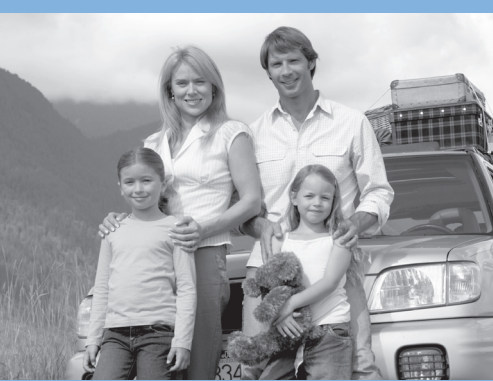


*We cover what matters.*



# BlueCard<sup>®</sup> PPO

## Plan Benefits

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

Effective January 1, 2022

Visit our website at  
**AlabamaBlue.com**



**BlueCross BlueShield  
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

## **Prescription Drugs: PreferredONE Network**

Locate a PreferredONE Retail Network pharmacy at [AlabamaBlue.com/pharmacy](https://alabamablue.com/pharmacy)

### **PreferredONE Network Facts:**

- 55,000 major national and regional pharmacy chains, retailers and grocers, and independent pharmacies participate in the **PreferredONE Retail Network**. This includes many national pharmacies you may already be using.
- 45,000 major national and regional pharmacy chains, retailers and grocers, and independent pharmacies participate in the **PreferredONE Extended Supply Network (ESN)**. This includes many national pharmacies you may already be using.
- Generally, **PreferredONE Retail Network** pharmacies can fill up to a 30-day supply of retail drugs while **PreferredONE ESN Network** pharmacies can fill up to a 90-day supply of certain medications (prescription must be written for up to a 90-day supply). Refer to your benefit booklet for the specific day supply permitted by your benefit plan. Since the type of pharmacy differs within the PreferredONE Network, be sure to check your specific pharmacy.
- If you do not use a PreferredONE Network pharmacy, you may be responsible for the full cost of your prescription medication. Benefits may not be provided for out-of-network pharmacies.
- To maximize your pharmacy benefits, you will need to transfer all your prescriptions to a PreferredONE Network pharmacy.

**City of Huntsville**  
**BlueCard® PPO**  
**January 1, 2022**

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
GENERAL PROVISIONS		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
Calendar Year Deductible	\$350 per person each calendar year; 2 member family maximum.	
Annual Medical Out-of-Pocket Maximum	\$3,000 individual annual out-of-pocket maximum; \$6,000 annual out-of-pocket maximum per family.  <b>In-Network Services:</b> Deductibles, copays and coinsurance apply to the out-of-pocket maximum, excluding prescription drugs.  <b>Out-of-Network Services:</b> Out-of-Network services do not apply to the out-of-pocket maximum.	
Annual Prescription Drug Out-of-Pocket Maximum	\$2,000 individual annual out-of-pocket maximum; \$4,000 annual out-of-pocket maximum per family.  <b>In-Network Services:</b> Prescription drug copays, coinsurance apply to the out-of-pocket maximum, available manufacturer or provider cost share assistance program payments made with respect to the specialty drugs on the Specialty Drug Coupon Program List do not apply to the in-network out-of-pocket maximum  <b>Out-of-Network Services:</b> Out-of-Network services do not apply to the out-of-pocket maximum.	
INPATIENT HOSPITAL FACILITY SERVICES		
Deductibles and Copay	\$200 per admission deductible. \$50 copay per day for days 2-6.	\$300 per admission deductible.
Inpatient Facility Coverage (including maternity)	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
Preadmission Certification	Precertification is required for inpatient admissions (except medical emergency services, maternity and as required by applicable Federal law); 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.	
OUTPATIENT HOSPITAL FACILITY SERVICES		
Precertification is required for some outpatient hospital benefits. Precertification is also required for provider-administered drugs; visit <a href="http://AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList">AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList</a> . If precertification is not obtained, no benefits are available.		
Surgery	Covered at 100% of the allowance subject to the \$125 facility copay.	
Medical Emergency	Covered at 100% of the allowance subject to the \$150 facility copay.	
Accidental Injury	Covered at 100% of the allowance subject to the \$150 facility copay.	Covered at 100% of the allowance subject to the \$150 facility copay.
Diagnostic Lab, X-ray, IV Therapy, Pathology, Hemodialysis, Chemotherapy and Radiation Therapy	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.
PHYSICIAN SERVICES		
Precertification is required for some physician benefits. Precertification is also required for provider-administered drugs; visit <a href="http://AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList">AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList</a> . If precertification is not obtained, no benefits are available.		
Office Visits and Consultations	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.
Emergency Room Physician Fees	Covered at 100% of the allowance subject to the \$30 office visit copay.	
Surgery, Anesthesia, Inpatient Visits, Second Surgical Opinions & Inpatient Consultations	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.
Maternity	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.
Diagnostic X-rays and Lab Exams	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.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
<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.
<b>TELEHEALTH SERVICES</b>		
<b>Telehealth Services</b>	Covered at 100% of the allowance subject to \$30.00 office visit copay.	Not Covered.
<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> and <a href="http://AlabamaBlue.com/SourceRXA">AlabamaBlue.com/SourceRXA</a> CAPreventiveDrugList 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/VaccineNetworkDrugList">AlabamaBlue.com/VaccineNetworkDrugList</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 website, 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. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.		
<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. Limited to 9 visits per member per calendar year. On the 10 <sup>th</sup> visit, precertification must be obtained before services are rendered, or services will be denied.	
<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>Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18</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>Medical Nutritional Therapy Services</b>  For adults and children, limited to 6 hours per member per calendar year	Covered at 100% of the allowed amount, subject to a \$30.00 copay	Covered at 80% of the allowed amount, subject to calendar year deductible  <b>In Alabama,</b> covered at 50% of the allowed amount, subject to 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.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
Home Infusion	Covered at 100% of the allowance with no deductible or copay.	Covered at 80% of the allowance subject to the calendar year deductible.
Baby Yourself®	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at <a href="http://AlabamaBlue.com/BabyYourself">AlabamaBlue.com/BabyYourself</a>	
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury; For more information, please call 1-800-821-7231.	
Chronic Condition Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and other specialized conditions.	
American Cancer Society Quit for Life® Smoking Cessation Program	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.	
Ambulance Services	Covered at 80% of the allowance, subject to the calendar year deductible.	
Removal of Impacted Wisdom Teeth	Covered at 100%; no copay or deductible	Covered at 80% of the allowance, subject to the calendar year deductible.
PRESCRIPTION DRUGS		
<b>Retail Prescription Drug Card Benefits</b> <ul style="list-style-type: none"> <li>The retail pharmacy network for the plan is the <b>PreferredONE Retail Network</b></li> <li>Some copays combined for diabetic supplies</li> <li>Prescription drugs-up to 90 day supply may be purchased with one copay</li> <li>The only in-network pharmacy for some drugs is the <b>Pharmacy Select Network</b>, visit <a href="http://AlabamaBlue.com/SelfAdministeredSpecialtyDrugList">AlabamaBlue.com/SelfAdministeredSpecialtyDrugList</a></li> <li>View the <b>SourceRx 2.0</b> drug list that applies to the plan at <a href="http://AlabamaBlue.com/SourceRx1DrugList4T">AlabamaBlue.com/SourceRx1DrugList4T</a> Certain specialty drugs are listed on the <b>Specialty Drug Coupon Program List</b> at <a href="http://AlabamaBlue.com/specialtycouponProgramdruglist">AlabamaBlue.com/specialtycouponProgramdruglist</a></li> <li>Drugs on the Specialty Drug Coupon Program List must be purchased at a pharmacy in the <b>Pharmacy Select Network</b> and are subject to the greater of the applicable Tier copay/coinsurance or the full amount of the available manufacturer cost share assistance program payments</li> <li>Locate a <b>PreferredONE Retail Network</b> pharmacy at <a href="http://AlabamaBlue.com/PreferredOneRetailPharmacyLocator">AlabamaBlue.com/PreferredOneRetailPharmacyLocator</a></li> </ul>	<b>Participating Pharmacy:</b> <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> <p><b>Diabetic/Insulin medications and supplies will have a \$25 copay per prescription regardless of tier</b></p> <p><b>Diabetic Supplies</b> (copays apply)</p> <ul style="list-style-type: none"> <li>Diabetic supplies are covered only through the Prescription Drug Card Program.</li> <li>Copays are combined for some products if purchased on the same day.</li> <li>Insulin, insulin needles and syringes purchased on the same day will require only one copay.</li> <li>Blood glucose strips and lancets purchased on the same day will require only one copay.</li> <li>Glucose monitors will always require a separate copay.</li> </ul>	<b>Non-Participating Pharmacy in Alabama:</b> <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>

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
<b>Extended Supply Prescription Drug Card Benefits</b> <ul style="list-style-type: none"> <li>The extended supply pharmacy network for the plan is the <b>PreferredONE ESN Network</b></li> <li>Some copays combined for diabetic supplies</li> <li>Only maintenance prescription drugs can be purchased through this extended supply pharmacy service-up to 90 day supply</li> <li>View the <b>SourceRx 2.0</b> drug list that applies to the plan at <b>AlabamaBlue.com/SourceRx1DrugList4T</b> Locate a <b>PreferredONE Retail Network</b> pharmacy at <b>AlabamaBlue.com/PreferredOneESNRetailPharmacyLocator</b></li> </ul>	<b>Participating Pharmacy:</b>  <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.  <b>Diabetic/Insulin medications and supplies will have a \$25 copay per prescription regardless of tier</b>  <b>Diabetic Supplies</b> (copays apply) <ul style="list-style-type: none"> <li>Diabetic supplies are covered only through the Prescription Drug Card Program.</li> <li>Copays are combined for some products if purchased on the same day.</li> <li>Insulin, insulin needles and syringes purchased on the same day will require only one copay.</li> <li>Blood glucose strips and lancets purchased on the same day will require only one copay.</li> <li>Glucose monitors will always require a separate copay.</li> </ul>	<b>Non-Participating Pharmacy in Alabama:</b>  No benefits are available for prescriptions purchased in a non-Participating Pharmacy in Alabama. <b>Non-Participating Pharmacy Outside Alabama:</b> Paid at the In-Network level of benefits.
<b>Mail Order Pharmacy Benefits</b> <ul style="list-style-type: none"> <li>Prescription drugs-up to 90 day supply may be purchased with one copay</li> <li>Mail Order Drugs are available through Home Delivery Network (Enroll online at <b>AlabamaBlue.com/HomeDeliveryNetwork</b>)</li> <li>Maintenance and Non-Maintenance drugs can be purchased through this mail order pharmacy</li> <li>View the maintenance drug list that applies to the plan at <b>AlabamaBlue.com/MaintenanceDrugList</b></li> <li>View the Standard Prescription list that applies to the plan at <b>AlabamaBlue.com/StandardDrugList</b></li> </ul>	<b>Participating Pharmacy:</b>  <b>Tier 1 drugs</b> covered at 100% of the allowance after \$20 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.	<b>Not Covered</b>
HEALTH MANAGEMENT AND ADDITIONAL BENEFITS		
<b>Baby Yourself®</b>	A maternity program; For more information, please call 1 800 222-4379. You can also enroll online at <b>AlabamaBlue.com/BabyYourself</b> .	
<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>Chronic Condition Management</b>	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and other specialized conditions.	
<b>American Cancer Society Quit for Life® 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>Contraceptive Management</b>	Covers prescription contraceptives, which include: birth control pills, injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance	

**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.**