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# BlueCard<sup>®</sup> PPO Plan Benefits

**City Of Montgomery**  
BlueCard<sup>®</sup> PPO Plan  
Pre-65 Retirees

Effective January 1, 2020



**BlueCross BlueShield  
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**City Of Montgomery  
BlueCard® PPO Plan  
Pre-65 Retirees  
Effective January 1, 2020**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>SUMMARY OF COST SHARING PROVISIONS</b>		
<b>Calendar Year Deductible</b>	\$300 individual; \$900 family	
<b>Calendar Year Out-of-Pocket Maximum</b>	\$2,500 individual; \$5,000 family  Deductible and Other Covered Services are the only expenses applicable to the annual out-of-pocket maximum (excluding prescription drugs).  After you reach your individual Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year	
<b>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS</b>		
<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>		
<b>Inpatient Hospital</b>	Covered at 100% of the allowed amount after \$60.00 daily hospital copay for days 2-5 and subject to \$300 per admission deductible	Covered at 65% of the allowed amount subject to \$500 per admission deductible  <b>Note:</b> In Alabama, available only for medical emergency services and accidental injury
<b>Inpatient Physician Visits and Consultations</b>	Covered at 100% of the allowed amount; no copay or deductible	Covered at 65% of the allowed amount subject to calendar year deductible
<b>OUTPATIENT HOSPITAL BENEFITS</b>		
<b>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.</b>		
<b>Outpatient Surgery (Including Ambulatory Surgical Centers)</b>	Covered at 100% of the allowed amount subject to \$175.00 hospital copay	Covered at 65% of the allowed amount subject to calendar year deductible  <b>In Alabama, not covered</b>
<b>Emergency Room (Medical Emergency)</b>	Covered at 100% of the allowed amount subject to \$150.00 hospital copay	Covered at 100% of the allowed amount subject to \$150.00 hospital copay subject to calendar year deductible
<b>Emergency Room (Accident)</b>	Covered at 100% of the allowed amount; no copay or deductible	Covered at 100% of the allowed amount with no deductible or copay within 72 hours of the accident. Thereafter, covered at 65% of the allowance, subject to the calendar year deductible.
<b>Emergency Room (Physician)</b>	Covered at 100% of the allowed amount subject to \$60.00 physician copay	Covered at 100% of the allowed amount subject to \$60.00 physician copay subject to calendar year deductible
<b>Outpatient Diagnostic Lab, Pathology &amp; X-ray</b>	Covered at 100% of the allowed amount; no copay or deductible	Covered at 65% of the allowed amount subject to calendar year deductible  <b>In Alabama, not covered</b>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Chemotherapy, Dialysis, IV Therapy &amp; Radiation Therapy</b>	Covered at 100% of the allowed amount; no copay or deductible	Covered at 65% of the allowed amount subject to calendar year deductible  <b>In Alabama</b> , not covered
<b>PHYSICIAN BENEFITS</b>		
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.		
<b>Office Visits and Consultations rendered by a Primary Care Physician (PCP)</b>	Covered at 100% of the allowed amount subject to \$50.00 physician copay	Covered at 65% of the allowed amount subject to calendar year deductible
<b>Office Visits and Consultations rendered by a Specialist</b>	Covered at 100% of the allowed amount subject to \$60.00 physician copay	Covered at 65% of the allowed amount subject to calendar year deductible
<b>Second Surgical Opinions</b>	Covered at 100% of the allowed amount; no copay or deductible	Covered at 65% of the allowed amount subject to calendar year deductible
<b>Surgery &amp; Anesthesia</b>	Covered at 100% of the allowed amount; no copay or deductible	Covered at 65% of the allowed amount subject to calendar year deductible
<b>Maternity Care</b>	Covered at 100% of the allowed amount; no copay or deductible	Covered at 65% of the allowed amount subject to calendar year deductible
<b>Diagnostic Lab &amp; X-ray</b>	Covered at 100% of the allowed amount; no copay or deductible	Covered at 65% of the allowed amount subject to calendar year deductible
<b>PREVENTIVE CARE BENEFITS</b>		
<b>Routine Immunizations and Preventive Services</b> <ul style="list-style-type: none"> <li>• See <a href="http://AlabamaBlue.com/PreventiveServices">AlabamaBlue.com/PreventiveServices</a> and <a href="#">StandardACAPreventiveDrugList</a> for a listing of the specific drugs, 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% of the allowed amount, no copay or deductible	Not Covered
<b>Additional Preventive Services</b>	Covered at 100% of the allowed amount; no copay or deductible <ul style="list-style-type: none"> <li>• Urinalysis (when necessary_</li> <li>• CBC (when necessary)</li> <li>• TB Skin Test (when necessary)</li> <li>• Bone density test (one per calendar year for female employees and dependents age 50 and older)</li> </ul>	Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>PRESCRIPTION DRUG BENEFITS</b>		
Precertification is required for some drugs; if precertification is not obtained, no benefits are available.		
<p><b>Retail Prescription Prepaid Benefits</b></p> <p>The retail pharmacy network for the plan is the <b>Prime Participating Retail Network</b></p> <ul style="list-style-type: none"> <li>Locate a <b>Prime Participating</b> Retail Network pharmacy at <a href="http://AlabamaBlue.com/PrimeParticipatingPharmacyLocator">AlabamaBlue.com/PrimeParticipatingPharmacyLocator</a></li> </ul> <p>Maintenance drugs - up to 90-day supply may be purchased but copay applies for each 30-day supply</p> <ul style="list-style-type: none"> <li>View the maintenance drug list that applies to the plan at <a href="http://AlabamaBlue.com/MaintenanceDrugList">AlabamaBlue.com/MaintenanceDrugList</a></li> </ul> <p>Prescription drugs (other than maintenance drugs) - up to a 30-day supply</p> <ul style="list-style-type: none"> <li>Some copays combined for diabetic supplies</li> <li>View the <b>SourceRx 1.0</b> drug list that applies to the plan at <a href="http://AlabamaBlue.com/SourceRx1DrugList4T">AlabamaBlue.com/SourceRx1DrugList4T</a></li> </ul> <p>The only in-network pharmacy for some (specialty) drugs is the <b>Pharmacy Select Network</b></p> <ul style="list-style-type: none"> <li>Specialty drugs can be dispensed for up to a 30-day supply</li> <li>View the Specialty Drug List at <a href="http://AlabamaBlue.com/SelfAdministeredSpecialtyDrugList">AlabamaBlue.com/SelfAdministeredSpecialtyDrugList</a></li> </ul>	<p><b>Participating Pharmacy:</b> Separate \$250 prescription drug deductible (combined retail and mail order) per person per calendar year; \$750 family maximum.</p> <p><b>Tier 1 Drugs:</b> \$10 copay per prescription after drug deductible</p> <p><b>Tier 2 Drugs:</b> Member will be responsible for 25% of the cost of the drug after drug deductible</p> <p><b>Tier 3 Drugs:</b> Member will be responsible for 25% of the cost of the drug after drug deductible and \$20 per prescription copay</p>	<p>Not Covered</p>
<p><b>Mail Order Pharmacy Benefits</b></p> <ul style="list-style-type: none"> <li>Up to a 90-day supply with one copay</li> <li>Mail Order Drugs are available through <b>Home Delivery Network</b> (Enroll online at <a href="http://AlabamaBlue.com/HomeDeliveryNetwork">AlabamaBlue.com/HomeDeliveryNetwork</a> or call 1-800-391-1886)</li> </ul> <p>Only maintenance drugs can be purchased through this mail order pharmacy service</p> <ul style="list-style-type: none"> <li>View the maintenance drug list that applies to the plan at <a href="http://AlabamaBlue.com/MaintenanceDrugList">AlabamaBlue.com/MaintenanceDrugList</a></li> <li>View the <b>SourceRx 1.0</b> drug list that applies to the plan at <a href="http://AlabamaBlue.com/SourceRx2DrugList4T">AlabamaBlue.com/SourceRx2DrugList4T</a></li> </ul>	<p><b>Participating Pharmacy:</b> Separate \$250 prescription drug deductible (combined retail and mail order) per person per calendar year; \$750 family maximum.</p> <p><b>Tier 1 Drugs:</b> \$10 copay per prescription after drug deductible</p> <p><b>Tier 2 Drugs:</b> Member will be responsible for 25% of the cost of the drug after drug deductible</p> <p><b>Tier 3 Drugs:</b> Member will be responsible for 25% of the cost of the drug after drug deductible and \$20 per prescription copay</p> <p><b>Tier 4 (specialty) Drugs:</b> Not Covered</p>	<p>Not Covered</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>BENEFITS FOR OTHER COVERED SERVICES</b>		
Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.		
<b>Allergy Testing &amp; Treatment</b>	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 80% of the allowed amount subject to calendar year deductible
<b>Ambulance Service</b>	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 80% of the allowed amount subject to calendar year deductible
<b>Participating Chiropractic Services</b>	Covered at 80% of the allowed amount subject to calendar year deductible	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>Durable Medical Equipment (DME)</b>	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 80% of the allowed amount subject to calendar year deductible
<b>Physical Therapy</b>	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 80% of the allowed amount subject to calendar year deductible
<b>Occupational Therapy</b> Limited to certain services related to the hand and lymphedema	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 80% of the allowed amount subject to calendar year deductible
<b>Attention Deficit Disorders (When provided by a Doctor of Medicine)</b>	Covered at 50% of the allowed amount subject to calendar year deductible	Covered at 50% of the allowed amount subject to calendar year deductible
<b>Home Health and Hospice</b>	Covered at 100% of the allowed amount; no copay or deductible	Covered at 65% of the allowed amount subject to calendar year deductible  <b>In Alabama</b> , not covered
<b>Physician Administered Drugs (For Services Related to Mental Health/Substance Abuse Diagnosis)</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
<b>MENTAL HEALTH DISORDERS AND SUBSTANCE ABUSE</b>		
<b>Mental Health Disorders and Substance Abuse</b>	Mental Health Disorders and Substance Abuse are covered through American Behavioral 1-800-925-5327.	

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>HEALTH MANAGEMENT BENEFITS</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 and chronic obstructive pulmonary disease and other specialized conditions.	
<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> . If a member enrolls in the Baby Yourself program up to 24 weeks gestation, both the inpatient per admission deductible and the inpatient per day copay are waived when the member is admitted to the hospital for the delivery of the baby.	

**Useful Information to Maximize Benefits**

- To maximize your benefits, always use in-network providers for services covered by your health benefit plan. To find in-network providers, check a provider directory, provider finder website (**AlabamaBlue.com**) or call 1-800-810-BLUE (2583).
- In-network hospitals, physicians and other healthcare providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard® PPO, PMD). In-network pharmacies are pharmacies that participate with Blue Cross and Blue Shield of Alabama or its Pharmacy Benefit Manager(s). Sometimes an in-network provider may furnish a service to you that is not covered under the contract between the provider and a Blue Cross and/or Blue Shield Plan. When this happens, benefits may be denied or reduced. Please refer to your benefit booklet for the type of provider network that we determine to be an in-network provider for a particular service or supply.
- Out-of-network providers generally do not contract with Blue Cross and/or Blue Shield Plans. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area or the average charge for care in the area.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.
- Prime Therapeutics LLC® is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association.

## 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, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Foreign Language Assistance

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-216-3144 (TTY: 711)

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-216-3144 (TTY: 711)번으로 전화해 주십시오.

**Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-216-3144 (TTY: 711)。

**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:** انتباه: إذا كنت تتحدث العربية، توجد خدمات مساعدة فيما يتعلق باللغة، بدون تكلفة، متاحة لك. اتصل بـ 1-855-216-3144 (الهاتف النصي: 711)

**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. Appelez le 1-855-216-3144 (ATS: 711).

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ed pou lang ki disponib gratis pou ou. Rele 1-855-216-3144 (TTY: 711).

**Gujarati:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. 1-855-216-3144 પર કોલ કરો (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-216-3144 (TTY: 711).

**Hindi:** ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें।

**Laotian:** ໄປອຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດຍບໍ່ແຈ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-216-3144 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-216-3144 (телефайп: 711).

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-216-3144 (TTY: 711).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-216-3144 (TTY: 711).

**Turkish:** DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-216-3144 (TTY: 711) irtibat numaralarını arayın.

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-216-3144 (TTY: 711).

**Japanese:** 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-216-3144 (TTY: 711) まで、お電話にてご連絡ください。