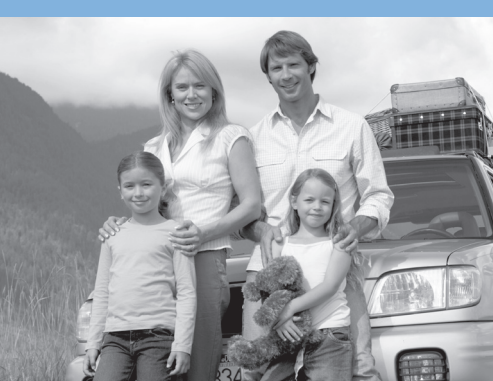


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# BlueCard<sup>®</sup> PPO

## Plan Benefits

**The University of Alabama  
Main Campus HDHP  
97368**

BlueCard<sup>®</sup> PPO - HSA Qualified HDHP

Effective January 01, 2023



**BlueCross BlueShield  
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**The University Of Alabama-Main Campus**  
**BlueCard® PPO - HSA Qualified HDHP**  
**Effective January 01, 2023**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<i>Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.</i>		
<b>HEALTH SAVINGS ACCOUNT (HSA)</b>		
A Health Savings Account (HSA) is an account established with pre-taxed money in order to save for future medical expenses. In order to establish an HSA you must first be enrolled in an HSA-Qualified High Deductible Health Plan (HDHP). An HDHP is a health plan that satisfies certain government requirements for use in conjunction with a HSA. This plan is designed to meet those government requirements. Enrolling in an HDHP allows you the opportunity to make contributions to an HSA on a pre-tax basis.		
<b>Maximum Contribution:</b> The maximum contribution amount is indexed each year by the U.S. Treasury. The 2023 maximum contribution is <b>\$3,850</b> for single coverage and <b>\$7,750</b> for family coverage. If you have any questions about the benefits of an HSA, please consult your tax accountant.		
<b>SUMMARY OF COST SHARING PROVISIONS</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b>		
<b>Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.</b>		
<b>Calendar Year Deductible</b>  (medical and pharmacy deductible combined)  For family coverage, no benefits, except preventive care, are paid by the plan to any family member until the total medical expenses paid by the family equal the family deductible amount.	\$1,500 self-only coverage \$3,000 family coverage	
<b>Calendar Year Out-of-Pocket Maximum</b>  All deductibles, copays and coinsurance for in-network services apply to the out-of-pocket maximum including prescription drugs  Once the family Calendar Year Out-of-Pocket Maximum is met, applicable expenses will pay at 100% of the allowed amount for the remainder of the calendar year.	\$3,500 self-only coverage; \$7,000 family coverage	There is no out-of-pocket maximum for out-of-network services.
<b>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b>		
<b>Precertification is required for inpatient admissions (except medical emergency services, maternity and as required by 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>		
<b>Inpatient Hospital and Residential Treatment Facilities</b>	Covered at 80% of the allowed amount, subject to calendar year deductible; 365 days per confinement (unlimited visits for Mental Health and Substance Abuse)	<b>In Alabama</b> , available only for medical emergency services or accidental injury  <b>Outside Alabama</b> , covered at 60% of the allowed amount, subject to calendar year deductible; 365 days per confinement
<b>Inpatient Physician Visits and Consultations</b>	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>Outside Alabama</b> , covered at 60% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>OUTPATIENT HOSPITAL BENEFITS</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b> Precertification is required for some outpatient hospital benefits and provider-administered drugs; visit <a href="http://AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList">AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList</a> . Please see your benefit booklet. If precertification is not obtained, no benefits are available.		
<b>Outpatient Surgery (Including Ambulatory Surgical Centers)</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
<b>Emergency Room (Medical Emergency)</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>Mental Health Disorders and Substance Abuse Services</b> apply to in-network out-of-pocket maximum
<b>Emergency Room (Non-Medical Emergency)</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
<b>Emergency Room (Accident)</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>Emergency Room (Physician)</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>Mental Health Disorders and Substance Abuse Services</b> apply to in-network out-of-pocket maximum
<b>Chemotherapy, Dialysis, IV Therapy, Outpatient Diagnostic Lab, Radiation Therapy &amp; X-ray</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
<b>Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	<b>In Alabama</b> , not covered  <b>Outside Alabama</b> , covered at 60% of the allowed amount, subject to calendar year deductible
<b>PHYSICIAN BENEFITS</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b> Precertification is required for some physician benefits and provider-administered drugs; visit <a href="http://AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList">AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList</a> . Please see your benefit booklet. If precertification is not obtained, no benefits are available.		
<b>Office Visits and Consultations</b>	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>Outside Alabama</b> , covered at 60% of the allowed amount, subject to calendar year deductible
<b>Second Surgical Opinions</b>	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>Outside Alabama</b> , covered at 60% 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 80% of the allowed amount, subject to the calendar year deductible	Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Surgery &amp; Anesthesia</b>	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>Outside Alabama</b> , covered at 60% of the allowed amount, subject to calendar year deductible
<b>Maternity Care</b>	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>Outside Alabama</b> , covered at 60% of the allowed amount, subject to calendar year deductible
<b>Chemotherapy, Diagnostic Lab Hemodialysis, IV Therapy, Radiation Therapy &amp; X-ray</b>	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>Outside Alabama</b> , covered at 60% of the allowed amount, subject to calendar year deductible
<b>Nurse Practitioner/Nurse Midwife</b>	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>Outside Alabama</b> , covered at 60% of the allowed amount, subject to calendar year deductible
<b>Applied Behavioral Analysis (ABA) Therapy</b> Limited to ages 0-18 for autism spectrum disorder. Ages 0-9 limited to an annual maximum of \$20,000, ages 10-13 limited to an annual maximum of \$15,000 and ages 14-18 limited to an annual maximum of \$10,000. <b>Note:</b> Home based therapy is excluded.	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
<b>TELEHEALTH SERVICES</b>		
<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>		
<b>PREVENTIVE CARE BENEFITS</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b>		
<b>Routine Immunizations and Preventive Services</b> <ul style="list-style-type: none"> <li>See <a href="http://AlabamaBlue.com/PreventiveServices">AlabamaBlue.com/PreventiveServices</a> and <a href="http://AlabamaBlue.com/AdditionalNetResultsHSAPreventiveDrugList">AlabamaBlue.com/AdditionalNetResultsHSAPreventiveDrugList</a> for a listing of the specific drugs, immunizations and preventive services or call our Customer Service Department for a printed copy</li> <li>Certain immunizations may also be obtained through the <b>Pharmacy Vaccine Network</b>. See <a href="http://AlabamaBlue.com/VaccineNetworkDrugList">AlabamaBlue.com/VaccineNetworkDrugList</a> for more information</li> </ul>	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> <b>(Includes Mental Health Disorders and Substance Abuse)</b> <b>Precertification is required for some drugs; if precertification is not obtained, no benefits are available.</b>		
<b>Retail Prescription Drug Card Benefits</b> <ul style="list-style-type: none"> <li>The pharmacy network for the plan is <b>Prime Participating Network</b></li> <li>Some copays combined for diabetic supplies</li> <li>Prescription drugs (other than maintenance drugs)- up to a 31-Day supply</li> <li>Maintenance drugs – up to 90-day supply may be purchased</li> <li>Infertility drugs are not covered</li> <li>The only in-network pharmacy for some Tier 4 (specialty) drugs is the <b>Pharmacy Select Network</b>; visit <b>AlabamaBlue.com/SelfAdministeredSpecialtyDrugList</b> for a list of these specialty drugs</li> <li>View the <b>NetResults 1.0 (Up to 4 Tier)</b> drug lists that apply to the plan at <b>AlabamaBlue.com/NetResults1DrugList4T</b></li> <li>Locate a <b>Prime Participating Network</b> pharmacy at <b>AlabamaBlue.com/PrimeParticipatingPharmacyLocator</b></li> </ul> <p>Some immunizations may be received from an in-network pharmacy that participates in the Pharmacy Vaccine Network. A list of the eligible vaccines these pharmacies may provide can be found at: <b>AlabamaBlue.com/VaccineNetworkDrugList</b>.</p>	<p>Covered at 80% of the allowed amount subject to calendar year deductible</p> <p><b>Tier 1 Drugs:</b> Member pays 20% of the allowed amount</p> <p><b>Tier 2 Drugs:</b> Member pays 20% of the allowed amount</p> <p><b>Tier 3 Drugs:</b> Member pays 20% of the allowed amount</p> <p><b>Tier 4 (specialty) Drugs:</b> Member pays 20% of the allowed amount</p>	Not Covered
<b>Extended Supply Prescription Drug Card Benefits</b> <ul style="list-style-type: none"> <li>The extended supply pharmacy network for the plan is the <b>Prime Participating Network ESN Network</b></li> <li>Maintenance up to 90-day supply and Non-Maintenance-up to 31-day supply drugs can be purchased through this extended supply pharmacy</li> <li>Specialty drugs are not available through extended supply pharmacy service</li> <li>Infertility drugs are not covered</li> <li>View the <b>NetResults 1.0 (Up to 4 Tier)</b> and maintenance drug lists that apply to the plan at <b>AlabamaBlue.com/NetResults1DrugList4T</b></li> <li>Locate a <b>Prime Participating Network</b> pharmacy at <b>AlabamaBlue.com/PrimeParticipatingPharmacyLocator</b></li> </ul>	<p>Covered at 80% of the allowed amount subject to calendar year deductible</p> <p><b>Tier 1 Drugs:</b> Member pays 20% of the allowed amount</p> <p><b>Tier 2 Drugs:</b> Member pays 20% of the allowed amount</p> <p><b>Tier 3 Drugs:</b> Member pays 20% of the allowed amount</p> <p><b>Tier 4 (specialty) Drugs:</b> Not covered</p>	Not Covered
<b>Mail Order Pharmacy Benefits</b> <ul style="list-style-type: none"> <li>Mail Order Drugs are available through <b>Home Delivery Network/HomeDeliveryNetwork</b> (Enroll online at <b>AlabamaBlue.com</b> or call 1-855-793-5326)</li> <li>Infertility drugs are not covered</li> <li>Maintenance up to 90-day supply and Non-Maintenance-up to 31-day supply drugs can be purchased through this mail order pharmacy</li> <li>View the <b>NetResults 1.0 (Up to 4 Tier)</b> drug lists that apply to the plan at <b>AlabamaBlue.com/NetResults1DrugList4T</b></li> </ul>	<p>Covered at 80% of the allowed amount subject to calendar year deductible</p> <p><b>Tier 1 Drugs:</b> Member pays 20% of the allowed amount</p> <p><b>Tier 2 Drugs:</b> Member pays 20% of the allowed amount</p> <p><b>Tier 3 Drugs:</b> Member pays 20% of the allowed amount</p> <p><b>Tier 4 (specialty) Drugs:</b> Not covered</p>	Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>BENEFITS FOR OTHER COVERED SERVICES</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b> 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 60% 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>Air Ambulance Services</b> <ul style="list-style-type: none"> <li>Only covered if pre-approved by Case Management</li> <li>Coverage includes transport for members hospitalized more than 150 miles from their home address to a local in-network facility</li> </ul>	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> Limited to 24 visits per person per calendar year	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>Outside Alabama</b> , covered at 60% 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 60% of the allowed amount, subject to calendar year deductible
<b>Rehabilitative Occupational, Physical and Speech Therapy</b> Limited to a maximum of 35 visits per person per therapy each 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
<b>Habilitative Occupational, Physical and Speech Therapy</b> Limited to a maximum of 35 visits per person per therapy 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
<b>Nutritionist Visits</b> Limited to a maximum of 8 visits per person per calendar year. Employee is responsible for any charges above the allowance.	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
<b>Home Health and Hospice</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	<b>In Alabama</b> , no benefits are available if a non-preferred provider is used  <b>Outside Alabama</b> , covered at 60% of the allowed amount, subject to calendar year deductible
<b>Home Infusion</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
<b>Routine Vision</b> Limited to one routine eye exam per person 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

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>HEALTH MANAGEMENT BENEFITS</b> <b>(Includes Mental Health Disorders and Substance Abuse)</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>Chronic Condition Management</b>	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, 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/BabyYourself.com">AlabamaBlue/BabyYourself.com</a> .	
<b>Contraceptive Management</b>	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.	
<b>Quit for Life Tobacco Cessation Program</b>	A tobacco cessation program for <i>subscriber, spouse and dependents</i> that provides support to participants through telephone-based counseling and nicotine replacement therapy. Call 1-888-768-7848 for participation information.	

**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). In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network. 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, 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 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.
- 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.
- Please refer to your benefit book or contact Blue Cross directly about coverage for your hospital charges and other related medical services. Approval for air medical transportation does not mean that hospitalization and other medical expenses will be covered. All coverage determinations for medical benefits are subject to the terms, conditions, limitations and exclusions of the health plan. Air medical transportation services are provided through a contract with AirMed International, LLC, an independent company that does not provide Blue Cross and Blue Shield of Alabama products. Blue Cross is not responsible for any mistakes, errors or omissions that AirMed, its employees or staff members make. Air medical transportation services terminate if coverage by your health plan ends.

**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).**