

**City of Montgomery  
Health Management Plan  
Actives  
Effective October 1, 2017**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<i>Benefit payments are based on the amount of the provider's charge that Blue Cross and Blue Shield recognizes for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.</i>		
<b>SUMMARY OF COST SHARING PROVISIONS</b>		
<b>Calendar Year Deductible</b> For family coverage, once an individual member reaches the individual deductible amount, benefits will begin for that member.	<u>Individual coverage:</u> \$1,500  <u>For family coverage:</u> \$3,000  Calendar year deductible amounts met in-network will not apply to the out-of-network calendar year deductible	<u>Individual coverage:</u> \$3,000  <u>For family coverage:</u> \$6,000  Calendar year deductible amounts met out-of-network will not apply to the in-network calendar year deductible
<b>Calendar Year Out-of-Pocket Maximum</b> All deductibles, copays and coinsurance for in-network services will apply to the in-network out-of-pocket maximum.	<u>Individual coverage:</u> \$4,000  <u>For family coverage:</u> \$8,000  After you reach Calendar Year Out-of-Pocket Maximum, applicable expenses covered at 100% for remainder of calendar year.	There is no out-of-pocket maximum for out-of-network services.
<b>Lifetime Maximum</b>	There is no lifetime maximum	
<b>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS</b>		
Preadmission Certification required for all inpatient admissions (except emergency hospital admissions and maternity); notification within 48 hours for emergencies. Call 1-800-248-2342 for precertification.		
<b>Inpatient Hospital</b>	Covered at 100% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
<b>Inpatient Physician Visits and Consultations</b>	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
<b>Note:</b> In Alabama, inpatient benefits for non-member hospitals are available only in cases of accidental injury.		
<b>OUTPATIENT HOSPITAL BENEFITS</b>		
<b>Outpatient Surgery (Including Ambulatory Surgical Centers)</b>	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
<b>Emergency Room (Medical Emergency)</b>	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
<b>Emergency Room (Accident)</b>	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible for services rendered within 72 hours; thereafter covered at 60% subject to calendar year deductible
<b>Emergency Room Physician</b>	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
<b>Outpatient Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy and Radiation Therapy</b>	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
<b>Note:</b> In Alabama, outpatient benefits for non-member hospitals are available only in cases of accidental injury.		
<b>PHYSICIAN BENEFITS</b>		
<b>Office Visits &amp; Consultations</b>	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
<b>Second Surgical Opinions</b>	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
<b>Surgery &amp; Anesthesia</b>	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
<b>Maternity Care</b>	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
<b>Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy and Radiation Therapy</b>	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>PREVENTIVE CARE BENEFITS</b>		
<b>Routine Immunizations and Preventive Services</b>	Covered at 100%; no copay or deductible See <a href="http://www.bcbsal.com/preventiveservices">www.bcbsal.com/preventiveservices</a> for a listing of the specific immunizations and preventive services.	Not covered
<b>Additional Routine Preventive Services</b>	Covered at 100%; 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
<b>BENEFITS FOR OTHER COVERED SERVICES</b>		
<b>Allergy Testing &amp; Treatment</b>	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
<b>Ambulance Service</b>	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
<b>Participating Chiropractic Services</b>	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
<b>Durable Medical Equipment (DME)</b>	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
<b>Physical Therapy</b>	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
<b>Occupational Therapy</b>	Covered at 80% subject to calendar year deductible. Limited to certain services related to the hand and lymphedema.	Covered at 60% subject to calendar year deductible. Limited to certain services related to the hand and lymphedema.
<b>HOME HEALTH AND HOSPICE BENEFITS</b>		
<b>Home Health and Hospice</b> <ul style="list-style-type: none"> <li>• Precertification required for visits by home health professionals outside Alabama</li> <li>• For precertification call 1-800-821-7231</li> </ul>	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible; in Alabama, not covered
<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>Disease Management</b>	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease	
<b>Baby Yourself</b>	Prenatal wellness program; Upon completion of program, member will receive an additional \$300 added to your Health Reimbursement Account to be used for your labor and delivery bill. For more information, please call 1- 800- 222-4379. You can also enroll online at <a href="http://www.behealthy.com">www.behealthy.com</a> .	

- Deductibles are applied to claims in the order in which they are processed regardless of the order in which they are received. Deductible is not applicable to all services (see specific categories).

*This is not a contract, benefit booklet or a Summary Plan Description.  
Benefits are subject to the terms, limitations and conditions of the group contract.  
Please visit our web site, [www.bcbsal.com](http://www.bcbsal.com).*

## **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](mailto:kelli@allianceinsgroup.com)

