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

**City Of Montgomery**  
Traditional PPO  
Active Employees

Effective January 1, 2023



**BlueCross BlueShield  
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**City Of Montgomery  
Traditional PPO  
Active Employees  
Effective January 1, 2023**

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>	<p>\$2,500 individual; \$5,000 family</p> <p>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.</p> <p>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.</p>	There is no out-of-pocket maximum for out-of-network services.
<b>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS</b>		
<p><b>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.</b></p>		
<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	<p>Covered at 65% of the allowed amount subject to \$500 per admission deductible</p> <p><b>Note:</b> In Alabama, available only for medical emergency services and accidental injury</p>
<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>		
<p><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></p>		
<b>Outpatient Surgery (Including Ambulatory Surgical Centers)</b>	Covered at 100% of the allowed amount subject to \$175.00 hospital copay	<p>Covered at 65% of the allowed amount subject to calendar year deductible</p> <p><b>In Alabama, not covered</b></p>
<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
<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
<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
<b>Outpatient Diagnostic Lab, Pathology &amp; X-ray</b>	Covered at 100% of the allowed amount; no copay or deductible	<p>Covered at 65% of the allowed amount subject to calendar year deductible</p> <p><b>In Alabama, not covered</b></p>

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, not covered</b>
<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>Telephone and Online Video Physician Consultations Program</b>  A service, through Teladoc™ to diagnose, treat and prescribe medication (when necessary) for certain medical issues. To enroll, go to <a href="http://Teladoc.com/Alabama">Teladoc.com/Alabama</a> or call 1-855-477-4549	Covered at 100% of the allowed amount, subject to \$10.00 payment per consultation	Not Covered
<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>TELEHEALTH SERVICES</b>		
Benefits are provided for Telehealth Services subject to applicable cost-sharing for in-network and out-of-network services, when services rendered are performed within the scope of the health care providers license and deemed medically necessary.		
<b>PREVENTIVE CARE BENEFITS</b>		
<b>Routine Immunizations and Preventive Services</b>  • See <a href="http://AlabamaBlue.com/PreventiveServices">AlabamaBlue.com/PreventiveServices</a> and <a href="http://SourceRxACAPreventiveDrugList">SourceRxACAPreventiveDrugList</a> 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 <a href="http://AlabamaBlue.com/VaccineNetworkDrugList">AlabamaBlue.com/VaccineNetworkDrugList</a> for more information	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
<b>Additional Preventive Services</b>  • 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)	Covered at 100% of the allowed amount; no copay or deductible	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.		

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>Covered Insulin Products: \$99 maximum cost share per 30-day supply</p>	Not Covered
<p><b>Extended Supply Prescription Prepaid Benefits</b></p> <p>The extended supply network for the plan is the <b>Extended Supply Network</b></p> <ul style="list-style-type: none"> <li>Locate an <b>Extended Supply Network (ESN)</b> pharmacy at <a href="http://AlabamaBlue.com/ExtendedSupplyNetworkPharmacyLocator">AlabamaBlue.com/ExtendedSupplyNetworkPharmacyLocator</a></li> </ul> <p>Only maintenance prescription drugs can be purchased through this extended supply pharmacy service - up to a 90-day supply with one copay</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>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><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>Covered Insulin Products: \$99 maximum cost share per 30-day supply</p>	Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<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 1-855-793-5326)</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/SourceRx1DrugList4T">AlabamaBlue.com/SourceRx1DrugList4T</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>Covered Insulin Products: \$99 maximum cost share per 30-day supply</p>	<p>Not Covered</p>

**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.

<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
<p><b>Occupational Therapy</b></p> <p>Limited to certain services related to the hand and lymphedema</p>	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

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<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, not covered</b>
<b>Home Infusion</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>
<b>Medical Nutrition 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 \$60.00 physician copay	Covered at 65% of the allowed amount, subject to calendar year deductible
<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

### MENTAL HEALTH DISORDERS AND SUBSTANCE ABUSE

<b>Mental Health Disorders and Substance Abuse</b>	Mental Health Disorders and Substance Abuse are covered through American Behavioral 1-800-925-5327.
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### HEALTH MANAGEMENT BENEFITS

<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 <a href="http://AlabamaBlue.com/BabyYourself">AlabamaBlue.com/BabyYourself</a> . 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](http://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, or accordance with applicable Federal law.
- 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.
- Teladoc Health is an independent company that Blue Cross and Blue Shield of Alabama has contracted with to provide you with teleconsultation services. Blue Cross and Blue Shield of Alabama is 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](http://AlabamaBlue.com).**