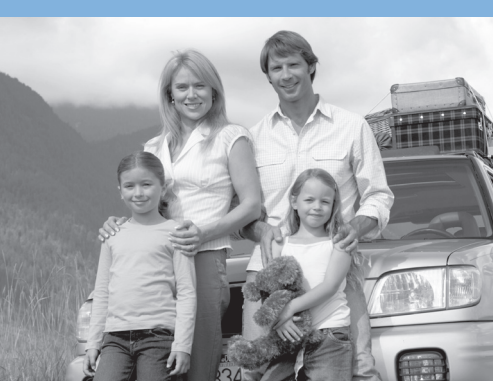


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# BlueCard<sup>®</sup> PPO Plan Benefits

**Blue Saver<sup>®</sup> 4000**  
BlueCard<sup>®</sup> PPO

Effective January 01, 2022



**BlueCross BlueShield  
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

## Prescription Drugs: ValueONE Network

### ValueONE Network Facts:

- 41,000 major national and regional pharmacy chains, retailers and grocers, and independent pharmacies participate in the ValueONE Network. This includes many national pharmacies you may already be using.
- Pharmacies that participate in the ValueONE Network can fill up to a 90-day supply of certain medications at the same location (prescription must be written for up to a 90-day supply).
- If you do not use a ValueONE Network pharmacy, you may be responsible for the full cost of your prescription medication. Benefits may not be provided for out-of-network pharmacies.
- To maximize your pharmacy benefits, you will need to transfer all your prescriptions to a ValueONE Network Pharmacy.

### Find a ValueONE Network Pharmacy

You can locate all of the participating pharmacies in your area at

**[AlabamaBlue.com/ValueONEPharmacyLocator](https://alabamablue.com/ValueONEPharmacyLocator)**. To search for pharmacies in your area, enter your ZIP code in the “Location” search field and then click “Search”.

**Blue Saver® 4000**  
**BlueCard® PPO**  
**Effective January 01, 2022**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
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.		
<b>SUMMARY OF COST SHARING PROVISIONS</b> (Includes Mental Health Disorders and Substance Abuse)		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
<b>Calendar Year Deductible</b>  The in-network and out-of-network calendar year deductibles are separate and do not apply to each other	\$4,000 individual; \$8,000 family	\$8,000 individual; \$16,000 family
<b>Calendar Year Out-of-Pocket Maximum</b>  All deductibles, copays and coinsurance for in-network services and all deductibles, copays and coinsurance for out-of-network mental health disorders and substance abuse emergency services apply to the out-of-pocket maximum.	\$6,800 individual; \$13,600 family  After you reach your 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.
<b>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS</b> (Includes Mental Health Disorders and Substance Abuse)		
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>Inpatient Hospital</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible  <b>Note:</b> In Alabama, available only for medical emergency services and accidental injury
<b>Inpatient Physician Visits and Consultations</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible  <b>Mental Health Disorders and Substance Abuse Services</b> covered at 50% of the allowed amount, no copay or deductible
<b>OUTPATIENT HOSPITAL BENEFITS</b> (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some outpatient hospital benefits; please see benefit booklet. 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>Outpatient Surgery (Including Ambulatory Surgical Centers)</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible  <b>In Alabama, not covered</b>
<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> covered at 80% of the allowed amount, subject to in-network calendar year deductible

<b>BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Emergency Room (Accident)</b> <b>Note:</b> If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to <b>Emergency Room (Medical Emergency)</b> above.	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, and subject to calendar year deductible for services rendered within 72 hours; covered at 50% of the allowed amount subject to calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan
<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> covered at 80% of the allowed amount, subject to in-network calendar year deductible
<b>Chemotherapy, Dialysis, IV Therapy, Outpatient Diagnostic Lab, Pathology, Radiation Therapy &amp; X-ray</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible  <b>In Alabama</b> , not covered
<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	Covered at 50% of the allowed amount, subject to calendar year deductible  <b>In Alabama</b> , not covered
<b>PHYSICIAN BENEFITS</b>		
<b>(Includes Mental Health Disorders and Substance Abuse)</b>		
Precertification is required for some physician benefits; please see benefit booklet. 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</b>	Covered at 100% of the allowed amount, after \$45.00 primary care physician copay or \$65.00 specialist physician copay	Covered at 50% 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 a \$45.00 payment per consultation	Not Covered
<b>Second Surgical Opinions</b>	Covered at 100% of the allowed amount, after \$65.00 physician copay	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Surgery &amp; Anesthesia</b>	Covered at 80% 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>Maternity Care</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy &amp; X-ray</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Applied Behavioral Analysis (ABA) Therapy</b> Limited to ages 0-18 for autism spectrum disorders	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>PREVENTIVE CARE BENEFITS</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/SourceRxACAPreventiveDrugList">AlabamaBlue.com/SourceRxACAPreventiveDrugList</a> for listing of 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 Pharmacy Vaccine Network. 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>		
<p><b>Retail Prescription Prepaid Drug Benefits</b></p> <p>The retail pharmacy network for the plan is <b>ValueONE Network</b></p> <ul style="list-style-type: none"> <li>Locate a <b>ValueONE</b> Network pharmacy at <b>AlabamaBlue.com/ValueONEPharmacyLocator</b></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 <b>AlabamaBlue.com/MaintenanceDrugList</b></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 <b>AlabamaBlue.com/SourceRx1DrugList4T</b></li> </ul> <p>The only in-network pharmacy for some Tier 4 (specialty) drugs is the <b>Pharmacy Select Network</b></p> <ul style="list-style-type: none"> <li>Tier 4 (specialty) drugs can be dispensed for up to a 30-day supply</li> <li>View the Specialty Drug List at <b>AlabamaBlue.com/SelfAdministeredSpecialtyDrugList</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 100% of the allowed amount, subject to the following copays for a 30-day supply for each prescription:</p> <p><b>Tier 1 Drugs:</b> \$15 copay per prescription</p> <p><b>Tier 2 Drugs:</b> \$60 copay per prescription</p> <p><b>Tier 3 Drugs:</b> \$100 copay per prescription</p> <p><b>Tier 4 (specialty) Drugs:</b> \$425 copay per prescription</p> <p>Covered Insulin Products: \$99 maximum cost share per 30-day supply</p>	<p>Not Covered</p>
<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 <b>AlabamaBlue.com/HomeDeliveryNetwork</b>)</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 <b>AlabamaBlue.com/MaintenanceDrugList</b></li> <li>View the <b>SourceRx 1.0</b> drug list that applies to the plan at <b>AlabamaBlue.com/SourceRx1DrugList4T</b></li> </ul> <p><b>Note:</b> If you have less than a 90-day supply, you will pay the same copay as a 90-day supply when using this mail order program</p>	<p>Covered at 100% of the allowed amount, subject to the following copays:</p> <p><b>Tier 1 Drugs:</b> \$37.50 copay per prescription</p> <p><b>Tier 2 Drugs:</b> \$150 copay per prescription</p> <p><b>Tier 3 Drugs:</b> \$250 copay per prescription</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>

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 50% 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> Limited to 15 visits per member per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible  <b>In Alabama, not covered</b>
<b>Durable Medical Equipment (DME)</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Rehabilitative Occupational, Physical and Speech Therapy</b> Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Habilitative Occupational, Physical and Speech Therapy</b> Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% 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	Covered at 50% 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, after \$425.00 copay	Covered at 50% 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, after \$45.00 copay	Covered at 50% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>HEALTH MANAGEMENT BENEFITS</b> (Includes Mental Health Disorders and Substance Abuse)		
<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.com/BabyYourself">AlabamaBlue.com/BabyYourself</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>Air Medical Transport</b>	Air medical transportation 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](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, 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.
- 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.
- 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.
- 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).**