported by air or ground ambulance

Post-Accident Common Carrier Transportation - following a three-day hospital stay more than 250 miles from the covered person's home; requires a common-carrier flight, train or bus to return home within 48 hours of discharge. Payable only if the Daily Hospital Confinement benefit is paid. Does not pay for someone to accompany the covered person

Prosthetic Device - a new or replacement of an existing prosthetic arm, eye, foot, hand, or leg. Does not include hearing aids, dental aids, false teeth, eyeglasses, artificial joints or cosmetic prostheses (including hair wigs)

Residence or Automobile Modification - permanent structural modifications made to a primary residence (by a licensed contractor) or an automobile within 365 days after a covered accident to maintain an independent lifestyle

Therapy - daily treatment for one or more of the following therapies: chiropractic; cognitive behavioral; occupational; physical; respiratory; speech; or vocational. Not paid if the Accident Follow-Up Treatment benefit is paid; if the treatment received meets the requirements for Accident Follow-Up Treatment and Therapy, the benefit paying the highest amount is paid

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Accidental Death - death caused by a covered accident

Common Carrier Accidental Death - death while traveling as a fare-paying passenger on a common carrier

Accidental Dismemberment - dismemberment(s) caused by a covered accident. If this benefit was previously paid for the loss of a finger, hand, foot or toe and a second dismemberment occurs under the same covered accident in the same area of the body within 180 days, the benefit will be reduced by the previously paid amount

Functional Loss - total and irreversible loss of hearing, sight or speech lasting at least 90 days and caused by a covered accident

ADDITIONAL RIDER BENEFITS

Dislocation and Fracture - dislocations or fractures resulting from a covered accident and listed in the schedule of benefits are covered. Multiple dislocations or fractures from the same accident are limited to the amount shown in the Benefit Amounts on page 3

Closed Reduction - non-surgical repair of a dislocation or fracture, including immobilization

Open Reduction - surgical repair of a dislocation or fracture

Avulsion Fracture - tendon or ligament pulls off a piece of bone

Chip Fracture - small fragment of bone is broken off

Partial Dislocation - joint is not completely separated

Stress Fracture - tiny cracks in bone often caused by repetitive force

Organized Sports Activity - pays for treatment of covered injuries received while participating in a regularly scheduled athletic event or team practice. An athletic event: includes formal registration; has a set of written rules; is officiated by a certified official; has a governing body overseeing it; is an amateur event; and is not for wage or profit. Treatment must be received within 180 days of a covered accident. Pays an additional percentage of the benefit amounts paid for Accident Facility Care; Accident Injuries; Accident Treatment and Urgent Care; and Treatment, Support and Recovery

Outpatient Physician Treatment for Accident and Preventive Care - pays once per day per covered person (not to exceed 2 days per covered person per calendar year) for the treatment of covered injuries or preventive care received within 180 days of a covered accident

Non-Fatal Injury Facts



42% of poisoning exposures involve children age 5 or younger, and 93% of non-fatal poisonings are adults older than 19.[†]

Non-fatal poisonings account for more than 1.7 million ER visits each year.[†]



3.2 million people were treated in emergency departments for injuries involving sports and recreational equipment.[†]

The activities most frequently identified with injuries include exercise, cycling, and playing basketball.[†]



One home fire-related injury occurs every 46 minutes.[†]

One- and two-family home fires account for 56.6% of non-fatal injuries.[†]

Apartment structure fires account for 19.1% of non-fatal injuries.[†]

[†]National Safety Council, Injury Facts®, 2022 Edition.
<https://injuryfacts.nsc.org/home-and-community/safety-topics/poisoning/data-details/>



Practical benefits for everyday living.®



When you choose
ALLSTATE BENEFITS,
we can help give you and your family financial peace of mind.
Are you in good hands?®



We're the name you know and trust, protecting America's families for over 50 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily – and get benefits deposited directly into your bank account (authorization required).

CERTIFICATE SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 180 days, unless otherwise stated, from the date of an accident and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week).

Dependent Eligibility/Termination

Coverage may include you, your spouse and your children. Spouse and child coverage ends when your coverage ends, when you request to terminate dependent coverage, or upon your death. Spouse coverage also ends upon divorce. Child coverage also ends when the child reaches age 26, unless the child is disabled and dependent on you for support.

When Coverage Ends

Coverage under the policy and riders ends on the earliest of the following: the date the group policy is terminated; the group policy grace period ends after non-payment of required premiums; you are no longer actively working for the group policyholder; you or your class are no longer eligible; you submit a written request to terminate the certificate; your death; a false claim is filed.

Portability/Continuing Coverage

You may be eligible to continue coverage under the Portability Provision or the Continuation of Coverage for Layoff or Leave of Absence Provision when coverage under the policy ends, you are no longer in an eligible class, your class is no longer eligible, or you are no longer actively working. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Exclusions and Limitations for the Policy and the following riders: Dislocation/Fracture Rider; Organized Sports Activity Rider; Outpatient Physician Treatment for Accident and Preventive Care Rider

Benefits are not paid for: act of war or participation in a riot, insurrection, rebellion or terrorist act; suicide or attempt at suicide, while sane or insane; intentionally self-inflicted injury or action; any bacterial infections (except from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any course, racetrack or speedway; hernia, including complications; operating a vehicle with a blood alcohol level that equals or exceeds the legal limit in the jurisdiction where the accident occurred; voluntary ingestion, injection, inhalation, or absorption of any poison, gas or fumes; voluntarily taking drugs or sedatives, unless taken as prescribed by a physician; an error, mishap, or malpractice during a medical, diagnostic or surgical treatment or procedure; elective, cosmetic, or plastic surgery, or using drugs or supplies to alter, improve or enhance the shape or appearance of the body (including for psychological or emotional reasons); pregnancy; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Benefits will not be paid for loss that occurs prior to the effective date of coverage or outside the United States, its territories, or Canada.

This brochure is for use in enrollments situated in GA.

This material is valid as long as information remains current, but in no event later than April 15, 2028.

Group Accident benefits are provided under policy form GA17, or state variations thereof. Accident Rider benefits are provided under the following rider forms, or state variations thereof: Dislocation and Fracture Rider GAIC7DF; Organized Sports Activity Rider GAIC7OS; Outpatient Physician Treatment for Accident and Preventive Care Rider GAIC7OPH.

The coverage provided is limited benefit supplemental accident insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2025 Allstate Insurance Company.
www.allstate.com or
allstatebenefits.com



Allstate[®] BENEFITS

Protection when faced with
a critical illness diagnosis
and you need treatment

Critical Illness Insurance

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Coverage available for individual and child(ren) or family
- Covered Spouse and Child(ren) receive 50% of your Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- 100% of your Benefit Amount is paid for Advanced Alzheimer's Disease and 100% for Advanced Parkinson's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.[®]**

DID YOU KNOW ?



More than half of American adults suffer from at least one chronic illness or condition[†]



More than 75% of all health care costs in the U.S. are due to chronic conditions^{††}

Offered through NAPA Insurance:



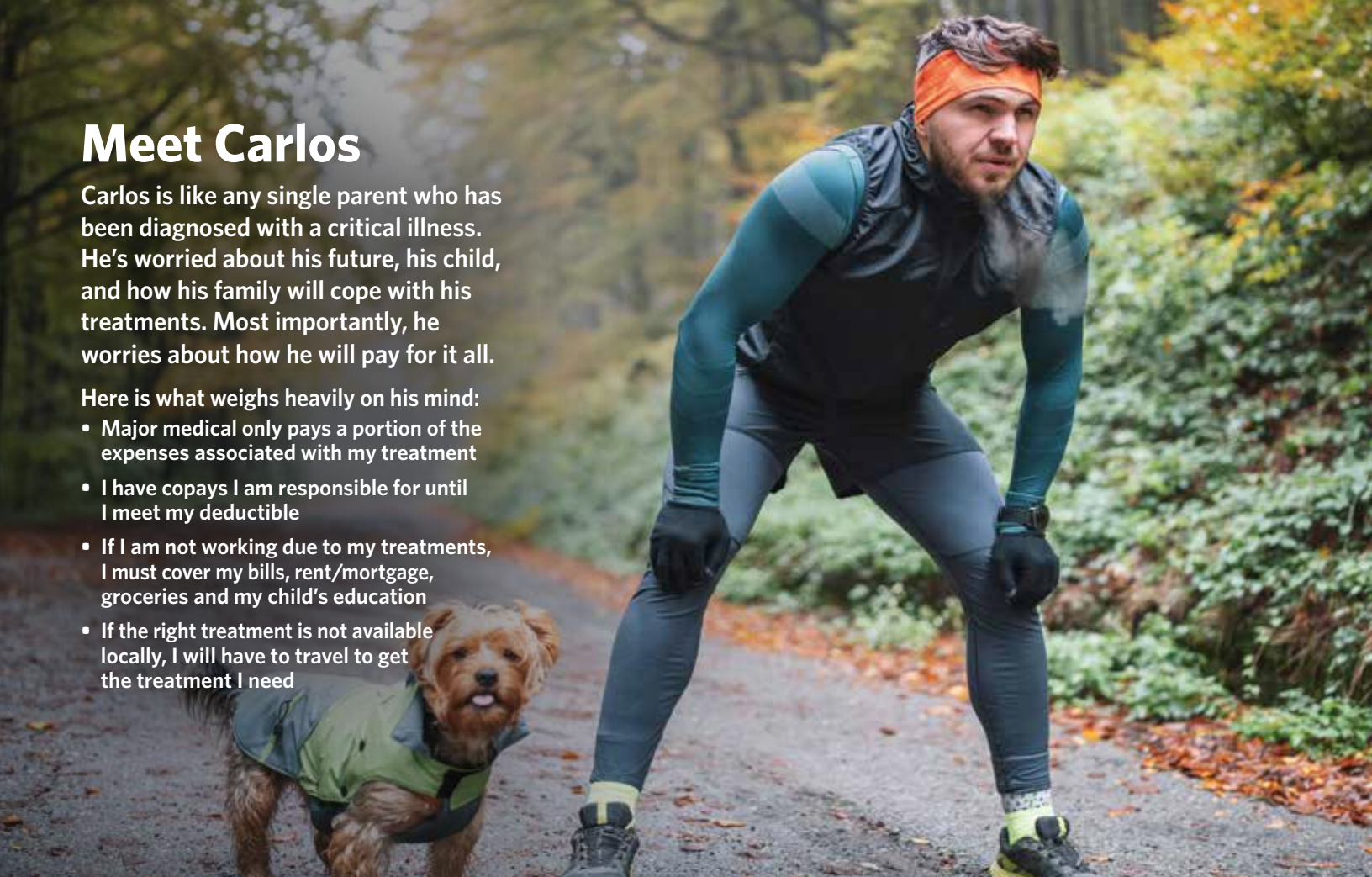
*Please refer to the Exclusions and Limitations section of this brochure. [†]https://www.cdc.gov/pcd/issues/2020/20_0130.htm ^{††}<https://nationalhealthcouncil.org/wp-content/uploads/2019/12/AboutChronicDisease.pdf>

Meet Carlos

Carlos is like any single parent who has been diagnosed with a critical illness. He's worried about his future, his child, and how his family will cope with his treatments. Most importantly, he worries about how he will pay for it all.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to my treatments, I must cover my bills, rent/mortgage, groceries and my child's education
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Carlos' story of diagnosis and treatment turned into a happy ending, because he had supplemental Critical Illness Insurance to help with expenses.



CHOOSE

Carlos chooses Critical Illness coverage during his annual enrollment to help protect himself and his child if they are diagnosed with a critical illness.



USE

Carlos is out on his morning run when he collapses on the street and a bystander calls 911. During his ambulance ride to the hospital, Carlos suffers a heart attack and is resuscitated by the EMTs tending to him.

Here's Carlos' treatment path:

- Upon his arrival to the urgent care facility, Carlos is examined by a team of doctors. They check his vital signs and run an EKG and additional tests
- The doctors stabilize him and admit him to the hospital for a 5-day observation
- Carlos' doctor visits him during his hospital stay and recommends a treatment plan to help him recover and prevent a future heart attack
- Carlos is released from the hospital, follows his doctor-required treatment plan, and has regular doctor office visits

Carlos is fully recovered and continues to follow his treatment plan so he can stay healthy and take care of his son.



CLAIM

Carlos' Critical Illness claim pays him cash benefits for the following:

Fixed Health Screening Services

Heart Attack

The cash benefits are direct deposited into his bank account.

For a listing of benefits and benefit amounts, see pages 3, 4, and 5.

This is a hypothetical example of how benefits may be paid.

BENEFIT AMOUNTS

The percentages below are based on the Benefit Amount of \$10,000 (Plan 1) and \$20,000 (Plan 2) chosen by your employer.

†Covered spouse and child(ren) receive 50% of your benefit amount.

CRITICAL ILLNESS BENEFITS†	Benefit*	PLAN 1	PLAN 2	Recur**
Heart Attack	100%	\$10,000	\$20,000	100%
Stroke	100%	\$10,000	\$20,000	100%
End Stage Renal Failure	100%	\$10,000	\$20,000	100%
Major Organ Failure	100%	\$10,000	\$20,000	100%
Coronary Artery Disease/Coronary Artery Bypass Graft	100%	\$10,000	\$20,000	100%
Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND)	10%	\$1,000	\$2,000	n/a
Bone Marrow or Stem Cell Transplant	100%	\$10,000	\$20,000	n/a
Invasive Cancer	100%	\$10,000	\$20,000	100%
Carcinoma In Situ	50%	\$5,000	\$10,000	50%
Waiver of Premium (employee only)	Included	Yes	Yes	n/a
CARDIO BENEFITS†	Benefit*	PLAN 1	PLAN 2	
Sudden Cardiac Arrest	100%	\$10,000	\$20,000	
Coronary Artery Disease/Coronary Angioplasty	10%	\$1,000	\$2,000	
Cardiac Valve Disease/Aortic Valve or Mitral Valve Repair or Replacement	25%	\$2,500	\$5,000	
Cardiac Arrhythmia/Internal Cardioverter Defibrillator (ICD) Placement	25%	\$2,500	\$5,000	
Cardiac Arrhythmia/Pacemaker Placement	25%	\$2,500	\$5,000	
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS†	Benefit*	PLAN 1	PLAN 2	
Advanced Alzheimer's Disease	100%	\$10,000	\$20,000	
Advanced Parkinson's Disease	100%	\$10,000	\$20,000	
Benign Brain Tumor	100%	\$10,000	\$20,000	
Coma	100%	\$10,000	\$20,000	
Loss of Hearing	100%	\$10,000	\$20,000	
Loss of Sight	100%	\$10,000	\$20,000	
Loss of Speech	100%	\$10,000	\$20,000	
Paralysis	100%	\$10,000	\$20,000	
CHILDHOOD BENEFITS	Benefit*	PLAN 1	PLAN 2	
Childhood Benefits	Child benefit amount	\$5,000	\$10,000	
ADDITIONAL RIDER BENEFITS	Benefit*	PLAN 1	PLAN 2	
Fixed Health Screening Services	Yearly	\$50	\$50	
Skin Cancer	Yearly	\$500	\$500	
Specified Condition and Infectious Disease†	100%	\$10,000	\$20,000	

*Benefit (some benefits pay a percentage of the benefit amount chosen, pay yearly, pay per treatment, pay for a number of days, or pay per miles traveled)

**Recurrence Benefit (pays a percentage of the benefit amount when a second diagnosis occurs for which a critical illness benefit was already paid)

PLAN 1 MONTHLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F
	Uni-Tobacco	
18-29	\$3.16	\$6.72
30-39	\$7.06	\$14.62
40-49	\$15.12	\$31.02
50-59	\$26.76	\$54.52
60-64	\$37.30	\$75.70
65+	\$51.56	\$104.52

PLAN 2 MONTHLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F
	Uni-Tobacco	
18-29	\$6.32	\$13.44
30-39	\$14.12	\$29.24
40-49	\$30.24	\$62.04
50-59	\$53.52	\$109.04
60-64	\$74.60	\$151.40
65+	\$103.12	\$209.04

EE = Employee; EE+SP = Employee + Spouse; EE+CH = Employee + Child(ren); F = Family

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access mybenefits.allstate.com

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates.

**Benefit is paid upon diagnosis or recommendation, not treatment.

[†]Benefits are included under the Recurrence of Benefits option.

Benefits (subject to maximums as listed on page 3)

Benefit paid upon diagnosis of the following conditions

CRITICAL ILLNESS BENEFITS*

Heart Attack[†] - the death of a portion of the heart muscle due to inadequate blood supply. Does not include established (old) myocardial infarction or cardiac arrest

Stroke[†] - death of a portion of the brain producing neurological sequelae, including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Does not include transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency or reversible ischemic neurological deficits

End Stage Renal Failure[†] - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Does not include renal failure caused by traumatic events, including surgical trauma

Major Organ Failure[†] - diagnosis of failure of heart, lungs, liver, pancreas, or kidneys, with placement on National Transplant List or actual surgical transplant. Lungs and kidneys are considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Does not include bone marrow or stem cell transplant or donation surgery, and does not pay for mechanical or non-human organs

Coronary Artery Disease/Coronary Artery Bypass Graft[†] - surgery to correct narrowing or blockage of one or more coronary arteries or valves due to damage or disease with a bypass graft. Does not include coronary angioplasty, coronary angiography or any other intra-catheter technique procedures

Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND) - a temporary or reversible ischemic event where measurable and functional neurological impairment is confined to an arterial area of the brain, there is no evidence of cerebral tissue damage, and reversible functional neurological impairments are confirmed

Bone Marrow or Stem Cell Transplant - surgical transplant of bone marrow and stem cells to a covered person (must come from a human donor). Does not include autologous transplant

Invasive Cancer[†] - malignant tumor with uncontrolled growth, including leukemia and lymphoma. Does not include carcinoma in situ or skin cancer (other than invasive malignant melanoma or metastasized skin malignancies)

Carcinoma In Situ[†] - non-invasive cancer, including melanoma that has not invaded the dermis. Does not include other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors, or polyps

Waiver of Premium (employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness

CARDIO BENEFITS*

Sudden Cardiac Arrest - sudden loss of normal heart function due to malfunction in the electrical system of the heart, resulting in an irregular heart rhythm (must be the primary diagnosis). Does not include a heart attack

Coronary Artery Disease/Coronary Angioplasty** - catheterization performed on damaged or diseased arteries or valves when cardiac function is impaired due to plaques or buildup of fatty deposits on artery walls causing narrowing of the coronary artery, resulting in partial or complete blockage

Cardiac Valve Disease/Aortic Valve or Mitral Valve Repair or Replacement** - surgical repair or replacement of an aortic valve or mitral valve with a mechanical or bio-prosthetic due to a defect with regurgitation and stenosis. Not paid if a diagnostic cardiac catheterization is performed

Cardiac Arrhythmia/Internal Cardioverter Defibrillator (ICD) Placement** - placement of an ICD under the skin to detect and correct an irregular heartbeat due to cardiac arrhythmias. Does not include replacement of existing ICD. Not paid if Heart Attack or Sudden Cardiac Arrest benefit is paid. Not paid if a diagnostic cardiac catheterization is performed

Cardiac Arrhythmia/Pacemaker Placement** - placement of a pacemaker under the skin to correct an irregular heartbeat due to cardiac arrhythmias. Does not include replacement of existing pacemaker. Not paid if Heart Attack or Sudden Cardiac Arrest benefit is paid. Not paid if a diagnostic cardiac catheterization is performed

SUPPLEMENTAL CRITICAL ILLNESS BENEFITS*

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least two activities of daily living (ADLs) without adult assistance. ADLs are bathing, dressing, toileting, bladder and bowel continence, transferring and eating

Advanced Parkinson's Disease - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least two activities of daily living (ADLs) without adult assistance. ADLs are bathing, dressing, toileting, bladder and bowel continence, transferring and eating

Benign Brain Tumor - a non-malignant tumor limited to brain, meninges, cranial nerves or pituitary gland. Does not include tumors of the skull or ear canal, cysts, acoustic neuroma, pituitary adenomas less than 10mm, or germinomas

Coma - unconscious and not responsive to external stimulation or responsive to internal needs for at least 7 consecutive days. Does not include medically-induced coma, coma resulting from alcohol or drug use, or diagnosis of brain death

Loss of Hearing - total and permanent loss of hearing in both ears (cannot be corrected by hearing aid or device)

Loss of Sight - total and permanent loss of vision in both eyes

Loss of Speech - total and permanent loss of speech or verbal communication (without a medical device)

Paralysis - permanent loss of muscle function in two or more limbs due to disease or injury. Does not include loss of muscle function limited to fingers or toes

Benefits (subject to maximums as listed on page 3)

Benefit paid upon diagnosis of the following conditions

CHILDHOOD BENEFITS*

10 childhood diseases or defects for dependent children are covered. Cerebral Palsy; Cleft Lip or Cleft Palate; Congenital Heart Disease (coarctation of the aorta, hypoplastic left heart syndrome, patent ductus arteriosus, tetralogy of Fallot, or transposition of the great arteries); Cystic Fibrosis; Type 1 Diabetes; Down Syndrome; Muscular Dystrophy; Spina Bifida; Structural Congenital Defect (anal atresia, anencephaly, biliary atresia, club foot, diaphragmatic hernia, Hirschsprung's disease, gastroschisis, omphalocele, pyloric stenosis, and spinal muscular atrophy)

ADDITIONAL RIDER BENEFITS

Fixed Health Screening Services Rider - coverage for one eligible service performed each year for each covered person. Covered services include: Biopsy for cancer and skin cancer; Blood Chemistry Panel; Blood Tests for Triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), or PSA (prostate cancer); Chest X-ray; Clinical Testicular Exam; CBC (blood count); Colonoscopy; Doppler Screening (cancer, carotids or peripheral vascular disease); Echocardiogram; EKG (Electrocardiogram); EEG (Electroencephalogram); Endoscopy; Fasting Blood or Plasma Glucose test; Flexible Sigmoidoscopy; Hemoglobin A1C; Hemocult Stool Analysis; HPV (Human Papillomavirus) vaccination; Lipid Panel (total cholesterol count); Mammography (breast ultrasound); Oral Cancer Screening; Pap Smear, including ThinPrep Pap Test; Sampling of blood or tissue for genetic testing for cancer risk; Serum Protein Electrophoresis (test for myeloma); Skin Cancer Screening; Skin Exam; Stress Test (bike or treadmill); Testing for Donation of Bone Marrow (includes HLA - Human Leukocyte Antigen); Thermography; Two-Hour Post-Load Plasma Glucose Test; Ultrasound Screening of abdominal aorta for aortic aneurysms; Ultrasound Screening for cancer detection; Any exam or screening for cancer detection other than those listed here

Skin Cancer Rider - basal cell carcinoma and squamous cell carcinoma. Does not include malignant melanoma and pre-cancerous conditions such as leukoplakia, actinic keratosis, carcinoid, hyperplasia, polycythemia, non-malignant melanoma, moles, or similar diseases or lesions

Specified Condition and Infectious Disease Rider** - diagnosis of one of the following specified conditions or infectious diseases: Acute Respiratory Distress Syndrome (ARDS); Adrenal Insufficiency (Addison's Disease); Lou Gehrig's Disease (ALS); Bacterial Meningitis; Cerebral Palsy; Cystic Fibrosis; Diphtheria; Encephalitis; Huntington's Chorea; Legionnaires' Disease (confirmation by culture or sputum); Malaria; Multiple sclerosis; Muscular dystrophy; Myasthenia Gravis; Necrotizing Fasciitis; Osteomyelitis; Poliomyelitis; Rabies; Scleroderma; Sickle Cell Anemia; Systemic Lupus; Tetanus; Tuberculosis

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates. **Benefits paid once per covered person.

CERTIFICATE SPECIFICATIONS

Eligibility

Your employer and Allstate Benefits decide who is eligible for your group during the enrollment period (such as length of service, hours worked each week, eligibility waiting period and evidence of insurability). Issue ages are 18 and over.

Dependent Eligibility/Termination

Family members eligible for coverage are your spouse and dependent children. Spouse and child coverage ends when your coverage ends, when you request to terminate dependent coverage, when your spouse or children exhaust all benefits under the coverage, or upon your death. Spouse coverage also ends upon valid decree of divorce. Child coverage also ends when the child reaches age 26, unless the child is disabled and dependent on you for support.

When Coverage Ends

Coverage under the policy ends on the earliest of the following: the date the group policy is terminated; the group policy grace period ends after non-payment of required premiums; you are no longer actively working for the group policyholder; you or your class are no longer eligible; you submit a written request to terminate the certificate; your death; a false claim is filed; when all benefits have been paid under the policy and riders.

Continuing Your Coverage

You, your spouse, and your child(ren) may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Conditions and Limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness after your effective date will be payable. Benefits are subject to all limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the certificate and be diagnosed by a physician while coverage is in effect.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date if, after the first diagnosis, the covered person is free of any symptoms and treatment.

Recurrence of Benefits for a Subsequent Critical Illness

Benefit amounts for a recurrence of a critical illness will be paid if diagnosed with a subsequent critical illness for which a benefit was previously paid.

Exclusions for: Critical Illness Certificate; Fixed Health Screening Services Rider; Skin Cancer Rider; Specified Condition and Infectious Disease Rider

Benefits are not paid for: intentionally self-inflicted injury; substance abuse, including alcohol, alcoholism, legally obtained prescription medication and illegal use of non-prescribed drugs or narcotics; voluntarily taking or using of any drug, medication, narcotic, or controlled substance, unless administered by a physician or taken according to over-the-counter package directions.

We will not pay benefits for conditions diagnosed prior to the effective date of coverage or diagnosed outside of the United States, its territories, or Canada, unless confirmed by a physician in the United States, its territories, or Canada.

This brochure is for use in enrollments situated in GA.

This material is valid as long as information remains current, but in no event later than April 15, 2028. Group Critical Illness benefits are provided under policy form GCIC5, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Fixed Health Screening Services Rider GCIC5FHSR; Skin Cancer Rider GCIC5SCR; Specified Condition and Infectious Disease Rider GCIC5SCIDR.

The coverage provided is limited benefit supplemental critical illness insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations, are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



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www.allstate.com or
allstatebenefits.com



Hospital Indemnity Insurance

Protection for hospital stays when a sickness or injury occurs

THINK ABOUT THIS



Americans pay nearly 60% more for hospital stays than patients in Europe and Canada[†]



\$11,700
The average cost of a 24-hour hospital stay in the U.S.^{††}

Offered through NAPA Insurance:



A sickness or injury could land you in the hospital. Your medical insurance may only cover some of it, leaving you to pay for deductibles and coinsurance fees. Hospital Indemnity Insurance can help ease your financial burden so you can focus on recovery.

Here's How It Works

- Select the coverage that's right for you and your family
- If you or a family member requires a hospital stay, you file a claim
- A cash benefit is direct deposited or a check is mailed and can be used however you wish*

Protecting Your Finances

You've worked hard for your savings – don't let a hospital bill wipe them out.

- Protect your checking and savings
- Don't dip into your 401(k)



Meeting Your Needs

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation*
- Coverage can include your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

[†]<https://www.healthsystemtracker.org/brief/what-drives-health-spending-in-the-u-s-compared-to-other-countries> ^{††}<https://www.debt.org/medical/hospital-surgery-costs>

*Please refer to the Exclusions and Limitations section of this brochure.



Meet Adam

CHOOSE

Adam signed up for Allstate Benefits Hospital Indemnity Insurance during his employer's Open Enrollment.

USE

A few months later, Adam is taken to the hospital with debilitating abdominal pains. Here's his story:



Ambulance

Adam's wife calls an ambulance to take him to the hospital emergency room



Tests

After running some tests, the doctors determine that Adam has appendicitis



Hospital Stay

An appendectomy is recommended and Adam is admitted for an overnight stay



Surgery

Adam has surgery the next day and spends another night in the hospital



Recovery

Adam is released to recover and follow-up visits with his doctor are scheduled

CLAIM

Adam files a claim with his Hospital Indemnity coverage through the convenient web portal, **MyBenefits***.

He receives cash benefits for:

- Hospital Admission
- Daily Hospital Confinement

*MyBenefits Claim Filing Portal

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

Access: mybenefits.allstate.com

Here are some of the ways Adam can use the cash benefits



Finances

Can help protect savings, retirement plans and 401(k)s from being depleted



Travel

Can help pay for expenses while receiving treatment in another city



Home

Can help pay the mortgage, continue rental payments, or afford home repairs for after care



Expenses

Can help pay for his family's living expenses such as bills, electricity, and gas

The example above details a fictional situation; your individual experience may vary.
For a listing of benefits and benefit amounts, see pages 3 and 4.

BENEFIT AMOUNTS

HOSPITAL CARE SERVICES BENEFITS	PLAN
Admission Benefits	
Hospital Admission Limit to Number of Occurrences (per coverage year)	\$1,000 1/year
Hospital Admission - Newborn Routine Nursery Care Limit to Number of Occurrences (1 per Newborn)	\$300 Once
Intensive Care Unit Admission Limit to Number of Occurrences (per coverage year)	\$2,000 1/year
Confinement Benefits (once per day)	
Daily Hospital Confinement Maximum Number of Days	\$200 15
Daily Hospital Confinement - Newborn Routine Nursery Care Maximum Number of Days	\$50 2
Daily Intensive Care Unit Confinement Maximum Number of Days	\$400 15
Observation Care Benefit	
Observation Unit Observation Lasting 1 to 24 hours Limit to Number of Occurrences (per coverage year)	\$100 1/year
BENEFIT LIMITATIONS	PLAN
Pregnancy Waiting Period	None
Pre-Existing Condition Limitation	Waived

PLAN PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$11.88	\$30.38	\$15.18	\$38.50

EE = Employee; EE + SP = Employee + Spouse;
EE + CH = Employee + Child(ren); F = Family

Issue Ages: 18 and over if Actively at Work

Benefits - Benefits are payable for the following conditions (subject to the limits listed on page 3).

How We Pay Same-Day Benefits - Benefits are only payable one time per day even if the covered person is transferred to another facility on the same day. If the loss would be payable on the same day under the Hospital Care Services Benefits category, **we only pay the benefit with the highest amount.**

HOSPITAL CARE SERVICES BENEFITS

The Hospital Care Services Benefits listed below do not include visits to emergency departments or visits to a hospital as an outpatient, unless the visit meets the definition of admission or confinement (see the Definitions below) or can be covered under the Observation Unit benefit.

Newborn child coverage for intensive care unit confinements due to sickness or injury following childbirth may be payable under the Intensive Care Unit Admission benefit or the Daily Intensive Care Unit Confinement benefit.

Admission Benefits

Hospital Admission - payable once per day per covered person (other than a newborn child) for the first day of hospital admission, up to the limit stated on page 3. This benefit is not payable for a newborn child's first admission for routine nursery care after birth. A newborn child's first admission includes any transfers to another hospital before being discharged to go home (see Hospital Admission - Newborn Routine Nursery Care for more details).

Hospital Admission - Newborn Routine Nursery Care - payable once per day for a newborn child's initial admission to a hospital for routine nursery care following childbirth. This benefit is payable up to the limit stated on page 3.

Intensive Care Unit Admission - payable once per day per covered person for the first day of admission to a hospital intensive care unit due to sickness or injury or a combination of the two, up to the limit stated on page 3.

Confinement Benefits

Daily Hospital Confinement - payable once per day per covered person (other than a newborn child) for continuous hospital confinement due to sickness or injury or a combination of the two, up to the maximum number of days stated on page 3. Hospitalization due to pregnancy is covered. This benefit is not payable for a newborn child's initial hospital confinement for routine nursery care following childbirth, including any transfers to another hospital before the newborn is discharged to go home (see Daily Hospital Confinement - Newborn Routine Nursery Care for more details).

Daily Hospital Confinement - Newborn Routine Nursery Care - payable once per day for a newborn child's confinement in a hospital for routine nursery care following childbirth. This benefit is payable in addition to the Hospital Admission - Newborn Routine Nursery Care benefit, up to the maximum number of days stated on page 3, if both confinements occur on the same day.

Daily Intensive Care Unit Confinement - payable once per day per covered person for each day of intensive care unit confinement, up to the maximum number of days stated on page 3.

Observation Care Benefit

Observation Unit - payable once every year per covered person for 1 to 24 hours of monitored care in an observation unit, up to the limit stated on page 3. Observations lasting more than 24 hours are not payable under the Observation Unit benefit, but would be payable under the appropriate Confinement benefit.

DEFINITIONS

Admission - being admitted for confinement to a facility.

Confinement - confinement in a facility that lasts for at least 24 hours or includes a room and board charge.

Continuous Confinement - one uninterrupted confinement, or two or more consecutive confinements that are not separated by more than 24 hours each. Two or more confinements that are separated by more than 24 hours are considered to be separate confinements.



protecting individuals & families

We have been in the business of protecting families for over 60 years

Beneficial insurance coverage to help you and your family enjoy **greater financial peace of mind** when the unexpected happens.

When you choose

**ALLSTATE
BENEFITS,**

we can help give you
financial peace of mind.

Are you in good hands?®

We're the name you know and trust, protecting America's families for over 60 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily – and get benefits deposited directly into your bank account (authorization required).

CERTIFICATE SPECIFICATIONS

Conditions and Limits - Benefits are payable for service and treatment a covered person receives for a sickness or injury while coverage is in force. A confinement is required for hospital admission and confinement benefits to be payable. **Treatment must be received in the United States or its territories, or Canada.**

Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination of Coverage - Coverage may include you, your spouse, and children. Spouse coverage ends when your coverage ends, when you request to terminate coverage, upon valid decree of divorce, upon your death, or when all available benefits under the certificate have been exhausted. Coverage for children ends when your coverage ends, when you request to terminate coverage for your child, upon your death, when your child reaches age 26 (unless they are dependent on you for support or unless they are disabled or incapacitated and are allowed to continue coverage through the Continuation of Coverage provision), or when all available benefits under the certificate have been exhausted.

When Coverage Ends - Coverage under the policy ends on the earliest of the following: the date the policy is terminated; the end of the grace period following non-payment of any required premiums; the last day you are in active employment or a member in an association, labor union or other entity, except as provided under the "Family and Medical Leave of Absence, Leave of Absence, Military Leave of Absence, Temporary Layoff, or Other Approved Leaves of Absences" provisions; the date you are no longer in an eligible class; the date your class is no longer eligible; your death; you exhaust all available benefits; upon discovery of fraud or material misrepresentation when filing for a claim.

Portability - You and your dependents may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Exclusions and Limitations for the Policy - Benefits are not payable for any loss that is caused by, contributed to by, or results from: any act of war, whether or not declared; participation in a riot, insurrection, rebellion, or terrorist act; suicide or attempt at suicide, whether sane or insane; engaging in an illegal occupation or committing or attempting an assault or felony; confinement that begins before the effective date of coverage; intentionally self-inflicted injury or action; participation in aeronautics except as a fare-paying passenger on a licensed common-carrier aircraft operating between definitely established airports; driving, operating, or riding in a vehicle in any race or speed test or testing any motorized vehicle on any course, racetrack or speedway; operating a vehicle with a blood alcohol level that equals or exceeds the legal limit for operating a vehicle in the jurisdiction in which the loss occurred; cosmetic dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function; the reversal of a tubal ligation or vasectomy; artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law; voluntary taking of any poison, gas, or fumes, whether by ingestion, injection, inhalation, or absorption; voluntary taking of any drug or sedative, unless taken as prescribed or administered by a physician; mental or nervous disorders; substance abuse, including abuse of alcohol, alcoholism, abuse of a legally obtained prescription medication, and illegal use of a non-prescribed drug or sedative.

This brochure is for use in enrollments situated in GA. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than April 15, 2028. Group Hospital Indemnity benefits are provided under policy form GHIC3, or state variations thereof.

The coverage provided is limited benefit hospital indemnity insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office: Jacksonville, FL). Details of the coverage, including exclusions and other limitations, are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.
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whole life complete

group life insurance with an accelerated death benefit for long-term care

UNDERWRITTEN BY: AMERICAN HERITAGE LIFE INSURANCE COMPANY*

DID YOU KNOW?



The monthly median cost for a nursing home is \$8,669¹ per month = \$104,028 each year



The average hourly cost for an in-home caregiver is \$20 per hour²



On average, people requiring long-term care need services for 2 to 4 years³

FINANCIAL PROTECTION

For you, your spouse and your children



At Allstate Benefits, we're all about protecting our customers from life's uncertainties. And let's face it — there are a lot of them.

Planning financial security

A group life insurance policy is one of the greatest gifts you can give, but being prepared doesn't stop there. Injury or illness can result in costly long-term care expenses that can quickly deplete the funds you've built for retirement. And you never know what other financial emergencies life may bring. Being protected means being prepared for the unexpected.

We have you covered in more ways than one

With Group Whole Life Complete (Group Whole Life Insurance with Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider), **you can protect your finances and your family in three different ways with one life insurance product.**

- 1 Traditional whole life insurance, which pays a cash benefit to your beneficiaries when you die
- 2 Access to the death benefit to help pay for any necessary long-term care
- 3 Accumulated cash value, which can be accessed when it's needed

Group Whole Life Complete

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ¹Genworth Cost of Care Survey 2021, Nursing Home Facility, Semi-private room Denver, Colo. area. ²Costs of Care | ACL Administration for Community Living, Accessed 5/24/2022. ³<https://acl.gov/ltc/basic-needs/how-much-care-will-you-need>

Offered through NAPA Insurance:





Here's how it works

You enroll in Group Whole Life Complete through your employer. **Premium payments are conveniently deducted from your paycheck automatically.**



Death

When you pass away, your beneficiaries receive the death benefit amount as a lump-sum cash payment



Long-Term Care

If you require long-term care at some point, you can begin to draw funds from the death benefit to receive a monthly payment that may be used for the cost of that care



Financial Emergency

If you have a financial emergency and need cash, you can access funds from the cash balance

Meet Rich

Here's Rich's story of enrollment in Group Whole Life Complete from Allstate Benefits through his employer:



1. Enrollment

Rich enrolled in Group Whole Life Complete through his employer



2. Retirement

After he retired, he continued to pay his premiums directly to Allstate Benefits



3. Illness

At the age of 75, Rich had a stroke



4. Assistance

Afterward, he needed help with bathing and dressing



5. Claim

Rich filed a claim with Allstate Benefits along with documentation from his doctor, and it was approved



After the **90-day** waiting period

Rich began receiving a **percentage** of his Group Whole Life Complete coverage's death benefit each month

The **monthly payments** allowed Rich and his family to hire caregivers to visit Rich in his home for four hours each day

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider

Realities of Expenses

You know long-term care is expensive, but there are many types of long-term care and a wide range of associated expenses. **The most common type of long-term care is provided by a professional health aide in your own home, at a cost of about \$20 per hour.**⁴ Benefits provided by the rider can help cover those costs – and in most cases, at a much lower premium than traditional stand-alone long-term care insurance.

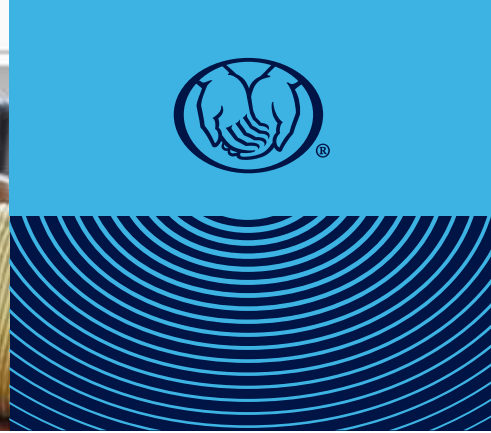
Advantages of Coverage

- Rates are based on your age at the coverage effective date and are guaranteed not to change
- No separate evidence of insurability required for the rider
- Can be issued to employees and spouses up to age 70
- Coverage is portable, meaning you can keep it after you retire or leave your employer

No matter what path life takes you on, Group Whole Life Complete can help make the journey a little easier.

The examples above detail fictional thought processes and needs; your individual needs and reasons for coverage may vary.

⁴Genworth Cost of Care Survey 2021, In-Home Care, Home Health Aide, hourly median costs, national



Details about Group Whole Life Complete with the Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider

Death benefit



Benefit amount

The death benefit amount is fully guaranteed and is paid in a lump sum



Guaranteed rates

Rates are guaranteed for the life of the policy



Premiums

Premiums are affordable and are payable until age 95



Tax-free benefits

The death benefit can pass to your beneficiary free from state or federal estate taxes[†]



Beneficiary

Your beneficiary can use the death benefit for any purpose they like



Age

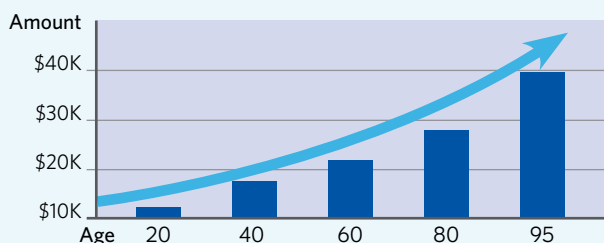
If you are still living at age 95, you may access the death benefit on a paid-up basis

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider

- The long-term care benefit is provided under the Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider on the Group Whole Life Insurance coverage.
- Accelerates a percentage of the death benefit amount monthly for qualified care.⁵
- Qualified care includes home health care, adult day care, assisted living facility care and nursing home care.
- A licensed health care practitioner must certify that the insured is unable to perform at least 2 Activities of Daily

Living (ADLs) without substantial assistance, or requires substantial supervision due to cognitive impairment.

- ADLs include: eating, dressing, bathing, continence, toileting, and transferring.
- The Restoration of Benefits and Extension of Benefits feature replenishes the death benefit amount to the level it was at the time the Accelerated Death Benefit claim was submitted, as well as expands the period of time the insured receives a benefit payout (time span is equal to the original benefit term).



Cash value

- The longer the policy coverage continues and premiums are paid, the more the cash value builds.
- If you decide to stop making premium payments after the coverage has developed cash value, you may take the cash value or convert it into paid-up life insurance coverage.

[†]Consult with a tax advisor for specific information. ⁵The employer chooses to offer 6% of the death benefit.

CERTIFICATE SPECIFICATIONS

Pre-Existing Condition Limitation

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and

Extension of Benefits Rider - Benefits are not paid for a pre-existing condition that begins within the first 6 months after the effective date of coverage. This does not apply to a period of care beginning 6 months after the effective date. A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 6-month period prior to the effective date, or medical advice or treatment was recommended or received from a medical professional within 6 months before the effective date.

Exclusions

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and

Extension of Benefits Rider - Benefits are not paid for long-term care services that are: a result of mental or emotional disorder (except for Alzheimer's Disease, senility or senile dementia that are of organic origin); a result of alcoholism or drug addiction; a result of illness, treatment or medical conditions due to: war, act of war, participation in a felony, riot or insurrection, serving in the armed forces or auxiliary units, suicide or attempt at suicide, or intentionally self-inflicted injury; provided in a government facility (unless otherwise required by law); services for which benefits are available under Medicare (or benefits would be available under Medicare except for deductibles or coinsurance requirements) or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or motor vehicle no-fault law; received outside the United States or its territories.

Suicide Exclusion for Group Whole Life - If the insured commits suicide within 2 years of the effective date of coverage, the death benefit will be limited to the premiums paid.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2025 Allstate Insurance Company. www.allstate.com or allstatebenefits.com

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This material is valid as long as information remains current, but in no event later than April 15, 2028.

Group Whole Life Insurance benefits are provided under form GWLP, or state variations thereof. The rider benefit is provided under the following forms, or state variations thereof: Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits (GWPLTCRE, GWPLTCRE1).

This is a brief overview of the benefits available under the group voluntary policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions, and other provisions are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.



Plan Benefits

BlueCard® PPO

Blue & Gold Automotive Health Trust PPO 2500 Plan BlueCard® PPO

Effective January 01, 2026

Visit our website:
AlabamaBlue.com



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

Prescription Drugs: PreferredONE Network

PreferredONE Network Facts:

- 55,000 major national and regional pharmacy chains, retailers and grocers, and independent pharmacies participate in the **PreferredONE Retail Network**. This includes many national pharmacies you may already be using.
- 45,000 major national and regional pharmacy chains, retailers and grocers, and independent pharmacies participate in the **PreferredONE Extended Supply Network (ESN)**. This includes many national pharmacies you may already be using.
- Generally, **PreferredONE Retail Network** pharmacies can fill up to a 30-day supply of retail drugs while **PreferredONE ESN Network** pharmacies can fill up to a 90-day supply of certain medications (prescription must be written for up to a 90-day supply). Refer to your benefit booklet for the specific day supply permitted by your benefit plan. Since the type of pharmacy differs within the PreferredONE Network, be sure to check your specific pharmacy.
- If you do not use a PreferredONE Network pharmacy, you may be responsible for the full cost of your prescription medication. Benefits may not be provided for out-of-network pharmacies.
- To maximize your pharmacy benefits, you will need to transfer all your prescriptions to a PreferredONE Network pharmacy.

Blue & Gold Automotive Health Trust
PPO 2500 Plan
BlueCard® PPO
Effective January 01, 2026

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.		
SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
Calendar Year Deductible The In-network and out-of-network calendar year deductibles are separate and do not apply to each other.	\$2,500 individual; \$5,000 family	\$4,000 individual; \$8,000 family
Calendar Year Out-of-Pocket Maximum Once you reach your individual Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year	\$7,000 individual; \$14,000 family All deductibles, copays and coinsurance for in-network services and out-of-network emergency services apply to the out-of-pocket maximum including prescription drugs	There is no out-of-network out-of-pocket maximum
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for inpatient admissions (except medical emergency services, 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 (toll-free) for precertification.		
Inpatient Hospital and Residential Treatment Facilities	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible Note: In Alabama, available only for medical emergency services and accidental injury
Inpatient Physician Visits and Consultations	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some outpatient hospital benefits. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . If precertification is not obtained, no benefits are available.		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Emergency Room (Medical Emergency) Note: Copay waived if admitted as inpatient within 24 hours.	Covered at 100% of the allowed amount, subject to \$300.00 hospital copay	Covered at 100% of the allowed amount, subject to \$300.00 hospital copay
Emergency Room (Accident) Note: If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to Emergency Room (Medical Emergency) above.	Covered at 100% of the allowed amount, subject to \$300.00 hospital copay	Covered at 100% of the allowed amount, subject to \$300.00 hospital copay for services rendered within 72 hours; covered at 50%, subject to the calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Physician)	Covered at 100% of the allowed amount, subject to \$70.00 ER physician copay	Covered at 100% of the allowed amount, subject to \$70.00 ER physician copay
CAT Scan, IV Therapy, Outpatient Diagnostic Lab, Pathology & X-ray	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Chemotherapy, Dialysis, MRI, PET scans & Radiation Therapy	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services	Covered at 100% of the allowed amount, subject to \$35.00 daily hospital copay	Covered at 50% of the allowed amount, subject to calendar year deductible
PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse) Precertification is required for some physician benefits. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . If precertification is not obtained, no benefits are available.		
Office Visits and Outpatient Consultations	Covered at 100% of the allowed amount, subject to \$35.00 copay for primary care physician Covered at 100% of the allowed amount, subject to \$70.00 copay for specialist	Covered at 50% of the allowed amount, subject to calendar year deductible
Telephone and Online Video Consultations Program – Medical and Behavioral Health To enroll in the Telephone and Online Video Consultations Program, go to AlabamaBlue.com/Teleconsultation or call 1-800-997-6196.	Covered at 100% of the allowed amount, subject to a \$35.00 payment per consultation	Not Covered
Second Surgical Opinions	Covered at 100% of the allowed amount, subject to \$35.00 copay	Covered at 50% of the allowed amount, subject to calendar year deductible
Urgent Care	Covered at 100% of the allowed amount, subject to \$35.00 physician copay	Covered at 50% of the allowed amount, subject to calendar year deductible
Surgery & Anesthesia	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Maternity Care	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
CAT Scan, Chemotherapy, Diagnostic Labs, Dialysis, IV Therapy, MRI, Pathology, PET scans, Radiation Therapy & X-ray	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Applied Behavioral Analysis (ABA) Therapy Limited to ages 0-18 for autism spectrum disorders	Covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
PREVENTIVE CARE BENEFITS		
Routine Immunizations and Preventive Services <ul style="list-style-type: none"> • See AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/SourceRxACAPreventiveDrugList for a listing of the specific drugs, immunizations and preventive services or call our Customer Service Department for a printed copy • Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/VaccineNetworkDrugList for more information 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Note: In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUG BENEFITS		
Retail Prescription Drug Card Benefits <ul style="list-style-type: none"> The retail pharmacy network for the plan is the PreferredONE Retail Network Some copays combined for diabetic supplies Prescription drugs (other than maintenance drugs)-up to 30 day supply The only in-network pharmacy for some drugs is the Pharmacy Select Network, visit AlabamaBlue.com/SelfAdministeredSpecialtyDrugList View the Source Rx 1.0 Drug List that applies to the plan at AlabamaBlue.com/SourceRx1DrugList4T Locate a PreferredONE Retail Network pharmacy at AlabamaBlue.com/PreferredOneRetailPharmacyLocator <p>Some immunizations may be received from an in-network pharmacy that participates in the Pharmacy Vaccine Network. A list of the eligible vaccines these pharmacies may provide can be found at: AlabamaBlue.com/VaccineNetworkDrugList.</p>	Tier 1 Drugs: Covered at 100% of the allowed amount, after \$30 copay per prescription Tier 2 Drugs: Covered at 100% of the allowed amount, after \$50 copay per prescription Tier 3 Drugs: Covered at 100% of the allowed amount, after \$100 copay per prescription Tier 4 Drugs: Covered at 100% of the allowed amount, after \$395 copay per prescription Covered Insulin Products \$99 maximum cost share per 30-day supply	Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>Extended Supply Prescription Drug Card Benefits</p> <ul style="list-style-type: none"> The extended supply pharmacy network for the plan is the PreferredONE ESN Network Some copays combined for diabetic supplies Only maintenance prescription drugs can be purchased through this extended supply pharmacy service-up to 90 day supply View the Source Rx 1.0 Drug List that applies to the plan at AlabamaBlue.com/SourceRx1DrugList4T Locate a PreferredONE Retail Network pharmacy at AlabamaBlue.com/PreferredOneESNRetailPharmacyLocator 	<p>Tier 1 Drugs: Covered at 100% of the allowed amount, after \$30 copay per prescription</p> <p>Tier 2 Drugs: Covered at 100% of the allowed amount, after \$50 copay per prescription</p> <p>Tier 3 Drugs: Covered at 100% of the allowed amount, after \$100 copay per prescription</p> <p>Tier 4 Drugs: Not Covered</p> <p>Covered Insulin Products \$99 maximum cost share per 30-day supply</p>	<p>Not Covered</p>
<p>Select Generic Specialty and Biosimilar drugs</p> <p>Generic specialty and biosimilar drugs can be dispensed for up to a 30-day supply. The only in-network pharmacy from some generic specialty and biosimilar drugs is the Pharmacy Select Network.</p> <ul style="list-style-type: none"> View the Select Generic Specialty and Biosimilar Drug List that applies to the plan at AlabamaBlue.com/SelectGenericSpecialtyandBiosimilarDrugList. <p>Generic specialty and biosimilar drugs are not available through the Home Delivery Network.</p>	<p>Covered at 100% of the allowed amount, no copay or deductible</p>	<p>Not Covered</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>Mail Order Pharmacy Benefits</p> <ul style="list-style-type: none"> • Prescription drugs-up to 90 day supply may be purchased with one copay • Mail Order Drugs are available through Home Delivery Network (Enroll online at AlabamaBlue.com/HomeDeliveryNetwork or call 1-855-793-5326) • Maintenance and Non-Maintenance drugs can be purchased through this mail order pharmacy • View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList • View the Source Rx 1.0 Drug List that applies to the plan at AlabamaBlue.com/SourceRx1DrugList4T <p>Note: If you have less than a 90-day supply, you will pay the same copay as a 90-day supply when using this mail order program</p>	<p>Tier 1 Drugs: Covered at 100% of the allowed amount, after \$90 copay per prescription</p> <p>Tier 2 Drugs: Covered at 100% of the allowed amount, after \$150 copay per prescription</p> <p>Tier 3 Drugs: Covered at 100% of the allowed amount, after \$300 copay per prescription</p> <p>Tier 4 Drugs: Not Covered</p> <p>Covered Insulin Products \$99 maximum cost share per 30-day supply</p>	<p>Not Covered</p>
<p align="center">BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse)</p>		
<p align="center">Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.</p>		
<p>Allergy Testing & Treatment</p>	<p>Covered at 75% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Ambulance Service</p>	<p>Covered at 75% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 75% of the allowed amount, subject to calendar year deductible</p>
<p>Participating Chiropractic Services Limited to 25 visits per member per calendar year</p>	<p>Covered at 75% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Durable Medical Equipment (DME)</p>	<p>Covered at 75% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Rehabilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year</p>	<p>Covered at 75% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Habilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year</p>	<p>Covered at 75% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Skilled Nursing Facility Limited to 60 days per member per calendar year	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Bariatric Surgery and Morbid Obesity Treatment	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Preferred Home Health & Hospice	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Home Infusion	Covered at 75% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Medical Nutrition Therapy Services For adults and children, limited to 6 hours per member per calendar year	Covered at 100% of the allowed amount, subject to \$35.00 copay	Covered at 50% of the allowed amount, subject to calendar year deductible
HEALTH MANAGEMENT BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.	
Chronic Condition Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and other specialized conditions.	
Baby Yourself®	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.com/BabyYourself .	
Contraceptive Management	Covers prescription contraceptives, which include: birth control pills, injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance.	
Air Medical Transport	Air medical transportation to a network hospital near home if hospitalized while traveling more than 150 miles from home; to arrange transportation, call AirMed at 1-877-872-8624.	

Useful Information to Maximize Benefits

- To maximize your benefits, always use in-network providers for services covered by your health benefit plan. To find in-network providers, check a provider directory, provider finder website (AlabamaBlue.com) or call 1-800-810-BLUE (2583).
- In-network hospitals, physicians and other healthcare providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard® PPO, PMD). In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network. Sometimes an in-network provider may furnish a service to you that is not covered under the contract between the provider and a Blue Cross and/or Blue Shield Plan. When this happens, benefits may be denied or reduced. Please refer to your benefit booklet for the type of provider network that we determine to be an in-network provider for a particular service or supply.
- Out-of-network providers generally do not contract with Blue Cross and/or Blue Shield Plans. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area, the average charge for care in the area or in accordance with applicable Federal law.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.
- Please refer to your benefit book or contact Blue Cross directly about coverage for your hospital charges and other related medical services. Approval for air medical transportation does not mean that hospitalization and other medical expenses will be covered. All coverage determinations for medical benefits are subject to the terms, conditions, limitations and exclusions of the health plan.
- Air medical transportation services are provided through a contract with AirMed International, LLC, an independent company that does not provide Blue Cross and Blue Shield of Alabama products. Blue Cross is not responsible for any mistakes, errors or omissions that AirMed, its employees or staff members make. Air medical transportation services terminate if coverage by your health plan ends.

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

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.

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 用户请拨打 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 Sprachassistentendienste 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 નિ:શુલ્ક 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 કોલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क 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: 한국어(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 고객센터 문의하세요.

Lao: ເຂົາໃຈໃສ່: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຝຣັ່ງແມ່ນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ສຍຄ່າ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທຫາຜ່ານບໍລິການລູກຄ້າ.

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.



Plan Benefits

BlueCard® PPO

Blue and Gold Automotive Health Trust

BlueCard® PPO –
HSA Qualified HDHP
5,000 HDHP HAS Qua
Active Health Plan

Effective January 01, 2026

Visit our website:
AlabamaBlue.com



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

Prescription Drugs: ValueONE Network

ValueONE Network Facts:

- 41,000 major national and regional pharmacy chains, retailers and grocers, and independent pharmacies participate in the ValueONE Network. This includes many national pharmacies you may already be using.
- Pharmacies that participate in the ValueONE Network can fill up to a 90-day supply of certain medications at the same location (prescription must be written for up to a 90-day supply).
- If you do not use a ValueONE Network pharmacy, you may be responsible for the full cost of your prescription medication. Benefits may not be provided for out-of-network pharmacies.
- To maximize your pharmacy benefits, you will need to transfer all your prescriptions to a ValueONE Network Pharmacy.

Find a ValueONE Network Pharmacy

You can locate all of the participating pharmacies in your area at

AlabamaBlue.com/ValueONEPharmacyLocator. To search for pharmacies in your area, enter your ZIP code in the "Location" search field and then click "Search".

Blue and Gold Automotive Health Trust
BlueCard® PPO - HSA Qualified HDHP
Effective January 01, 2026

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.		
HEALTH SAVINGS ACCOUNT (HSA)		
A Health Savings Account (HSA) is an account established with pre-taxed money in order to save for future medical expenses. In order to establish an HSA you must first be enrolled in an HSA-Qualified High Deductible Health Plan (HDHP). An HDHP is a health plan that satisfies certain government requirements for use in conjunction with a HSA. This plan is designed to meet those government requirements. Enrolling in an HDHP allows you the opportunity to make contributions to an HSA on a pre-tax basis.		
Maximum Contribution: The maximum contribution amount is indexed each year by the U.S. Treasury. The 2026 maximum contribution is \$4,400 for single coverage and \$8,750 for family coverage. If you have any questions about the benefits of an HSA, please consult your tax accountant.		
SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
Calendar Year Deductible The in-network and out-of-network calendar year deductibles are separate and do not apply to each other For family coverage, no benefits, except preventive care, are paid by the plan to any family member until the total medical expenses paid by the family equal the family deductible amount.	\$5,000 self-only coverage; \$10,000 family coverage	\$10,000 self-only coverage; \$20,000 family coverage
Calendar Year Out-of-Pocket Maximum All deductibles, copays and coinsurance for in-network services and out-of-network mental health disorders and substance abuse emergency services apply to the out-of-pocket maximum	\$8,500 self-only coverage; \$17,000 family coverage After you reach your self-only Calendar Year Out-of-Pocket Maximum (even if you are covered under family coverage), applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year	There is no out-of-pocket maximum for out-of-network services.
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for inpatient admissions (except medical emergency services, 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 (toll-free) for precertification.		
Inpatient Hospital	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible Note: In Alabama, available only for medical emergency services and accidental injury
Inpatient Physician Visits and Consultations	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some outpatient hospital benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . If precertification is not obtained, no benefits are available.		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Medical Emergency)	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 60% of the allowed amount, subject to in-network calendar year deductible
Emergency Room (Accident) Note: If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to Emergency Room (Medical Emergency) above.	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, and subject to calendar year deductible for services rendered within 72 hours; covered at 50% of the allowed amount, subject to the calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan
Emergency Room (Physician)	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 60% of the allowed amount, subject to in-network calendar year deductible
Chemotherapy, Dialysis, IV Therapy, Outpatient Diagnostic Lab, Pathology, Radiation Therapy & X-ray	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama , not covered
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama , not covered
PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some physician benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . If precertification is not obtained, no benefits are available.		
Office Visits and Consultations	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Telephone and Online Video Consultations Program – Medical and Behavioral Health To enroll in the Telephone and Online Video Consultations Program, go to AlabamaBlue.com/Teleconsultation or call 1-800-997-6196.	Covered at 0% of the allowed amount, subject to a \$55.00 payment per consultation	Not Covered
Second Surgical Opinions	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Surgery & Anesthesia	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Maternity Care	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy & X-ray	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Applied Behavioral Analysis (ABA) Therapy Limited to ages 0-18 for autism spectrum disorders	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
PREVENTIVE CARE BENEFITS		
Routine Immunizations and Preventive Services <ul style="list-style-type: none"> See AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/SourceRxACAPreventiveDrugList for listing of specific drugs, immunizations and preventive services or call our Customer Service Department for a printed copy Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/VaccineNetworkDrugList for more information 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Additional HSA Preventive Medical Services <p>Blood Pressure Monitor</p> <ul style="list-style-type: none"> One every 5 years for member diagnosed with hypertension <p>Peak Flow Meter</p> <ul style="list-style-type: none"> One annually for member diagnosed with asthma <p>International Normalized Ratio (INR) Testing</p> <ul style="list-style-type: none"> Maximum of 15 per year for member diagnosed with liver disorder and/or bleeding disorder <p>Lipoprotein (LDL) Testing</p> <ul style="list-style-type: none"> Maximum of 5 per year for member diagnosed with heart disease <p>Hemoglobin A1C Testing</p> <ul style="list-style-type: none"> Maximum of 4 per year for member diagnosed with diabetes <p>Retinopathy Screening</p> <ul style="list-style-type: none"> Maximum of 3 per year for member diagnosed with diabetes 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Note: In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some drugs; if precertification is not obtained, no benefits are available.		
Retail Prescription Prepaid Benefits The retail pharmacy network for the plan is ValueONE Network <ul style="list-style-type: none"> Locate a ValueONE Network pharmacy at AlabamaBlue.com/ValueONEPharmacyLocator Maintenance drugs - up to 30-day supply <ul style="list-style-type: none"> View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList Prescription drugs (other than maintenance drugs) - up to a 30-day supply <ul style="list-style-type: none"> Some copays combined for diabetic supplies View the SourceRx 1.0 drug list that applies to the plan at AlabamaBlue.com/SourceRx1DrugList4T The only in-network pharmacy for some Tier 4 (specialty) drugs is the Pharmacy Select Network <ul style="list-style-type: none"> Tier 4 (specialty) drugs can be dispensed for up to a 30-day supply View the Specialty Drug List at AlabamaBlue.com/SelfAdministeredSpecialtyDrugList Some immunizations may be received from an in-network pharmacy that participates in the Pharmacy vaccine Network. A list of the eligible vaccines these pharmacies may provide can be found at: AlabamaBlue.com/VaccineNetworkDrugList	Covered at 100% of the allowed amount, subject to the calendar year deductible and following copays for a 30-day supply for each prescription: Tier 1 Drugs: \$15 copay per prescription Tier 2 Drugs: \$50 copay per prescription Tier 3 Drugs: \$75 copay per prescription Tier 4 (specialty) Drugs: \$395 copay per prescription Covered Insulin Products \$99 maximum cost share per 30-day supply. When a Covered Insulin Product qualifies as preventive care, the cost share cap applies whether or not deductible has been met. When a Covered Insulin Product does not qualify as preventive care, the cost share cap shall not apply until deductible has been met.	Not Covered
Extended Supply Prescription Prepaid Benefits The extended supply pharmacy network for the plan is the ValueONE ESN Network <ul style="list-style-type: none"> Locate a PreferredONE Pharmacy at AlabamaBlue.com/ValueONEPharmacyLocator Prescription drugs can be purchased through this extended supply pharmacy service - Maintenance prescription drugs can be dispensed for up to a 90-day supply but the copayment is applicable for each 30-day supply Prescription drugs (other than maintenance prescription drugs) can be dispensed for up to a 30-day supply <ul style="list-style-type: none"> View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList View the SourceRx 1.0 drug list that applies to the plan at AlabamaBlue.com/SourceRx1DrugList4T Tier 4 (specialty) drugs are not available through extended supply pharmacy service	Covered at 100% of the allowed amount, subject to the deductible and following copays: Tier 1 Drugs: \$15 copay per prescription Tier 2 Drugs: \$50 copay per prescription Tier 3 Drugs: \$75 copay per prescription Tier 4 (specialty) Drugs: Not Covered Covered Insulin Products \$99 maximum cost share per 30-day supply. When a Covered Insulin Product qualifies as preventive care, the cost share cap applies whether or not deductible has been met. When a Covered Insulin Product does not qualify as preventive care, the cost share cap shall not apply until deductible has been met.	Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Select Generic Specialty and Biosimilar drugs Generic specialty and biosimilar drugs can be dispensed for up to a 30-day supply. The only in-network pharmacy for some generic specialty and biosimilar drugs is the Pharmacy Select Network. • View the Select Generic Specialty and Biosimilar Drug List that applies to the plan at AlabamaBlue.com/SelectGenericSpecialtyandBiosimilarDrugList . Generic specialty and biosimilar drugs are not available through the Home Delivery Network.	Covered at 100% of the allowed amount, subject to the calendar year deductible	Not Covered
BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse) Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.		
Allergy Testing & Treatment	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Ambulance Service	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Participating Chiropractic Services	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Durable Medical Equipment (DME)	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Rehabilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Habilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Home Health and Hospice	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Home Infusion	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Medical Nutrition Therapy Services For adults and children, limited to 6 hours per member per calendar year	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible

HEALTH MANAGEMENT BENEFITS
(Includes Mental Health Disorders and Substance Abuse)

Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.
Chronic Condition Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and other specialized conditions.
Baby Yourself®	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.com/BabyYourself .
Contraceptive Management	Covers prescription contraceptives, which include: birth control pills, injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance.

Useful Information to Maximize Benefits

- To maximize your benefits, always use in-network providers for services covered by your health benefit plan. To find in-network providers, check a provider directory, provider finder website (AlabamaBlue.com) or call 1-800-810-BLUE (2583).
- In-network hospitals, physicians and other healthcare providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard® PPO, PMD). In-network pharmacies are pharmacies that participate with Blue Cross and Blue Shield of Alabama or its Pharmacy Benefit Manager(s). In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network. Sometimes an in-network provider may furnish a service to you that is not covered under the contract between the provider and a Blue Cross and/or Blue Shield Plan. When this happens, benefits may be denied or reduced. Please refer to your benefit booklet for the type of provider network that we determine to be an in-network provider for a particular service or supply.
- Out-of-network providers generally do not contract with Blue Cross and/or Blue Shield Plans. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area, the average charge for care in the area or in accordance with applicable Federal law.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.
- Bariatric Surgery, Gastric Restrictive procedures and complications arising from these procedures are not covered under this plan. Please see your benefit booklet for more detail and for a complete listing of all plan exclusions.

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

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.

Arabic: انتباه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات الإضائية المناسبة لتوفير المعلومات بتيسقات 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 用户请拨打 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 Sprachassistentendienste 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 નિ:શુલ્ક 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 કોલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क 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: 한국어(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: ເຂົາໃຈໃສ່: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີດມ່ນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແຊະການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທຫາຝ່າຍບໍລິການລູກຄ້າ.

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.



Plan Benefits

BlueCard® PPO

**Blue & Gold Automotive
Health Trust**
MVP Low Active
Health Plan
BlueCard® PPO

Effective January 01, 2026

Visit our website:
AlabamaBlue.com



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

Prescription Drugs: ValueONE Network

ValueONE Network Facts:

- 51,000 major national and regional pharmacy chains, retailers and grocers, and independent pharmacies participate in the ValueONE Retail Network. This includes many national pharmacies you may already be using.
- 50,000 major national and regional pharmacy chains, retailers and grocers, and independent pharmacies participate in the ValueONE Extended Supply Network (ESN). This includes many national pharmacies you may already be using.
- Generally, ValueONE Retail Network pharmacies can fill up to a 30-day supply of retail drugs while ValueONE ESN Network pharmacies can fill up to a 90-day supply of certain medications (prescription must be written for up to a 90-day supply). Refer to your benefit booklet for the specific day supply permitted by your benefit plan. Since the type of pharmacy differs within the ValueONE Network, be sure to check your specific pharmacy.
- If you do not use a ValueONE Network pharmacy, you may be responsible for the full cost of your prescription medication. Benefits may not be provided for out-of-network pharmacies.
- To maximize your pharmacy benefits, you will need to transfer all your prescriptions to a ValueONE Network pharmacy.

Find a ValueONE Network Pharmacy

You can locate all of the participating pharmacies in your area at

AlabamaBlue.com/ValueONERetailPharmacyLocator. Click on “Find a Pharmacy by Name or Location” located under Find a Pharmacy. When searching for a participating pharmacy, make sure either “ValueONE Retail Network” or “ValueONE ESN Network” is listed under “Network Participation” located to the right of the pharmacy address.

Minimum Value Plan - Low
BlueCard® PPO
Effective January 01, 2026

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.		
SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
Calendar Year Deductible The in-network and out-of-network calendar year deductibles are separate and do not apply to each other	\$4,000 individual; \$8,000 family	\$8,000 individual; \$16,000 family
Calendar Year Out-of-Pocket Maximum All deductibles, copays and coinsurance for in-network services and all deductibles, copays and coinsurance for out-of-network mental health disorders and substance abuse emergency services apply to the out-of-pocket maximum.	\$6,000 individual; \$12,000 family After you reach your Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year	There is no out-of-pocket maximum for out-of-network services.
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for inpatient admissions (except medical emergency services and 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 (toll-free) for precertification.		
Inpatient Hospital	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible Note: In Alabama, available only for medical emergency services and accidental injury
Inpatient Physician Visits and Consultations	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some outpatient hospital benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . If precertification is not obtained, no benefits are available.		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Emergency Room (Medical Emergency)	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 60% of the allowed amount, subject to in-network calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Accident) Note: If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to Emergency Room (Medical Emergency) above.	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible for services rendered within 72 hours; covered at 50% of the allowed amount subject to the calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan
Emergency Room (Physician)	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 60% of the allowed amount, subject to in-network calendar year deductible
Chemotherapy, Dialysis, IV Therapy, Outpatient Diagnostic Lab, Pathology, Radiation Therapy & X-ray	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama , not covered
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama , not covered
PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some physician benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. If precertification is not obtained, no benefits are available.		
Office Visits and Consultations	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Telephone and Online Video Physician Consultations Program - Medical and Behavioral Health To enroll in the telephone and online video consultations program, go to AlabamaBlue.com/Teleconsultation or call 1-800-997-6196. Telephone and online video consultations are available to diagnose, treat and prescribe medication (when necessary) for certain medical and behavioral health issues.	Covered at 60% of the allowed amount, subject to calendar year deductible	Not Covered
Second Surgical Opinions	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Surgery & Anesthesia	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Maternity Care	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy & X-ray	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Applied Behavioral Analysis (ABA) Therapy Limited to ages 0-18 for autism spectrum disorders	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
PREVENTIVE CARE BENEFITS		
Routine Immunizations and Preventive Services <ul style="list-style-type: none"> See AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/SourceRxACAPreventiveDrugList for listing of specific drugs, immunizations and preventive services or call our Customer Service Department for a printed copy Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/VaccineNetworkDrugList for more information 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Note: In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some drugs; if precertification is not obtained, no benefits are available.		
Retail Prescription Prepaid Benefits The retail pharmacy network for the plan is ValueONE Retail Network <ul style="list-style-type: none"> Locate a ValueONE Retail Network pharmacy at AlabamaBlue.com/ValueONEPharmacyLocator Maintenance drugs – up to a 30-day supply <ul style="list-style-type: none"> View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList Prescription drugs (other than maintenance drugs) - up to a 30-day supply <ul style="list-style-type: none"> View the SourceRx 1.0 drug list that applies to the plan at AlabamaBlue.com/SourceRx1DrugList4T The only in-network pharmacy for some Tier 4 (specialty) drugs is the Pharmacy Select Network <ul style="list-style-type: none"> Tier 4 (specialty) drugs can be dispensed for up to a 30-day supply View the Specialty Drug List at AlabamaBlue.com/SelfAdministeredSpecialtyDrugList Some immunizations may be received from an in-network pharmacy that participates in the Pharmacy Vaccine Network. A list of the eligible vaccines these pharmacies may provide can be found at: AlabamaBlue.com/VaccineNetworkDrugList .	Covered at 100% of the allowed amount, subject to calendar year deductible and the following copays for a 30-day supply: Tier 1 Drugs: \$15 copay per prescription Tier 2 Drugs: \$50 copay per prescription Tier 3 Drugs: \$75 copay per prescription Tier 4 (specialty) Drugs: \$395 copay per prescription Covered Insulin Products: \$99.00 maximum cost share per 30-day supply.	Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>Extended Supply Prescription Prepaid Benefits</p> <p>The extended supply pharmacy network for the plan is the ValueONE ESN Network</p> <ul style="list-style-type: none"> Locate a ValueONE Pharmacy at AlabamaBlue.com/ValueONEESNPharmacyLocator <p>Maintenance drugs - up to 90-day supply may be purchased but copay applies for each 30-day supply</p> <ul style="list-style-type: none"> View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList <p>Prescription drugs (other than maintenance drugs) - up to a 30-day supply</p> <ul style="list-style-type: none"> View the SourceRx 1.0 drug list that applies to the plan at AlabamaBlue.com/SourceRx1DrugList4T Tier 4 (specialty) drugs are not available through extended supply pharmacy service 	<p>Covered at 100% of the allowed amount, subject to calendar year deductible and the following copays for a 30-day supply for each prescription:</p> <p>Tier 1 Drugs: \$15 copay per prescription</p> <p>Tier 2 Drugs: \$50 copay per prescription</p> <p>Tier 3 Drugs: \$75 copay per prescription</p> <p>Tier 4 (specialty) Drugs: Not covered</p> <p>Covered Insulin Products: \$99.00 maximum cost share per 30-day supply.</p>	<p>Not Covered</p>
<p>Select Generic Specialty and Biosimilar Drugs</p> <p>Generic specialty and biosimilar drugs can be dispensed for up to a 30-day supply. The only in-network pharmacy for some generic specialty and biosimilar drugs is the Pharmacy Select Network.</p> <ul style="list-style-type: none"> View the Select Generic Specialty and Biosimilar Drug List that applies to the plan at AlabamaBlue.com/SelectGenericSpecialtyandBiosimilarDrugList. <p>Generic specialty and biosimilar drugs are not available through the Home Delivery Network.</p>	<p>100% of the allowed amount, no deductible or copayment</p>	<p>Not Covered</p>
BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse)		
<p>Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.</p>		
Allergy Testing & Treatment	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Ambulance Service	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Participating Chiropractic Services	Covered at 60% of the allowed amount, subject to calendar year deductible	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, not covered</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Durable Medical Equipment (DME)	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Rehabilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Habilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Home Health and Hospice	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Home Infusion	Covered at 100% of the allowed amount, after \$395.00 copay and subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Medical Nutrition Therapy Services For adults and children, limited to 6 hours per member per calendar year	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible

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

Useful Information to Maximize Benefits

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

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

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.

Arabic: انتباه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات الإضافية المناسبة لتوفير المعلومات بتيسقات 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 Sprachassistentendienste 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 નિ:શુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુવલ 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 કોલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क 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: 한국어어(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: ເຂົາໃຈໃສ່: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີດມ່ວນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໃດໆໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທຫາຜ່ານບໍລິການລູກຄ້າ.

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.

General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage **MUST PAY** for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

RETIREE COVERAGE ONLY:

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to NAPA Insurance Center, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Retiree coverage only: Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within after the qualifying event occurs. You must provide this notice to: NAPA Insurance Center.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA

continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period* to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

* <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Dan Pierro, Broker, , dan.pierro@napainsctr.com

NAPA Insurance Center

'''

, dan.pierro@napainsctr.com

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

[Get a copy of this privacy notice](#)

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

[Choose someone to act for you](#)

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

[File a complaint if you feel your rights are violated](#)

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

[Your Choices](#)

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing Purposes
- Sale of your Information

[Our Uses and Disclosures](#)

[How do we typically use or share your health information?](#)

We typically use or share your health information in the following ways.

[Help manage the health care treatment you receive](#)

- We can use your health information and share it with professionals who are treating you.
- Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

[Run our organization](#)

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

[Pay for your health services](#)

- We can use and disclose your health information as we pay for your health services.
- Example: We share information about you with your dental plan to coordinate payment for your dental work.

[Administer your plan](#)

- We may disclose your health information to your health plan sponsor for plan administration.
- Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

[How else can we use or share your health information?](#)

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Special Notes: We never sell or market your personal information

Greater limits on disclosures: We will never share any substance abuse treatment records without your written permission.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date of this notice:

OHCA notice:

Privacy Official: NAPA Insurance Center, dan.pierro@napainsctr.com,

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Dan Pierro, Broker, , dan.pierro@napainsctr.com

Newborn's Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WHCRA Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a Symmetrical appearance
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: .

If you would like more information on WHCRA benefits, call your plan administrator

WHCRA Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at for more information.

Important Items to Remember

NEW HIRE WAITING PERIOD

New employees are eligible for company insurance benefits: First of the month following 60 days of continuous employment.

TERMINATION OF BENEFITS

When your employment with the company is terminated, your benefits will stop: At the end of that month

DEPENDENT CHILDREN

Children under the age of 26 are eligible to be covered under the benefits. They will be taken off of the plan at the end of the month in which they turn 26

OPEN ENROLLMENT

You can make changes to your plans (enroll in coverage, waive coverage, add/drop dependents, etc..) during this time period each year. Open enrollment occurs 30 days prior to your plan renewal. All changes made during this time period will take effect on the renewal date 4/1

MAKING PLAN CHANGES DURING THE YEAR

If you've had a major life event (getting married, having a child, getting divorced, losing coverage, becoming eligible for Medicare, etc...) during the year, you're able to make coverage changes to your plan even though it's outside of the Open Enrollment window. Please turn in all paperwork within 30 days of your Qualifying Event to ensure it will be processed timely and any claims incurred will be paid. PLEASE NOTE: If adding a newborn baby to your plan, the baby's social security number will not be available right away. Please submit the paperwork without it, and provide it once it's available

COBRA

PLEASE NOTE: In the event your employment is terminated with the company, you will receive a packet in the mail giving you the opportunity to continue your Medical, Dental and Vision benefits for up to 18 months. This is called COBRA coverage. Your employer DOES NOT contribute to this coverage as they may when you are employed with them. You will be responsible for 102% of the actual cost of the insurance if you wish to continue with it.

STAY IN NETWORK

To obtain the best benefits, it's important to stay in the insurance carrier's network. Always check online or verify over the phone that a doctor or hospital is in network BEFORE your visit. Also, when having a procedure done in a hospital/facility, ask the hospital staff to make sure EVERY doctor/nurse/radiologist/anesthesiologist/etc... is in your network

EXPLANATION OF BENEFITS

Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.

NEED A NEW ID CARD OR ANOTHER ID CARD FOR A DEPENDENT?

You can register for the insurance carrier's website where you can print out temporary ID cards and order new cards, or you can contact: Jane Doe at ABC Insurance Services Email: Phone:

Insurance Terms and Definitions

PPO (PREFERRED PROVIDER ORGANIZATION)

A PPO is a type of insurance network. In this type of network, you may choose to obtain care in or out of your network. If you choose to visit a "Preferred", or "In-Network", provider, your out of pocket expense will be significantly less than if you visit a provider outside your network. The reason for this is the In-Network provider agrees to accept set, contracted rates as payment in full for their services in return for being part of the insurance carrier's Preferred Provider network.

HMO (HEALTH MAINTENANCE ORGANIZATION)

An HMO is a type of insurance network. In this type of network, you must stay in your network to obtain care under your plan. There are no benefits paid out for services obtained outside the network. In some instances, HMO's may require that you have a referral from your primary care physician to obtain services from a specialist.

DEDUCTIBLE

The amount you pay before the insurance carrier starts sharing the expense of your medical care. Major medical expenses apply to the deductible like inpatient/outpatient surgeries, MRI's, CT Scans, etc...

CO-INSURANCE

After you've reached your deductible for the year, the insurance carrier will split the balance of the major medical expense with you. They pay a percentage and you pay a percentage of your medical expense until you've reached your Out of Pocket Maximum

OUT OF POCKET MAXIMUM

This is the maximum amount you will pay for covered medical expenses during your deductible period

CO-PAYS

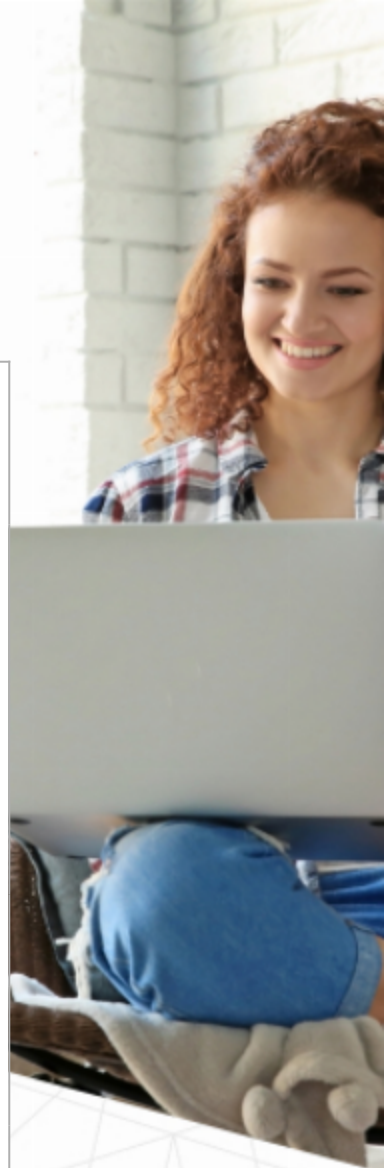
This is a set Dollar amount you pay when you receive medical care from a PCP, Specialist, Urgent Care, Emergency Room, or Pharmacy. It's called a CO-pay, because you pay the set dollar amount and your insurance carrier pays the rest of the actual charge from the doctor/facility. Co-pays DO NOT apply to the deductible

NEGOTIATED RATE (CONTRACTED RATE)

When a Provider (doctor, facility, pharmacy or hospital) contracts with an insurance carrier, they are considered In-Network. Part of the contract states that the provider will accept a lower payment (lower than what they normally charge) from the insurance carrier as payment in full. This lower payment is the Negotiated Rate.

EXPLANATION OF BENEFITS

Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.



Benefit Questions

benefits@napainsctr.com or 510-443-0597 or
800-833-4954

Beneficiary & Related Benefit Forms

Home | NAPA

Enrollment Questions & Support

888-650-3003

Business Insurance, Individual Life, or Medical Quotes

www.napainsurancecenter.com

Blue Cross Customer Service

800-292-8868

More Benefits Through ABA – Automotive Benefits Association

ABA

Health Equity H.S.A. Member Services

877-288-0719