

**City of Huntsville**  
BlueCard<sup>®</sup> PPO

Effective January 1, 2016

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BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
<b>GENERAL PROVISIONS</b>		
<b>Calendar Year Deductible</b>	\$350 per person each calendar year; 2 member family maximum.	
<b>Annual Out-of-Pocket Maximum</b>	\$3,500 individual annual out-of-pocket maximum; \$6,350 annual out-of-pocket maximum per family.  <b>In-Network Services:</b> Deductibles, copays and coinsurance apply to the out-of-pocket maximum, including prescription drugs.  <b>Out-of-Network Services:</b> Out-of-Network services do not apply to the out-of-pocket maximum.	
<b>INPATIENT HOSPITAL FACILITY SERVICES</b>		
<b>Deductibles and Copay</b>	\$200 per admission deductible. \$50 copay per day for days 2-6.	\$300 per admission deductible.
<b>Inpatient Facility Coverage (including maternity)</b>	100% coverage for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries.	80% coverage for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries.  <b>Note:</b> In Alabama, available only for medical emergency and accidental injury
<b>Preadmission Certification</b>	Precertification is required for inpatient admissions (except medical emergency services and maternity); 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.	
<b>OUTPATIENT HOSPITAL FACILITY SERVICES</b>		
<b>Precertification is required for some outpatient hospital benefits and physician-administered drugs; please see your benefit booklet. If precertification is not obtained, no benefits are available.</b>		
<b>Surgery</b>	Covered at 100% of the allowance subject to the \$125 facility copay.	
<b>Medical Emergency</b>	Covered at 100% of the allowance subject to the \$150 facility copay.	
<b>Accidental Injury</b> <b>Note:</b> If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to <b>Emergency Room (Medical Emergency)</b> above.	Covered at 100% of the allowance subject to the \$150 facility copay.	Covered at 100% of the allowance subject to the \$150 facility copay within 72 hours of the accident. Thereafter, covered at 80% 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.
<b>Diagnostic Lab, X-ray, IV Therapy, Pathology, Hemodialysis, Chemotherapy and Radiation Therapy</b>	Covered at 100% of the allowance with no deductible or copay required.	<b>In Alabama:</b> Not covered unless for medical emergency or accidental injury <b>Outside Alabama:</b> Covered at 80% of the allowance subject to the calendar year deductible.
<b>PHYSICIAN SERVICES</b>		
<b>Precertification is required for some physician benefits and physician-administered drugs; please see your benefit booklet. If precertification is not obtained, no benefits are available.</b>		
<b>Office Visits and Outpatient Consultations</b>	Covered at 100% of the allowance subject to the \$30 office visit copay.	<b>In Alabama:</b> Covered at 50% of the allowance subject to the calendar year deductible. <b>Outside Alabama:</b> Covered at 80% of the allowance subject to the calendar year deductible.
<b>Emergency Room Physician Fees</b>	Covered at 100% of the allowance subject to the \$30 office visit copay.	
<b>Surgery, Anesthesia, Inpatient Visits, Second Surgical Opinions &amp; Inpatient Consultations</b>	Covered at 100% of the allowance with no deductible or copay.	<b>In Alabama:</b> Covered at 50% of the allowance subject to the calendar year deductible. <b>Outside Alabama:</b> Covered at 80% of the allowance subject to the calendar year deductible.
<b>Maternity</b>	Covered at 100% of the allowance with no deductible or copay.	<b>In Alabama:</b> Covered at 50% of the allowance subject to the calendar year deductible. <b>Outside Alabama:</b> Covered at 80% of the allowance subject to the calendar year deductible.
<b>Diagnostic X-rays and Lab Exams</b>	Covered at 100% of the allowance with no deductible or copay.	<b>In Alabama:</b> Covered at 50% of the allowance subject to the calendar year deductible. <b>Outside Alabama:</b> Covered at 80% of the allowance subject to the calendar year deductible.
<b>Chemotherapy and Radiation Therapy</b>	Covered at 100% of the allowance with no deductible or copay required.	<b>In Alabama:</b> Covered at 50% of the allowance subject to the calendar year deductible. <b>Outside Alabama:</b> Covered at 80% of the allowance subject to the calendar year deductible.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
<b>PREVENTIVE CARE SERVICES</b>		
<b>Preventive Immunizations and Routine Services</b> <ul style="list-style-type: none"> <li>See <a href="http://AlabamaBlue.com/preventiveservices">AlabamaBlue.com/preventiveservices</a> for a listing of the specific immunizations and preventive services or call our Customer Service Department for a printed copy</li> <li>Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See <a href="http://AlabamaBlue.com/pharmacy">AlabamaBlue.com/pharmacy</a> for more information</li> </ul>	Covered at 100%; no copay or deductible	Not covered
<b>In addition to the preventive services listed on the web site, your group provides benefits for the following services. In some cases, the services listed below are greater than the services listed on the web site. In those cases, the greater benefit will prevail.</b>		
<b>Annual Routine OB/GYN visit</b>	Covered at 100%; no copay or deductible	Not covered
<b>Other Routine Screening</b>	Covered at 100%; no copay or deductible. Includes the following: Urinalysis and CBC (when necessary), TB skin testing (when necessary), and Cholesterol testing (once every 5 years).	Not covered
<b>Note:</b> In some cases, office visit copays or facility copays may apply.		
<b>OTHER COVERED SERVICES</b>		
<b>Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.</b>		
<b>Chiropractor Services</b>	Covered at 80% of the fee allowance, subject to the calendar year deductible. The provider <b>cannot</b> bill for any amount above the fee allowance.	Covered at 80% of the fee allowance, subject to the calendar year deductible. If a non-participating provider is used, the provider <b>can</b> bill the difference between the billed charge and the fee allowance.
<b>Physical Therapy</b>	Covered at 80% of the allowance, subject to the calendar year deductible.	
<b>Occupational Therapy</b>	Covered at 80% of the allowance, subject to the calendar year deductible.	
<b>Speech Therapy</b>	Covered at 80% of the allowance, subject to the calendar year deductible.	
<b>Durable Medical Equipment</b>	Covered at 80% of the allowance, subject to the calendar year deductible.	
<b>Temporomandibular Joint Disorders</b>	Covered at 80% of the allowance, subject to the calendar year deductible.	
<b>Allergy Testing &amp; Treatment</b>	Covered at 80% of the allowance, subject to the calendar year deductible.	
<b>Home Health and Hospice</b>	Covered at 100% of the allowance with no deductible or copay. Precertification required for services rendered outside of Alabama. Call 1 800 821-7231.	Covered at 80% of the allowance subject to the calendar year deductible. Precertification required. Call 1 800 821-7231. <b>Non-Preferred in Alabama:</b> No benefits are available if a non-Preferred provider is used.
<b>Baby Yourself<sup>®</sup></b>	A maternity program; For more information, please call 1 800 222-4379. You can also enroll online at <a href="http://behealthy.com">behealthy.com</a>	
<b>Individual Case Management</b>	Coordinates care in event of catastrophic or lengthy illness or injury; For more information, please call 1-800-821-7231.	
<b>Disease Management</b>	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease.	
<b>American Cancer Society Quit for Life<sup>®</sup> Smoking Cessation Program</b>	A tobacco cessation program for employees, spouses, and dependents age 18 and over that provides support to participants through telephone-based counseling and nicotine replacement therapy. Call 1 888 768-7848 for participation information.	
<b>Ambulance Services</b>	Covered at 80% of the allowance, subject to the calendar year deductible.	
<b>Removal of Impacted Wisdom Teeth</b>	Covered at 100%; no copay or deductible	Covered at 80% of the allowance, subject to the calendar year deductible.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
<b>PRESCRIPTION DRUGS</b>		
<p><b>Point-of-Sale Drug Program</b></p> <ul style="list-style-type: none"> <li>All forms of contraceptives are covered.</li> <li>Member will pay copay, coinsurance or deductible amount at time of purchase and will not be required to file claim</li> <li>Retail generic drugs may be dispensed for up to 90 days with one copay</li> <li>Specialty drugs can be dispensed for up to a 30-day supply. The only in-network pharmacy for some specialty drugs is the <b>Prime Therapeutics Specialty Pharmacy</b> network. Go to <a href="http://AlabamaBlue.com/web/pharmacy/drugguide.html">AlabamaBlue.com/web/pharmacy/drugguide.html</a> for a list of these specialty drugs.</li> <li>View the <b>Standard Prescription Drug</b> list that applies to the plan at <a href="http://AlabamaBlue.com/web/pharmacy/drugguide.html">AlabamaBlue.com/web/pharmacy/drugguide.html</a></li> </ul>	<p><b>Participating Pharmacy:</b></p> <p><b>Tier 1 drugs</b> covered at 100% of the allowance after \$10 copay  <b>Tier 2 drugs</b> covered at 80% of the allowance, subject to the calendar year deductible  <b>Tier 3 drugs</b> covered at 65% of the allowance, subject to the calendar year deductible.</p> <ul style="list-style-type: none"> <li><b>Diabetic/Insulin medications will have a \$25 copay per prescriptions regardless of tier</b></li> </ul>	<p><b>Non-Participating Pharmacy in Alabama:</b></p> <p>No benefits are available for prescriptions purchased in a non-Participating Pharmacy in Alabama.</p> <p><b>Non-Participating Pharmacy Outside Alabama:</b> Paid at the In-Network level of benefits.</p>

**Please note:** Providers/Specialists may be listed in a PPO directory or on the provider finder web site ([www.bcbs.com](http://www.bcbs.com)), but not covered as PPO benefits by this group health plan (i.e., DME, Ambulance, Allergists). Please check your benefit matrix or Summary Plan Description to determine coverage.

**This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.**

Group 29092  
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