



## 2022 Short Term Limited Duration Coverage Single and Family Coverage for life's unexpected changes

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of pre-existing conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.



**BlueCross BlueShield  
of Alabama**

*We cover what matters.*

# consider

## The advantages of **BLUE**



### **Expertise**

For more than 80 years, Blue Cross and Blue Shield of Alabama has been **providing access to quality coverage and dependable, local service.** Our commitment to providing products of value extends to millions of Alabamians.

### **Access to Care**

With a short term plan, you have access to our BlueCard® PPO network for coverage in Alabama, that includes a choice of hospitals and a comprehensive network of healthcare professionals. Outside of the state of Alabama, you have in-network coverage for medical emergencies and accidental injury.

**Our plans are available in every county in Alabama.** This kind of access means you have a broad choice in the hospitals and physicians you can use.

### **Service**

As a member of the Blue Cross family, you can count on us to be there when you need us. Our superior Customer Service Department has the technology and knowledge to **consistently exceed our members' expectations.**

### **Peace of Mind**

When you have Blue Cross coverage, you have peace of mind. You can depend on Blue Cross. It's a brand that is respected throughout Alabama.



## Short Term Single and Family Coverage For life's unexpected changes

Have you recently experienced a loss in healthcare coverage? Do you need temporary coverage? Whether you are a recent college graduate, in-between jobs, or find yourself without coverage, you can rest easy knowing we've got your back. Short Term Limited Duration coverage is for individuals and families who do not have healthcare coverage and need coverage for a limited time. You should consider enrolling in a short term plan if you are:

- Needing temporary healthcare coverage
- In-between jobs
- Waiting for new healthcare coverage to begin
- A recent college graduate
- Not eligible for a tax credit on the Health Insurance Marketplace

Blue Cross and Blue Shield of Alabama conveniently provides the short term coverage you want to meet your needs. We'll help you bridge the gap with quality coverage you deserve. We offer three short term plans: Short Term Blue Limited, Short Term Blue and Short Term Blue Plus.

### **Short Term Blue Limited – 6 Months**

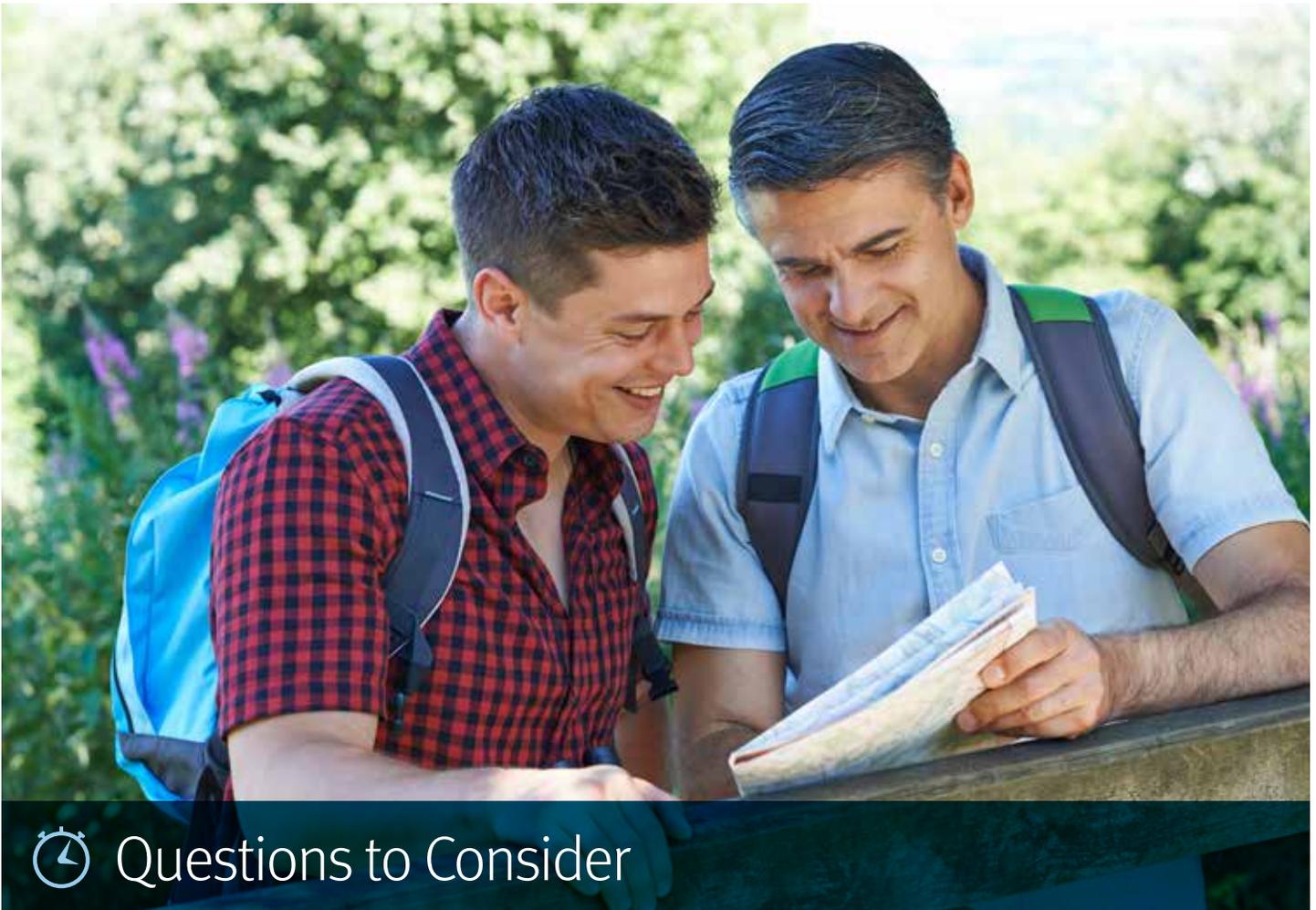
Short Term Blue Limited is our short term plan for single-only coverage. Short term coverage under this plan is for 6 months.

### **Short Term Blue – 364 Days**

Short Term Blue is our short term plan for single and family coverage. Short term coverage under this plan is for 364 days.

### **Short Term Blue Plus – 36 Months**

Short Term Blue Plus is our short term plan for single and family coverage. Short Term coverage under this plan is up to 36 months.



## 🕒 Questions to Consider

### What is Short Term Limited Duration (short term) coverage?

Our short term plans help bridge the gap in coverage when individuals and families experience a loss of coverage. You may be in-between jobs, a recent college graduate, or waiting for coverage to begin. No matter the reason, Blue Cross has the quality short term plan for you.

This coverage is not required to comply with certain federal market requirements for health insurance, like the Affordable Care Act (ACA). This policy may also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility, the loss of eligibility does not create a Special Enrollment Period, so you may have to wait until an Open Enrollment Period to get other health insurance coverage. The Open Enrollment Period applies to ACA health insurance coverage only.

### How do I enroll in short term coverage?

You can enroll in any of our short term plans as long as you are eligible for coverage.

#### Ways to enroll in a short term plan:

- Go online to [AlabamaBlue.com/ShortTerm](https://AlabamaBlue.com/ShortTerm) and click on “Get Started” to view and enroll in a plan.
- Call **1-855-511-2579** to speak with one of our dedicated Insurance Advisors.
- Call the number above and ask for a paper application to be mailed to you.

## Who is eligible to enroll in a short term plan?

To be eligible for short term coverage, the contract holder must be a resident of the state of Alabama, not enrolled in Medicare or Medicaid, meet certain medical underwriting requirements, and not currently enrolled in a short term plan.

## How do I pay?

You may pay your monthly premium by eCheck, check, credit or debit card (Discover®, MasterCard®, or Visa®), or over the phone. You may also choose to receive your statements electronically or in paper form.

When you register for **myBlueCross**, you can make payments online and set up recurring payments. All you have to do is:

1. Register for *myBlueCross* online at [AlabamaBlue.com/Register](https://AlabamaBlue.com/Register).
2. Click on the "Review and Pay My Bill" link to set up your account.

## How long will my short term coverage last?

- **Short Term Blue Limited** is single-only 6 month coverage.
- **Short Term Blue** is single and family coverage for 364 days.
- **Short Term Blue Plus** is single and family coverage up to 36 months.

## When will my short term coverage begin?

If you apply between the first and the fifteenth day of the month, coverage will be effective no later than the first day of the following calendar month. If you apply between the sixteenth and the last day of the month, coverage will be effective no later than the fifteenth day of the following month. The foregoing effective dates assume you timely pay your premiums in full.

## How will I receive an ID card?

If you have a Short Term Blue Limited or Short Term Blue plan, you will have access to a virtual ID card using the Alabama Blue app. If you have a Short Term Blue Plus plan, you will receive a hard copy ID card.

## I am currently on a short term plan. When can I re-apply for coverage?

If you know your short term plan is ending, you can re-apply for coverage. However, once your current short term plan ends, you must have a one-day gap in coverage before your new effective date begins. Medical underwriting will also be required each time you enroll. Please keep in mind that the current amount paid under the prior contract will not carry over to the new contract.

## Are there any exclusions to short term plans?

Yes, there are exclusions to short term plans. For a list of exclusions, go to page 11. You can also find out more detailed information by viewing the plan's Benefit Booklet.

## Where can I find my Benefit Booklet after enrollment?

You can find your Benefit Booklet for your short term plan by registering or logging on to your *myBlueCross* account. To register, go to [AlabamaBlue.com/Register](https://AlabamaBlue.com/Register). Once you log in, select "View Benefits and Coverage" to view your Benefit Booklet.

You may also request a printed copy of your Benefit Booklet by calling us at **1-855-249-3659**.



# Enroll Today and **Go Blue!**

## **Nationwide Network for Emergencies**

As a Preferred Provider Organization, Blue Cross offers the broadest choice of doctors, hospitals and other providers in Alabama, making quality healthcare easily accessible. For short term plans, the BlueCard® PPO network will be limited to out-of-state coverage in cases of accidental injury and medical emergency.

You can find an in-network provider, pharmacy or hospital by visiting [AlabamaBlue.com/FindADoctor](https://alabamablue.com/FindADoctor).

You can enroll by going online to [AlabamaBlue.com/ShortTerm](https://alabamablue.com/ShortTerm) or by calling **1-855-511-2579**.

## **No Need to Wait for an Open Enrollment or Special Enrollment Period**

The short term plans do not meet the same enrollment requirements as the individual plans regulated by the Affordable Care Act. This means that you do not have to wait for an Open Enrollment Period to get coverage. You can apply for short term coverage at any time throughout the calendar year.

## **We are “The Caring Company”**

We are a local, Alabama company that cares about the health and well-being of our members and our state. We invest in opportunities, services and resources that focus on health and wellness goals and illness prevention. We give back to our community, making us a company you can count on.





Download our **MOBILE APPS** for phone and tablet

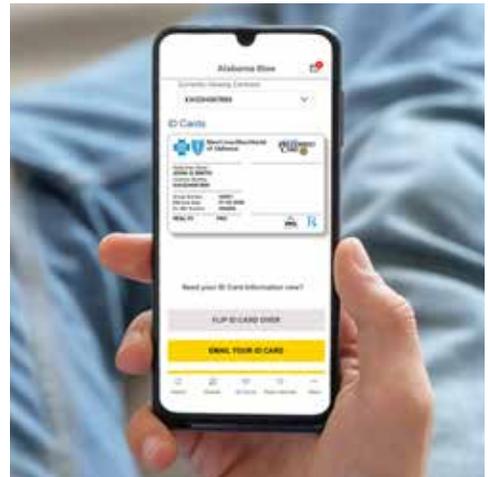


## Alabama Blue

MOBILE APP FOR PHONE & TABLET

Register for *myBlueCross* to get enhanced features using Alabama Blue

- Easy login with Touch/Face ID options
- Check your claims and benefits
- View or email your ID card
- Track your deductible and out-of-pocket spend
- Find a doctor in your network
- Communicate securely with Customer Service



## BABY YOURSELF®

MOBILE APP FOR PHONE & TABLET

Tracks your baby's growth and your personal journey to motherhood

*Just right  
for  
expectant  
moms!*

- Enroll easily in Baby Yourself with your Baby Yourself nurse\*
- Weekly updates on the growth of your baby and what might be happening with you
- Improved trackers to track symptoms, kicks, contractions, etc.
- Track the growth of your belly with the enhanced Gallery
- Articles crafted around your pregnancy journey



\*For this service, you must be a Blue Cross and Blue Shield of Alabama member and enrolled in the Baby Yourself Maternity Program.



There is no charge from Blue Cross and Blue Shield of Alabama 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.



# Plan Overview of In-Network Benefits

Health Benefits*	Short Term Blue Limited Single Coverage for 6 months	Short Term Blue Single and Family Coverage for 364 days	Short Term Blue Plus Single and Family Coverage up to 36 months
<b>Eligibility Requirements</b>	You must meet the following eligibility requirements to enroll in a short term plan: <ul style="list-style-type: none"> <li>• A resident of the state of Alabama</li> <li>• Not enrolled in Medicare or Medicaid</li> <li>• Meet certain medical underwriting requirements</li> <li>• Not currently enrolled in a short term plan</li> </ul>		
<b>Plan Deductible</b>	\$1,500 individual	\$1,500 individual \$3,000 family	\$1,500 individual per plan year \$3,000 family per plan year
<b>Prescription Drug Contract Maximum</b>	\$1,500 individual	\$3,000 per individual on the contract	\$3,000 per individual per plan year on the contract
<b>Contract Maximum</b>	\$1,000,000 per individual	\$1,000,000 per individual on the contract	\$2,000,000 per individual on the contract
<b>Out-of-Pocket Maximum</b>	Not Applicable	Not Applicable	\$10,000 per individual per plan year \$20,000 family maximum per plan year
<b>Inpatient Hospital</b> First 365 Days of Care	\$500 daily copay (days 1-5) for each admission	\$500 daily copay (days 1-5) for each admission	\$500 daily copay (days 1-5) for each admission
<b>Outpatient Surgery</b> Including Ambulatory Surgical Centers	\$500 copay	\$500 copay	\$500 copay
<b>Emergency Room</b> Medical Emergency Accidental Injury	\$500 copay	\$500 copay	\$500 copay
<b>Outpatient Diagnostic Lab, X-Ray, and Pathology</b>	\$500 copay	\$500 copay	\$500 copay
<b>Outpatient Dialysis, IV Therapy, Chemotherapy, and Radiation Therapy</b>	\$500 copay	\$500 copay	\$500 copay
<b>Intensive Outpatient Services and Partial Hospitalization</b> Mental Health Disorders Substance Abuse	\$50 copay	\$50 copay	\$50 copay

<b>Health Benefits*</b>	<b>Short Term Blue Limited</b> Single Coverage for 6 months	<b>Short Term Blue</b> Single and Family Coverage for 364 days	<b>Short Term Blue Plus</b> Single and Family Coverage up to 36 months
<b>Physician Office Visits and Consultations</b>	\$50 copay	\$50 copay	\$50 copay
<b>Telephone and Online Video Consultations</b>	\$45 payment per consultation	\$45 payment per consultation	\$45 payment per consultation
<b>Emergency Room Physician</b>	80%, subject to deductible	\$125 copay	\$125 copay
<b>Surgery and Anesthesia</b>	80%, subject to deductible	80%, subject to deductible	80%, subject to deductible
<b>Maternity Care</b>	Not covered	80%, subject to deductible	80%, subject to deductible
<b>Inpatient Visits and Inpatient Consultations</b>	80%, subject to deductible	80%, subject to deductible <b>Note:</b> Inpatient consultations by a specialty provider are limited to one consultation per specialist per stay.	80%, subject to deductible
<b>Diagnostic Lab, X-Rays, Pathology</b>	80%, subject to deductible	100%, subject to deductible	100%, subject to deductible
<b>Chemotherapy and Radiation Therapy</b>	80%, subject to deductible	80%, subject to deductible	80%, subject to deductible
<b>Psychological Testing</b>	50%, subject to deductible	50%, subject to deductible	50%, subject to deductible
<b>Allergy Testing and Treatment</b>	Not covered	80%, subject to deductible	80%, subject to deductible
<b>Routine Immunizations</b>	80%, no deductible or copay	100%, no deductible or copay	100%, no deductible or copay
<b>Other Covered Services</b> Accident-Related Dental Services, Ambulance Services, and Dialysis Services	80%, subject to deductible	80%, subject to deductible	80%, subject to deductible
<b>Home Health and Hospice Care</b>	Not covered	80%, subject to deductible	80%, subject to deductible

Health Benefits*	Short Term Blue Limited Single Coverage for 6 months	Short Term Blue Single and Family Coverage for 364 days	Short Term Blue Plus Single and Family Coverage up to 36 months
<b>Home Infusion</b>	Not Covered	\$250 copay	\$250 copay
<b>Occupational, Physical, and Speech Therapy</b> Ages 0-18 for autism spectrum disorders	50%, subject to deductible	80%, subject to deductible	80%, subject to deductible
<b>ABA Therapy</b> Ages 0-18 for autism spectrum disorders	50%, subject to deductible	80%, subject to deductible	80%, subject to deductible
<b>Prescription Drug Benefits</b> <ul style="list-style-type: none"> <li>• ValueONE Network</li> <li>• ScriptSave Discount Drug Card - Use your discount drug card to get savings on brand-name and generic prescriptions.</li> </ul>	Tier 1: \$15 copay Tier 2: \$60 copay Tier 3: Not covered Tier 4: \$250 copay Covered Insulin Products: \$99 maximum cost share per 30-day supply	Tier 1: \$15 copay Tier 2: \$30 copay Tier 3: \$60 copay Tier 4: 0% of the allowed amount Tier 5: \$250 copay Tier 6: 0% of the allowed amount Covered Insulin Products: \$99 maximum cost share per 30-day supply	Tier 1: \$15 copay Tier 2: \$30 copay Tier 3: \$60 copay Tier 4: 0% of the allowed amount Tier 5: \$250 Tier 6: 0% of the allowed amount Covered Insulin Products: \$99 maximum cost share per 30-day supply

\*The health benefits listed above are in-network benefits. In-network services outside of Alabama may vary. There are health benefit exclusions for Short Term Blue Limited, Short Term Blue and Short Term Blue Plus. For more information about these exclusions, go to page 11 or view the plan Benefit Booklet for additional details.

## Health Benefit Exclusions

Short Term plans exclude benefits that are typically covered under an Individual or Group health plan. For example, pre-existing conditions are not covered under Short Term Blue and Short Term Blue Limited. Short Term Blue Plus does not cover pre-existing conditions for the first 365 days of coverage. A pre-existing condition is any condition, no matter how caused, for which you received medical advice, a diagnosis, care, or for which treatment was recommended or received during the two-year period preceding your effective date.

To find out more details about pre-existing conditions and exclusions for Short Term Blue, Short Term Blue Limited and Short Term Blue Plus, please view the plan's Benefit Booklet.

The table below describes the health benefit exclusions for Short Term Blue Limited, Short Term Blue and Short Term Blue Plus.

✗ - The health benefit is excluded from the plan.

✓ - The health benefit is not excluded from the plan; however, please refer to the plan's Benefit Booklet for additional details.

<b>Health Benefit Exclusions</b> <i>In Alphabetical Order</i>	<b>Short Term Blue Limited</b> Single Coverage for 6 months	<b>Short Term Blue</b> Single and Family Coverage for 364 days	<b>Short Term Blue Plus</b> Single and Family Coverage up to 36 months
<b>ABORTIONS</b> Services or expenses for or related to <b>abortions</b> (except in cases of rape, incest, or when the life of the woman would be endangered).	✗	✗	✗
<b>ACUPUNCTURE</b> Services or expenses for <b>acupuncture</b> , biofeedback and other forms of self-care or self-help training.	✗	✗	✗
<b>ALLERGY</b> Services or expenses for or related to <b>allergy</b> testing and treatment.	✗	✓	✓
<b>ANESTHESIA</b> <b>Anesthesia</b> services or supplies or both by local infiltration.	✗	✗	✗
<b>ASSISTED REPRODUCTIVE TECHNOLOGY (ART)</b> Services, drugs, or expenses for or related to the treatment of infertility and/or <b>Assisted Reproductive Technology (ART)</b> . ART is any process of taking human eggs or sperm or both and putting them into a medium or the body to try to cause reproduction. Examples of ART are in vitro fertilization and gamete intrafallopian transfer.	✗	✗	✗
<b>BLEPHAROPLASTY</b> Services or expenses for or related to <b>blepharoplasty</b> .	✗	✗	✗
<b>CHIROPRACTIC</b> <b>Chiropractic</b> services.	✗	✓	✓
<b>CLAIM</b> Services or expenses for which a <b>claim</b> is not properly submitted to Blue Cross. Services or expenses for a <b>claim we have not received in 12 months</b> after services were rendered or expenses incurred.	✗	✗	✗
<b>COCHLEAR IMPLANTS</b> Services or expenses for or related to <b>cochlear implants</b> .	✗	✗	✗
<b>COMFORT OR CONVENIENCE</b> Services or expenses for personal hygiene, <b>comfort or convenience</b> items as described in the plan's Benefit Booklet. Treatment programs, the use of equipment to strengthen muscles according to preset rules, and related services performed during the same therapy session are also excluded.	✗	✗	✗

## Health Benefit Exclusions *(continued)*

<b>Health Benefit Exclusions</b> <i>In Alphabetical Order</i>	<b>Short Term Blue Limited</b> Single Coverage for 6 months	<b>Short Term Blue</b> Single and Family Coverage for 364 days	<b>Short Term Blue Plus</b> Single and Family Coverage up to 36 months
<b>CONTRACEPTIVES</b> Services or expenses for or related to <b>contraceptives</b> except when medically necessary and not for birth control.	✗	✓	✓
<b>CONVALESCENT CARE</b> Services or expenses for sanitarium care, <b>convalescent care</b> , or rest care.	✗	✗	✗
<b>COSMETIC SURGERY</b> Services or expenses for <b>cosmetic surgery</b> . Cosmetic Surgery is any surgery done primarily to improve or change the way one appears. "Reconstructive surgery" is any surgery done primarily to restore or improve the way the body works or correct deformities that result from disease, trauma or birth defects. Reconstructive surgery is a covered benefit; cosmetic surgery is not. Complications or later surgery related in any way to cosmetic surgery is not covered, even if medically necessary, if caused by an accident, or if done for mental or emotional relief.	✗	✗	✗
<b>CRIME</b> Services or expenses for treatment of injury sustained in the commission of a <b>crime</b> (except for injury resulting from a medical condition or domestic violence) or for treatment while confined in a prison, jail, or other penal institution.	✗	✗	✗
<b>CUSTODIAL CARE</b> Services or expenses for <b>custodial care</b> . Care is "custodial" when its primary purpose is to provide room and board, routine nursing care, training in personal hygiene, and other forms of self-care or supervisory care by a physician for a person who is mentally or physically disabled.	✗	✗	✗
<b>DENTAL</b> <b>Dental</b> implants into, across, or just above the bone and related appliances. Services or expenses to prepare the mouth for dental implants such as those to increase the upper and lower jaws or their borders, sinus lift process, guided tissue regrowth or any other surgery, bone grafts, hydroxyapatite and similar materials. These services, supplies or expenses are not covered even if they are needed to treat conditions existing at birth, while growing, or resulting from an accident. These services, supplies or expenses are excluded even if they are medically or dentally necessary.	✗	✗	✗
<b>DENTAL SERVICES</b> <b>Dental services</b> or expenses of any kind except in the limited circumstances set forth in the section of the plan's Benefit Booklet called Other Covered Services.	✗	✗	✗
<b>DIETARY INSTRUCTIONS</b>	✗	✓	✓
<b>ENDING DATE OF COVERAGE</b> Services, care, or treatment you receive after the <b>ending date of your coverage</b> . This means, for example, that if you are in the hospital when your coverage ends, we will not pay for any more hospital days. We do not insure against any condition such as pregnancy or injury. We provide benefits only for services and expenses furnished while this plan is in effect.	✗	✗	✗
<b>EYE</b> Services or expenses for <b>eye</b> exercises, eye refractions, visual training orthoptics, shaping the cornea with contact lenses, or any surgery on the eye to improve vision including radial keratotomy.	✗	✗	✗

<b>Health Benefit Exclusions</b> <i>In Alphabetical Order</i>	<b>Short Term Blue Limited</b> Single Coverage for 6 months	<b>Short Term Blue</b> Single and Family Coverage for 364 days	<b>Short Term Blue Plus</b> Single and Family Coverage up to 36 months
<b>EYEGASSES</b> <b>Eyeglasses</b> or contact lenses or related examination or fittings.	✗	✗	✗
<b>FEDERAL HOSPITAL OR FACILITY</b> Services or expenses in any <b>federal hospital or facility</b> except as provided by federal law.	✗	✗	✗
<b>FOOT CARE</b> Services or expenses for routine <b>foot care</b> such as removal of corns or calluses or the trimming of nails (except mycotic nails).	✗	✗	✗
<b>GOVERNMENTAL</b> Unless otherwise required by applicable law, services or expenses covered in whole or in part under the laws of the United States, any state, county, city, town or other <b>governmental</b> agency that provides or pays for care, through insurance or any other means.	✗	✗	✗
<b>HEARING AIDS</b> <b>Hearing aids</b> or examinations or fittings for them.	✗	✗	✗
<b>HOME HEALTHCARE</b> <b>Home healthcare</b> services, care, or supplies.	✗	✓	✓
<b>HOSPICE</b> <b>Hospice</b> services, care or supplies.	✗	✓	✓
<b>HYSTERECTOMY</b> Services or expenses for or related to a <b>hysterectomy</b> . (This includes any related procedure such as removing the ovaries with a hysterectomy.)	✗	✓	✓
<b>IMPLANTABLE DEVICES</b> <b>Implantable devices</b> and supplies, equipment and accessories ancillary to implantation of same unless provided by an in-network provider or in-network third party vendor and covered by the terms of the applicable in-network contract.	✗	✗	✗
<b>IMPOTENCE</b> Services or expenses for or related to the treatment of <b>impotence</b> or erectile dysfunction, including prescription medications and surgery to implant or remove a penile prosthesis.	✗	✗	✗
<b>INVESTIGATIONAL</b> <b>Investigational</b> treatment, procedures, facilities, drugs, drug usage, equipment, or supplies, including investigational services that are part of a clinical trial.	✗	✗	✗
<b>JOINT REPLACEMENT</b> Services or expenses for or related to <b>joint replacement</b> , unless the joint replacement occurs as a result of a medical emergency or accidental injury.	✗	✗	✗
<b>LEGALLY OBLIGATED TO PAY</b> Services or expenses which you are not <b>legally obligated to pay</b> , or for which no charge would be made if you had no health coverage.	✗	✗	✗
<b>LICENSED PROVIDER</b> Services or expenses for treatment which does not require a <b>licensed provider</b> , given the level of simplicity and the patient's condition, will not further restore or improve the patient's bodily functions, or is not reasonable as to number, frequency, or duration.	✗	✗	✗
<b>MATERNITY CARE</b> Services or expenses for <b>maternity care</b> .	✗	✓	✓

## Health Benefit Exclusions *(continued)*

<b>Health Benefit Exclusions</b> <i>In Alphabetical Order</i>	<b>Short Term Blue Limited</b> Single Coverage for 6 months	<b>Short Term Blue</b> Single and Family Coverage for 364 days	<b>Short Term Blue Plus</b> Single and Family Coverage up to 36 months
<b>MEDICALLY NECESSARY</b> Services or expenses we determine are not <b>medically necessary</b> .	✗	✗	✗
<b>MEDICARE</b> Services or supplies to the extent that a member is, or would be, entitled to reimbursement under <b>Medicare</b> , regardless of whether the member properly and timely applied for, or submitted claims to, Medicare, except as otherwise required by federal law.	✗	✗	✗
<b>MENTAL RETARDATION</b> Services or expenses for or related to the diagnosis and treatment of <b>mental retardation</b> .	✗	✗	✗
<b>NICOTINE ADDICTION</b> Services or expenses of any kind for <b>nicotine addiction</b> such as smoking cessation treatment. The only exception to this exclusion is expenses for nicotine withdrawal drugs prescribed by a physician and dispensed by a licensed pharmacist from an in-network pharmacy.	✗	✗	✗
<b>NON-PAYMENT</b> Services, care or treatment you receive during any period of time with respect to which we have <b>not been paid for your coverage</b> and that <b>non-payment</b> results in termination.	✗	✗	✗
<b>OBESITY</b> Services or expenses for treatment of any condition including, but not limited to, <b>obesity</b> , weight reduction, or dietary control. This exclusion includes bariatric surgery and gastric restrictive procedures and any complications arising from bariatric surgery and gastric restrictive procedures. (This exclusion does not apply to cardiac or pulmonary rehabilitation, diabetes self-management programs, or plan-approved programs for pediatric obesity.)	✗	✗	✗
<b>OCCUPATIONAL THERAPY</b> Services or expenses for <b>occupational therapy</b> , except for the limited circumstances described in the section of the plan's Benefit Booklet called Other Covered Services.	✗	✓	✓
<b>ORAL PRESCRIPTION DRUGS</b> <b>Oral prescription drugs</b> specifically for sexual dysfunction.	✗	✗	✗
<b>PACKS</b> Hot and cold <b>packs</b> , including circulating devices and pumps.	✗	✗	✗
<b>PHYSICAL THERAPY</b> Services or expenses for <b>physical therapy</b> , except for the limited circumstances described in the section of the plan's Benefit Booklet called Other Covered Services.	✗	✓	✓
<b>PRE-EXISTING CONDITIONS</b> Services or expenses for " <b>pre-existing conditions</b> ." A pre-existing condition is any condition, no matter how caused, for which you received medical advice, a diagnosis, care, or for which treatment was recommended or received during the two-year period preceding your effective date. Even if your condition is not diagnosed until after your effective date, we will treat your condition as pre-existing if treatment was recommended or received during the two-year period preceding your effective date for symptoms that are consistent with the presence of your condition.	✗	✗	<div style="text-align: center;">✓</div> <p><b>Note:</b> After the first 365 days of coverage</p>

<b>Health Benefit Exclusions</b> <i>In Alphabetical Order</i>	<b>Short Term Blue Limited</b> Single Coverage for 6 months	<b>Short Term Blue</b> Single and Family Coverage for 364 days	<b>Short Term Blue Plus</b> Single and Family Coverage up to 36 months
<b>PRIVATE DUTY NURSING</b> Services or expenses for <b>private duty nurses</b> . Private duty nursing services consist of nursing care by a licensed professional nurse (R.N.) or a licensed practical nurse (L.P.N.) provided specifically to the patient and arranged by the patient and his/her family.	✗	✗	✗
<b>RECREATIONAL</b> Services or expenses for <b>recreational</b> or educational therapy (except for plan-approved ABA therapy, diabetic self-management programs, pulmonary rehabilitation programs, or Phase 1 or 2 cardiac rehabilitation programs).	✗	✗	✗
<b>REDUCTION MAMMOPLASTY</b> Services or expenses for or related to <b>reduction mammoplasty</b> .	✗	✗	✗
<b>REHABILITATE</b> Hospital admissions in whole or in part when the patient primarily receives services to <b>rehabilitate</b> such as physical therapy, speech therapy, or occupational therapy.	✗	✗	✗
<b>REHABILITATION</b> Services or expenses for learning or vocational <b>rehabilitation</b> , except for the limited circumstances described in the section of the plan's Benefit Booklet called Other Covered Services.	✗	✗	✗
<b>RELATED</b> Services or expenses any provider rendered to a member who is <b>related</b> to the provider by blood or marriage or who regularly resides in the provider's household.	✗	✗	✗
<b>REPLACEMENTS OR UPGRADES</b> <b>Replacement or upgrade</b> of existing properly functioning Durable Medical Equipment (including prosthetics), even if the warranty has expired.	✗	✗	✗
<b>RESIDENTIAL TREATMENT CENTER</b> Services or supplies furnished by a facility that is solely classified as a <b>residential treatment center</b> . This does not exclude covered substance abuse services or supplies furnished by a general hospital, psychiatric hospital or substance abuse facility.	✗	✗	✗
<b>RESIDENTIAL TREATMENT</b> <b>Residential treatment</b> services or supplies.	✗	✗	✗
<b>REVERSE STERILIZATION</b> Services or expenses related to <b>reverse sterilization</b> .	✗	✗	✗
<b>RHINOPLASTY</b> Services or expenses related to <b>rhinoplasty</b> .	✗	✗	✗
<b>ROOM AND BOARD</b> <b>Room and board</b> for hospital admissions in whole or in part when the patient primarily receives services that could have been provided on an outpatient basis based on the patient's condition and the services provided.	✗	✗	✗
<b>ROUTINE PHYSICAL EXAMINATIONS</b> <b>Routine physical examinations</b> (except in the limited circumstances described in the section of the plan's Benefit Booklet called Physician Preventive Benefits).	✗	✗	✗
<b>ROUTINE WELL CHILD CARE</b> <b>Routine well child care</b> and routine immunizations (except in the limited circumstances described in the section of the plan's Benefit Booklet called Physician Preventive Benefits).	✗	✗	✗

## Health Benefit Exclusions *(continued)*

<b>Health Benefit Exclusions</b> <i>In Alphabetical Order</i>	<b>Short Term Blue Limited</b> Single Coverage for 6 months	<b>Short Term Blue</b> Single and Family Coverage for 364 days	<b>Short Term Blue Plus</b> Single and Family Coverage up to 36 months
<b>SEX THERAPY</b> Services or expenses for, or related to, <b>sex therapy</b> programs or treatment for sex offenders.	✗	✗	✗
<b>SEX TRANSFORMATIONS</b> Services or expenses for <b>sex transformations</b> .	✗	✓	✓
<b>SEXUAL DYSFUNCTIONS</b> Services or expenses for, or related to, <b>sexual dysfunctions</b> or inadequacies not related to organic disease (unless the injury results from an act of domestic violence or a medical condition).	✗	✗	✗
<b>SINUS</b> Services or expenses for or related to <b>sinus</b> surgery.	✗	✓	✓
<b>SKILLED NURSING FACILITY</b> Services or supplies furnished by a <b>skilled nursing facility</b> .	✗	✗	✗
<b>SLEEP DISORDERS</b> Services or expenses for treatment of <b>sleep disorders</b> .	✗	✗	✗
<b>SLEEP STUDIES</b> <b>Sleep studies</b> performed outside of a healthcare facility, such as home sleep studies, whether or not supervised or attended.	✗	✗	✗
<b>SPEECH THERAPY</b> Services or expenses for <b>speech therapy</b> except for the limited circumstances described in the section of the plan's Benefit Booklet called Other Covered Services.	✗	✓	✓
<b>STERILIZATION</b> Services or expenses for or related to <b>sterilization</b> or reverse sterilization.	✗	✓	✓
<b>SUPPLIES</b> Services, <b>supplies</b> , equipment, accessories or other items which can be purchased at retail establishments or otherwise over-the-counter without a doctor's prescription that are not otherwise covered services under another section of the plan's Benefit Booklet.	✗	✗	✗
<b>TEETH</b> Services or expenses to care for, treat, fill, extract, remove or replace <b>teeth</b> or to increase the periodontium as described in the plan's Benefit Booklet.	✗	✗	✗
<b>TELECONSULTATION</b> Services provided through <b>teleconsultation</b> , except through Teladoc®.	✓	✓	✓
<b>TEMPOROMANDIBULAR JOINT (TMJ) DISORDERS</b> Dental treatment for or related to <b>temporomandibular joint (TMJ) disorders</b> . This includes Phase I and Phase II Treatment, therapy or exams, according to the guidelines approved by the Academy of Craniomandibular Disorders. These treatments permanently alter the teeth or the way they meet and include such services as balancing the teeth, shaping the teeth, reshaping the teeth, restorative treatment, treatment involving artificial dental structures such as crowns, bridges or dentures, full mouth rehabilitation, dental implants, treatment for irregularities in the position of the teeth (such as braces or other orthodontic appliances) or a combination of these treatments.	✗	✗	✗

<b>Health Benefit Exclusions</b> <i>In Alphabetical Order</i>	<b>Short Term Blue Limited</b> Single Coverage for 6 months	<b>Short Term Blue</b> Single and Family Coverage for 364 days	<b>Short Term Blue Plus</b> Single and Family Coverage up to 36 months
<b>THIRD PARTY VENDOR</b> Services, supplies, implantable devices, equipment and accessories billed by any out-of-network <b>third party vendor</b> that are used in surgery or any operative setting. This exclusion does not apply to services and supplies provided to a member for use in their home pursuant to a physician's prescription.	X	X	X
<b>TONSILS</b> Services or expenses for or related to the removal of <b>tonsils</b> and/or adenoids.	X	X	X
<b>TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS)</b> <b>Transcutaneous Electrical Nerve Simulation (TENS)</b> equipment and all related supplies including TENS units, conductive garments, applications of electrodes, batteries and skin preparation solutions.	X	X	X
<b>TRANSPLANTS</b> Services or expenses for or related to organ, tissue or cell <b>transplants</b> except specifically as allowed by the plan.	X	X	X
<b>TRAVEL</b> <b>Travel</b> , even if prescribed by your physician (not including ambulance services otherwise covered under the plan).	X	X	X
<b>TUBES</b> Services or expenses for or related to the placement of <b>tubes</b> in the ear (i.e. tympanostomy and myringotomy).	X	X	X
<b>WAR</b> Services or expenses for an accident or illness resulting from active participation in <b>war</b> , or any act of war, declared or undeclared, or from active participation in riot or civil commotion.	X	X	X
<b>WORKERS' COMPENSATION</b> Services or expenses in cases rendered for any disease, injury or condition arising out of and in the course of employment for which benefits and compensation is available in whole or in part under the provisions of any <b>workers' compensation</b> or employers' liability laws, state or federal. This applies as described in the plan's Benefit Booklet.	X	X	X

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