

AlabamaBlue.com For general definitions of common terms, such as [allowed amount](#)

What is the overall [deductible](#) ?

\$400 individual.

Generally, you must pay all of the costs from [providers](#) up to the [deductible](#) amount before this [plan](#) begins to pay. If you have other family members on the [plan](#),

All

	Physician/surgeon fees	0% coinsurance	20% coinsurance	Surgery performed in the physician's office will be subject to the applicable physician copay and deductible; in Alabama, out-of-network coinsurance is 50%
	Emergency room care	Accident: \$150 copay /visit Medical Emergency: \$150 copay /visit	Accident: \$150 copay /visit Medical Emergency: \$150 copay /visit	Benefits for non-medical emergencies are subject to higher patient responsibility; physician charges will apply
	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	Urgent care	\$55 copay /visit	20% coinsurance	In Alabama, out-of-network coinsurance is 50%
	Facility fee (e.g., hospital room)	\$325 per admission copay	\$325 per admission copay & 20% coinsurance	In Alabama, out-of-network benefits are only available for accidental injury and medical emergency; precertification is required; maximum of three inpatient per admission copay per person per calendar year
	Physician/surgeon fees	0% coinsurance	20% coinsurance	In Alabama, out-of-network coinsurance is 50%

* For more information about limitations and exceptions, see the plan or policy document at AlabamaBlue.com.

- Chiropractic care (limited to 24 visits per member per calendar year)

