

**PREmployer
BlueCard[®] PPO**

Effective January 1, 2016



Hospital Tiered Network

The Blue Cross and Blue Shield of Alabama Hospital Tiered Network is a local Alabama effort to ensure fiscal responsibility, quality and patient safety in member hospitals. Hospitals are categorized into one of three “tiers”, based on their performance. Hospitals designated as Tier 1 are recognized as having attained the highest level of performance.

Copay amounts for inpatient and outpatient services will vary between tiers with Tier 1 having the lowest copay. The Tier 1 level includes all PPO facilities (including PPO facilities outside Alabama) other than Tier 2 and Tier 3. Only Alabama general acute care hospitals are eligible for tiering within the Hospital Tiered Network. Rehabilitation hospitals, psychiatric hospitals, specialty facilities, out of state hospitals, VA hospitals and long term care hospitals are exempt from participating. All facilities not included on this list are subject to standard in-network benefit design.

All hospitals are evaluated annually with changes made effective January 1. In addition, reviews are completed on a quarterly basis allowing hospitals to improve tier status. To review the evaluation criteria for all hospitals and/or the tier level of a particular hospital, please use the “Find a Doctor” tool on our website at **AlabamaBlue.com**. The tier level will be included in the information provided for each hospital that participates in the Hospital Tiered Network. For more information on the evaluation criteria, click on the name of the hospital and then click on the “Credentials” tab. If you have any questions, please call the Customer Service number on the back of your ID card.

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BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p><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. Some services require a copay, coinsurance, calendar year deductible or deductible for each admission, visit or service.</i></p>		
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
<p>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.</p>		
Inpatient Hospital	<p>Tier 1: Covered at 100% after \$200 per day hospital copay days 1-5 for each admission Tier 2 & Tier 3: Covered at 100% after \$400 per day hospital copay days 1-5 for each admission</p>	<p>Covered at 80% after \$750 per admission deductible Note: In Alabama, available only for medical emergency and accidental injury</p>
Inpatient Physician Visits and Consultations	<p>Covered at 100% subject to calendar year deductible</p> <p>Mental Health Disorders and Substance Abuse Services covered at 100% not subject to calendar year deductible</p>	<p>Covered at 50% subject to calendar year deductible</p> <p>Mental Health Disorders and Substance Abuse Services covered at 80% not subject to calendar year deductible</p>
OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
<p>Precertification is required for some outpatient hospital benefits and physician-administered drugs; please see your benefit booklet. If precertification is not obtained, no benefits are available.</p>		
Outpatient Surgery (Including Ambulatory Surgical Centers)	<p>Tier 1: Covered at 100% after \$400 hospital copay Tier 2 & Tier 3: Covered at 100% after \$800 hospital copay</p>	<p>Covered at 80% subject to calendar year deductible; in Alabama, not covered</p>
Emergency Room (Medical Emergency)	<p>Covered at 100% after \$400 hospital copay</p>	<p>Covered at 100% after \$400 hospital copay and subject to calendar year deductible</p> <p>Mental Health Disorders and Substance Abuse Services covered at 100% after \$400 hospital copay; copay applies to the out-of-pocket maximum</p>
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.	<p>Covered at 100% after \$400 hospital copay</p>	<p>Covered at 100% after \$400 hospital copay and subject to calendar year deductible for services within 72 hours; 80% of the allowed amount, subject to the calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan</p>
Emergency Room Physician	<p>Covered at 100% after \$50 physician copay</p>	<p>Covered at 100% after \$50 physician copay and subject to calendar year deductible</p> <p>Mental Health Disorders and Substance Abuse Services covered at 100% after \$50 physician copay; copay applies to the out-of-pocket maximum</p>
Outpatient Diagnostic Lab, X-ray & Pathology Note: The first covered mammogram each calendar year is not subject to the hospital copay	<p>Tier 1: Covered at 100% after \$400 hospital copay Tier 2 & Tier 3: Covered at 100% after \$800 hospital copay</p>	<p>Covered at 80% subject to calendar year deductible; in Alabama, not covered</p>
Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	<p>Covered at 100%; no copay or deductible</p>	<p>Covered at 80% subject to calendar year deductible; in Alabama, not covered</p>
Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP)	<p>Covered at 100% after \$50 daily hospital copay</p>	<p>Covered at 80% subject to calendar year deductible; in Alabama, not covered</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some physician benefits and physician-administered drugs; please see your benefit booklet. If precertification is not obtained, no benefits are available.		
IN-NETWORK SERVICES NOT SUBJECT TO \$500 CALENDAR YEAR DEDUCTIBLE		
Office Visits & Consultations	Covered at 100% after \$35 primary physician copay or \$50 specialist physician copay	Covered at 50% subject to calendar year deductible
Second Surgical Opinions	Covered at 100% after \$50 physician copay	Covered at 50% subject to calendar year deductible
Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Covered at 100%; no copay or deductible	Covered at 50% subject to calendar year deductible
CAT Scan, MRI, PET/SPECT, ERCP, angiography/arteriography, cardiac cath/arteriography, colonoscopy, UGI endoscopy, muga-gated cardiac scan	Covered at 100% after \$200 copay per procedure	Covered at 50% subject to calendar year deductible
IN-NETWORK SERVICES SUBJECT TO \$500 CALENDAR YEAR DEDUCTIBLE		
Surgery & Anesthesia	Covered at 100% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Maternity Care	Covered at 100% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
PREVENTIVE CARE BENEFITS		
Routine Immunizations and Preventive Services <ul style="list-style-type: none"> • See AlabamaBlue.com/preventiveservices for a listing of the specific 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/pharmacy for more information 	Covered at 100%; no copay or deductible	Not covered
Note: In some cases, office visit copays or facility copays may apply		
PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Prescription Drug Card <ul style="list-style-type: none"> • The pharmacy network for the plan is the Prime Participating Pharmacy Network • Some drugs require precertification • Some copays combined for diabetic supplies • Prescription drugs (other than specialty drugs) can be dispensed for up to a 90-day supply but the copay is applicable for each 30-day supply • Tier 4 (specialty) drugs can be dispensed for up to a 30-day supply. The only in-network pharmacy for some specialty drugs is the Prime Therapeutics Specialty Pharmacy network. Go to AlabamaBlue.com/web/pharmacy/drugguide.html for a list of these specialty drugs. • View the Standard Prescription Drug list that applies to the plan at AlabamaBlue.com/web/pharmacy/drugguide.html 	Covered at 100% subject to the following copays for a 30-day supply for each prescription: Tier 1 Drugs: \$15 copay per prescription Tier 2 Drugs: \$40 copay per prescription Tier 3 Drugs: \$60 copay per prescription Tier 4 (specialty) Drugs: \$100 copay per prescription Generic drugs are mandatory when available and may be classified at any Tier.	Not covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Mail Order Pharmacy Benefits <ul style="list-style-type: none"> Up to 90-day supply with one copay Mail Order drugs are available through PrimeMail® (Enroll online at AlabamaBlue.com or call 1-877-579-7627) Maintenance and Non-Maintenance drugs can be purchased through mail order pharmacy Specialty Drugs are not available through mail order 	Covered at 100% subject to the following copays for a 90-day supply for each prescription: Tier 1 Drugs: \$45 copay per prescription Tier 2 Drugs: \$100 copay per prescription Tier 3 Drugs: \$180 copay per prescription Generic drugs are mandatory when available and may be classified at any Tier.	Not covered
SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)		
Calendar Year Deductible	\$500 individual; \$1,500 aggregate amount per family	
Calendar Year Out-of-Pocket Maximum	\$5,000 individual; \$10,000 aggregate amount per family All deductibles, copays and coinsurance for in-network services and all deductibles, copays and coinsurance for out-of-network mental health disorders/substance abuse emergency services apply to the out-of-pocket maximum. Coinsurance for out-of-network Home Health, Hospice, and Other Covered Services (excluding occupational therapy, physical therapy, speech therapy and DME in Alabama) applies to the out-of-pocket maximum. After you reach Calendar Year Out-of-Pocket Maximum, applicable expenses covered at 100% for remainder of calendar year.	
BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse)		
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% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
Ambulance Service	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
Participating Chiropractic Services	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible; in Alabama, not covered
Durable Medical Equipment (DME)	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
Occupational, Physical and Speech Therapy <ul style="list-style-type: none"> Occupational, physical and speech therapy limited to combined maximum of 30 visits per year Children ages 0-9 with an autistic diagnosis are allowed unlimited visits for occupational and speech therapy 	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
Home Health and Hospice	Covered at 100% subject to calendar year deductible	Covered at 80% subject to calendar year deductible; in Alabama, not covered
EXPANDED PSYCHIATRIC SERVICES (EPS)		
Expanded Psychiatric Services (EPS) <ul style="list-style-type: none"> EPS network available throughout Alabama and in Meridian, Mississippi and Northwest Florida To find an EPS provider call Customer Service at 1-800-292-8868 or search the online provider finder on our website at AlabamaBlue.com 	When care is received or coordinated by an EPS provider, the following mental health disorders and substance abuse benefits are available: Covered at 100%; no copay or deductible Inpatient: Includes hospital, physician and therapy expenses Outpatient: Includes office visits, therapy, counseling and testing When care is not received or coordinated by an EPS provider, the mental health disorders and substance abuse benefits available will mirror all other categories of this matrix.	

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
HEALTH MANAGEMENT BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.	
Disease Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease.	
Baby Yourself[®]	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at BeHealthy.com .	
Contraceptive Management	Covers prescription contraceptives, which include: birth control pills, injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance.	
Air Medical Services	Air ambulance service to a network hospital near home if hospitalized while traveling more than 150 miles from home; to arrange transportation, call AirMed at 1-877-872-8624.	

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 Blue Cross and Blue Shield of Alabama or another Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard PPO, PMD, Preferred Care). 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 Blue Shield of Alabama or another Blue Cross and/or Blue Shield Plan. 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.
- Bariatric Surgery, Gastric Restrictive procedures and complications arising from these procedures are not covered under this plan. Please see your benefit booklet for more detail and for a complete listing of all plan exclusions.

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 (including your benefit booklet).

Check your benefit booklet for more detailed coverage information.

Please visit our website, AlabamaBlue.com.