



BlueCross BlueShield
of Alabama



Subscriber Name
JOHN C SLATE
Contract Number
PPA854623964

In-Ntwk Ded (Ind/Fam): \$6,000 / \$12,000
Out-of-Ntwk Ded (Ind/Fam): \$12,000 / \$24,000
In-Ntwk OOP (Ind/Fam): \$8,000 / \$16,000
Out-of-Ntwk OOP (Ind/Fam): NA / NA

Group Number 48774
Effective Date 05-01-2023
Rx Bin Number 004915

HEALTH

PAC





www.AlabamaBlue.com

*For additional benefit information, visit AlabamaBlue.com or call Member Customer Service.

Providers file claims and direct questions about claim payments to the local Blue Cross and/or Blue Shield Plan.

Member Customer Service: 1 800 292-8868
PPO Provider Locator: 1 800 810-2583
Preadmission Certification: 1 800 248-2342
Provider Benefits/Eligibility: 1 800 517-6425
Pharmacist: 1 800 216-9920

Blue Cross and Blue Shield of Alabama
450 Riverchase Parkway East
Birmingham, Alabama 35244
An Independent Licensee of the
Blue Cross and Blue Shield Association

10C003-003



Customer Service (800) 239-3503

COVERAGE UNDERWRITTEN BY ACE AMERICAN INSURANCE COMPANY

Group Name: Southern Poverty Law Center

Participant Claims ID: MDX000063288

Group Number: BB200054

Insured Name: JOHN C SLATE

Effective Date: 8/1/2024

Coverage: Family

Deductible:

\$250 per Covered Person; \$500 per Family

Combined Inpatient & Outpatient Benefits:

\$5,750 Max per Covered Person; \$11,500 Max per Family



THIS IS NOT MAJOR MEDICAL INSURANCE

Claims Submission



Customer Service:
(800) 239-3503

Submit Claims To:
2810 Premiere Parkway
Suite 400
Duluth, GA 30097

EDI Claims Submission:
Clearing House; Change Healthcare
Payer ID: 58102

Provider Must Include:
*Primary Carrier EOB

Reimburses up to the maximum benefit for out-of-pocket covered expenses incurred for the treatment of an injury or sickness that is incurred after the Effective Date. Plan requires that the Insured Person's Major Medical/Comprehensive Policy covers the expense.

Please read your Certificate for an explanation of all your benefits, exclusions, limitations, & reductions.