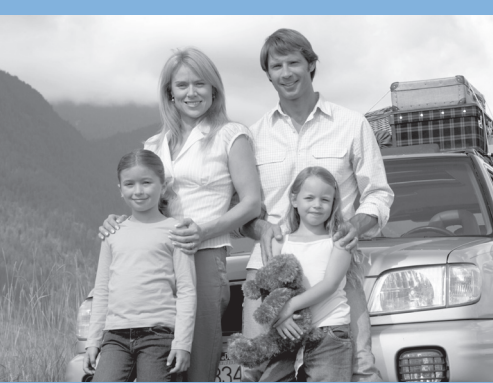


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BlueCard[®] PPO Plan Benefits

City Of Montgomery
Health Management Plan
Retirees Under 65

BlueCard[®] PPO

Effective January 1, 2023



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**City Of Montgomery
Health Management Plan
Retirees Under 65
Effective January 1, 2023**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
SUMMARY OF COST SHARING PROVISIONS		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
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 (excluding 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, 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.		
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)	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 (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 In Alabama, not covered
PHYSICIAN BENEFITS		
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.		
Office 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
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
TELEHEALTH SERVICES		
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.		
PREVENTIVE CARE BENEFITS		
Routine Immunizations and Preventive Services <ul style="list-style-type: none"> • See AlabamaBlue.com/PreventiveServices and SourceRxACAPreventiveDrugList 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 <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) 	Covered at 100% of the allowed amount; no copay or deductible	Not Covered

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 deductible</p> <p>Tier 3 Drugs: Member will be responsible for 25% of the cost of the drug after deductible and \$20 per prescription copay</p> <p>Covered Insulin Products: \$99 maximum cost share per 30-day supply</p>	Not Covered
<p>Extended Supply Prescription Prepaid Benefits</p> <p>The extended supply network for the plan is the Extended Supply Network</p> <ul style="list-style-type: none"> Locate an Extended Supply Network (ESN) pharmacy at AlabamaBlue.com/ExtendedSupplyNetworkPharmacyLocator <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"> View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList Some copays combined for diabetic supplies View the SourceRx 1.0 drug list that applies to the plan at AlabamaBlue.com/SourceRx1DrugList4T 	<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 deductible</p> <p>Tier 3 Drugs: Member will be responsible for 25% of the cost of the drug after deductible and \$20 per prescription copay</p> <p>Tier 4 (specialty) Drugs: 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>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 1-855-793-5326) <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/SourceR12DrugList4T 	<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</p> <p>Tier 2 Drugs: Member will be responsible for 25% of the cost of the drug after deductible</p> <p>Tier 3 Drugs: Member will be responsible for 25% of the cost of the drug after deductible and \$20 per prescription copay</p> <p>Tier 4 (specialty) Drugs: 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.		
<p>Allergy Testing & Treatment</p>	<p>Covered at 80% of the allowed amount subject to calendar year deductible</p>	<p>Covered at 60% of the allowed amount subject to calendar year deductible</p>
<p>Ambulance Service</p>	<p>Covered at 80% of the allowed amount subject to calendar year deductible</p>	<p>Covered at 80% of the allowed amount subject to calendar year deductible</p>
<p>Participating Chiropractic Services</p>	<p>Covered at 80% of the allowed amount subject to calendar year deductible</p>	<p>Covered at 60% of the allowed amount subject to calendar year deductible</p> <p>In Alabama, covered at 50% of the allowed amount subject to calendar year deductible</p>
<p>Durable Medical Equipment (DME)</p>	<p>Covered at 80% of the allowed amount subject to calendar year deductible</p>	<p>Covered at 60% of the allowed amount subject to calendar year deductible</p> <p>In Alabama, covered at 50% of the allowed amount subject to calendar year deductible</p>
<p>Physical Therapy</p>	<p>Covered at 80% of the allowed amount subject to calendar year deductible</p>	<p>Covered at 60% of the allowed amount subject to calendar year deductible</p>
<p>Occupational Therapy</p> <p>Limited to certain services related to the hand and lymphedema</p>	<p>Covered at 80% of the allowed amount subject to calendar year deductible</p>	<p>Covered at 60% of the allowed amount subject to calendar year deductible</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
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
Home Health Infusion	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
Medical Nutrition Therapy Services For adults and children, limited to 6 hours per member per calendar year	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 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.	
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, or in accordance with applicable Federal law.
- 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.
- Div. R00 is exempt from CAA requirements.

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.

CITY OF MONTGOMERY

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 NueSynergy by calling (855) 890-7239 Option 2.