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BlueCard[®] PPO Plan Benefits

City Of Montgomery
Health Management Plan
Actives
BlueCard[®] PPO

Effective January 1, 2020



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**City Of Montgomery
Health Management Plan
Actives
Effective January 1, 2020**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
SUMMARY OF COST SHARING PROVISIONS		
Calendar Year Deductible For family coverage, once an individual member reaches the individual deductible amount, benefits will begin for that member The in-network and out-of-network calendar year deductibles are separate and do not apply to each other	\$1,500 individual; \$3,000 family	\$3,000 individual; \$6,000 family
Calendar Year Out-of-Pocket Maximum All deductibles, copays and coinsurance for in-network services apply to the out-of-pocket maximum (including prescription drugs). For members up to age 19, deductibles and coinsurance for in-network dental services under the group dental benefits apply to the in-network out-of-pocket maximum.	\$4,000 individual; \$8,000 family 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	There is no out-of-pocket maximum for out-of-network services.
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS		
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.		
Inpatient Hospital	Covered at 100% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount after calendar year deductible Note: In Alabama, available only for medical emergency services and accidental injury
Inpatient Physician Visits and Consultations	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible
OUTPATIENT HOSPITAL BENEFITS		
Precertification is required for some outpatient hospital benefits. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. If precertification is not obtained, no benefits are available.		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible In Alabama, not covered
Emergency Room (Medical Emergency)	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 80% of the allowed amount subject to calendar year deductible
Emergency Room (Accident) Note: If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to Emergency Room (Medical Emergency) above.	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 80% of the allowed amount subject to calendar year deductible for services rendered within 72 hours; covered at 60%, subject to the calendar year deductible when services are rendered after 72 hours after the accident and not a medical emergency as defined by the plan
Emergency Room (Physician)	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 80% of the allowed amount subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Chemotherapy, Dialysis, IV Therapy, Outpatient Diagnostic Lab, Pathology, X-Ray & Radiation Therapy	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible
PHYSICIAN BENEFITS		
<p>Precertification is required for some physician benefits. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. If precertification is not obtained, no benefits are available.</p>		
Office Visits and In-Person Consultations	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible
Telephone and Online Video Physician Consultations Program A service, through Teladoc™ to diagnose, treat and prescribe medication (when necessary) for certain medical issues. To enroll, go to Teladoc.com/Alabama or call 1-855-477-4549	Covered at 100% of the allowed amount subject to \$10.00 payment per consultation	Not Covered
Second Surgical Opinions	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible
Surgery & Anesthesia	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible
Maternity Care	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, X-Ray & Radiation Therapy	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible
PREVENTIVE CARE BENEFITS		
Routine Immunizations and Preventive Services <ul style="list-style-type: none"> • See AlabamaBlue.com/PreventiveServices and StandardACAPreventiveDrugList for a listing of the specific drugs, immunizations and preventive services or call our Customer Service Department for a printed copy • Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/VaccineNetworkDrugList for more information 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Additional Preventive Services	Covered at 100% of the allowed amount; no copay or deductible <ul style="list-style-type: none"> • Urinalysis (when necessary) • CBC (when necessary) • TB Skin Test (when necessary) • Bone density test (one per calendar year for female employees and dependents age 50 and older) 	Not Covered
<p>Note: 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.</p>		

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

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
BENEFITS FOR OTHER COVERED SERVICES		
Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.		
Allergy Testing & Treatment	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible
Ambulance Service	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible
Participating Chiropractic Services	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible In Alabama , covered at 50% of the allowed amount subject to calendar year deductible
Durable Medical Equipment (DME)	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible In Alabama , covered at 50% of the allowed amount subject to calendar year deductible
Physical Therapy	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible
Occupational Therapy <small>Limited to certain services related to the hand and lymphedema</small>	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible
Home Health and Hospice	Covered at 80% of the allowed amount subject to calendar year deductible	Covered at 60% of the allowed amount subject to calendar year deductible In Alabama , not covered
Physician Administered Drugs (For Services Related to Mental Health/Substance Abuse Diagnosis)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
MENTAL HEALTH DISORDERS AND SUBSTANCE ABUSE		
Mental Health Disorders and Substance Abuse	Mental Health Disorders and Substance Abuse are covered through American Behavioral 1-800-925-5327.	

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
HEALTH MANAGEMENT BENEFITS		
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 and chronic obstructive pulmonary disease and other specialized conditions.	
Baby Yourself®	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.com/BabyYourself . Member must enroll in the Baby Yourself program by 24 weeks gestation. After delivery of the baby, the member will receive \$300 added to the Health Reimbursement Account to cover any out-of-pocket prenatal expenses.	

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.
- Teladoc® is an independent company providing phone and online physician consultation services to Blue Cross and Blue Shield of Alabama members.
- 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.

This is not a contract, benefit booklet or Summary Plan Description. Benefits are subject to the terms, limitations and conditions of the group contract (including your benefit booklet). Check your benefit booklet for more detailed coverage information. Please visit our website, AlabamaBlue.com.

Group 75672
Revised 10/18/2019 HW

HEALTH REIMBURSEMENT ACCOUNT (HRA):

The HRA will reimburse the employee for eligible expenses that are applied to the deductible on the health insurance plan. Employees must be enrolled in the High Deductible Plan (HDP) in order to receive this benefit. Please see the below explanation on how the HRA plan will coincide with your health insurance plan.

The EMPLOYEE THRESHOLD must be met before the HRA becomes active.

- **Single Coverage-** EMPLOYEE THRESHOLD: **\$250.00**
- **Family Coverage-** EMPLOYEE THRESHOLD: **\$500.00**

Once the EMPLOYEE THRESHOLD has been met, the HRA will pay up to the maximum amount contributed to the plan by the City for the Calendar Year.

- **Single Coverage-** Calendar Year contributed amount: **\$750.00***
- **Family Coverage-** Calendar Year contributed amount: **\$1,500.00***

*HRA plan does have a rollover feature which allows an employee to rollover to the next calendar year an unused amount up to a maximum of the contributed amount.

After the HRA funds provided have been expensed, the EMPLOYEE is responsible for the remainder of the charges of the eligible expenses according to the health insurance plan.

SINGLE COVERAGE EXAMPLE:

1. **Employee** goes to provider and will pay the ***EMPLOYEE THRESHOLD amount of \$250.00***
2. **HRA plan** will provide the funds for the next eligible expenses - **\$750.00** (not considering any rollover funds)
3. **Employee** pays remainder of deductible and any co-insurance amounts after deductible is met.

FAMILY COVERAGE EXAMPLE:

1. **Employee** goes to provider and will pay the ***EMPLOYEE THRESHOLD amount of \$500.00***
2. **HRA plan** will provide the funds for the next eligible expenses - **\$1,500.00** (not considering any rollover funds)
3. **Employee** pays remainder of deductible and any co-insurance amounts after deductible is met.

Should you have any questions in regards to the HRA plan, please contact Alliance Insurance Group by calling (334) 396-3960 or email: kelli@allianceinsgroup.com



Alliance Insurance Group
Employee Benefit Consultants

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 èd 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, ໂດຍບໍ່ແຈ້ງຄ່າ, 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。