



: Troy University

Coverage For Individual + Family Plan Type PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a plan. That SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of the plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete plan, visit us at 1-800-298-6888.

600 individual / \$1,800 family network  
\$750 individual / \$2,250 family out of network

plan

All [copayment](#) and [coinsurance](#) costs shown in this chart are after [out-of-pocket](#) has been met, if [deductible](#) applies

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u><a href="#">provider's</a></u> office or clinic	Primary care visit to treat an injury or illness	\$30 <u><a href="#">copay</a></u> /visit No overall deductible	20% <u><a href="#">coinsurance</a></u>	None
	<u><a href="#">Specialist</a></u> visit	\$60 <u><a href="#">copay</a></u> /visit No overall deductible	20% <u><a href="#">coinsurance</a></u>	
	<u><a href="#">Preventive care/screening</a></u> immunization	No Charge No overall deductible	Not Covered	Please visit <a href="http://AlabamaBlue.com/preventiveservices">AlabamaBlue.com/preventiveservices</a> . You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test				

\* For more information about limitations and exceptions, see the plan or [policy document](#) at [AlabamaBlue.com](http://AlabamaBlue.com)



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

\* For more information about limitations and exceptions, see the plan or [policy document](#) at [AlabamaBlue.com](#)





The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

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

**Language Access Services and Notice of Nondiscrimination:**

Blue Cross and Blue Shield of Alabama complies with applicable Federal civil rights laws and does not discriminate on the basis of race,

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-216-3144 (TTY: 711).

Arabic: (711: ٥ ¼ ٥ ٣) ١-٨٥٥-٢١٦-٣١٤٤ « Ùß É ª ì ÔàÙ ' ,áí'ª ì ªß' í Öàì ó > ðó ' É ç Û «

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-216-3144 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. 1-855-216-3144 (ATS: 711).

French Creole: 1-855-216-3144 (AT(T)5 (E) 711)1.