We cover what matters.

Visit our website at
AlabamaBlue.com

BlueCard® PPO
Plan Benefits

AF of L Agc Building Trades Welfare Plan

BlueCard® PPO

Effective January 01, 2023

BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

AF of L Agc Building Trades Welfare Plan
BlueCard® PPO
Effective January 01, 2023

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.		
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	$300 individual; $900 family	
Calendar Year Out-of-Pocket Maximum **Applies to:** • Other Covered Services • Point-of-Sale Drugs • Home health and hospice	$1,000 individual plus calendar year deductible; 3 family member maximum Only coinsurance you pay for the listed services will apply to the maximum. Fixed copays do not apply to the maximum. 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	
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS		
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.		
Inpatient Hospital **Note**: Inpatient hospital deductibles and copays do not apply to the Calendar Year Out-of-Pocket Maximum	Covered at 100% of the allowed amount, after $200.00 per admission deductible and $25.00 daily hospital copay days 2-11 for each admission	Covered at 80% of the allowed amount, after $400.00 per admission deductible **Note:** In Alabama, available only for medical emergency services and accidental injury
Inpatient Physician Visits and Consultations	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible **In Alabama,** covered at 50% 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 100% of the allowed amount, after $125.00 hospital copay	Covered at 80% of the allowed amount, subject to calendar year deductible **In Alabama,** not covered
Emergency Room (Medical Emergency)	Covered at 100% of the allowed amount, after $125.00 hospital copay	Covered at 100% of the allowed amount, after $125.00 hospital copay
Emergency Room (Accident)	Covered at 100% of the allowed amount, no copay or deductible	Covered at 100% of the allowed amount, no copay or deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Physician)	Covered at 100% of the allowed amount, after $25.00 physician copay	Covered at 100% of the allowed amount, after $25.00 physician copay **In Alabama,** covered at 50% of the allowed amount, subject to calendar year deductible
Chemotherapy, Dialysis, IV Therapy, Outpatient Diagnostic Lab, Pathology, Radiation Therapy & X-ray	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible **In Alabama,** not covered
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% 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 & Outpatient Consultations	Covered at 100% of the allowed amount, after $25.00 physician copay	Covered at 80% of the allowed amount, subject to calendar year deductible **In Alabama,** covered at 50% of the allowed amount, subject to calendar year deductible
Second Surgical Opinions	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible **In Alabama,** covered at 50% of the allowed amount, subject to calendar year deductible
Surgery & Anesthesia	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible **In Alabama,** covered at 50% of the allowed amount, subject to calendar year deductible
Maternity Care	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible **In Alabama,** covered at 50% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy & X-ray	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible **In Alabama,** covered at 50% 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 Newborn Exam (in hospital)	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine Well Child Care Exams Nine visits the first two years of life, then one each year through age 6	Covered at 100% of the allowed amount, after $25.00 physician copay	Not Covered
Routine Developmental Screening Limited to three exams between 9 and 30 months of life	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine Immunizations • Age limitations apply to certain immunizations • Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See **AlabamaBlue.com/VaccineNetwork DrugList** for more information	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine Office Visit When eligible for a routine pap smear, routine mammogram or routine PSA/Digital Rectal Exam	Covered at 100% of the allowed amount, after $25.00 physician copay	Not Covered
Routine Pap Smear Limited to one per calendar year	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine Human Papillomavirus (HPV) Testing Limited to one every three calendar years for females ages 30 and older	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine/Screening Mammogram Limited to one baseline between ages 35 and 39; and one annually ages 40 and over	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine Chlamydia Screening Limited to one per calendar year for females ages 15-24	Covered at 100% of the allowed amount, no copay or deductible	Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Routine Prostate Cancer Screening Males age 40 and over • Prostate Specific Antigen (PSA) each calendar year • Digital Rectal Exam each calendar year	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine Hepatitis C Screening Once in a lifetime for members born between 01/01/1945 and 12/31/1965	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine Colorectal Cancer Screening Ages 50 and over • Hemocult stool check/Fecal occult blood test each calendar year • Flexible sigmoidoscopy every three calendar years • Double-contrast barium enema every five calendar years • Colonoscopy every 10 calendar years • FIT-DNA (cologuard) ages 45-75 every three calendar years	Covered at 100% of the allowed amount, for physician charges (outpatient hospital services may require a copay)	Not Covered
Note: In case of Illness or family history of cancer services generally are not considered preventive and may be covered by other plan provisions. Blue Cross and Blue Shield of Alabama will process these claims are required by Section 1557 of the Affordable Care Act.		
PRESCRIPTION DRUG BENEFITS		
Precertification is required for some drugs; if precertification is not obtained, no benefits are available.		
Retail Point-of-Sale Prescription Drug Benefits The retail pharmacy network for the plan is **Prime Participating Retail Network** • Locate a **Prime Participating** Retail Network pharmacy at **AlabamaBlue.com/ PrimeParticipatingPharmacyLocator** • Member must file claim with authorization number for reimbursement • View the **Standard** drug list that applies to the plan at **AlabamaBlue.com/ StandardDrugList** **The following gene therapy drugs are excluded:** • Zolgensma • Kymriah • Yescarta • Luxturna	**Tier 1 Drugs:** Covered at 100% of the allowed amount; no copay or deductible **Tier 2 Drugs:** Covered at 80% of the allowed amount subject to calendar year deductible **Tier 3 Drugs:** Covered at 80% of the allowed amount subject to calendar year deductible	**Tier 1 drugs:** Covered at 100% of the allowed amount; no copay or deductible **Tier 2 drugs:** Covered at 80% of the allowed amount subject to calendar year deductible **Tier 3 drugs:** Covered at 80% of the allowed amount subject to calendar year deductible **In Alabama,** Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Mail Order Pharmacy Benefits • Up to a 90-day supply • Mail Order Drugs are available through **Home Delivery Network** (Enroll online at **AlabamaBlue.com/ HomeDeliveryNetwork** or call 1-800-391-1886) Maintenance and Non-Maintenance drugs can be purchased through this mail order pharmacy • View the maintenance drug list that applies to the plan at **AlabamaBlue.com/ MaintenanceDrugList** • View the **Standard** drug list that applies to the plan at **AlabamaBlue.com/ StandardDrugList** • Specialty Drugs are not available through mail order	**Tier 1 Drugs:** Covered at 100% of the allowed amount; no copay or deductible **Tier 2 Drugs:** Covered at 80% of the allowed amount subject to calendar year deductible **Tier 3 Drugs:** Covered at 80% of the allowed amount subject to calendar year deductible	Same as In-Network **In Alabama**, Not Covered
VISION BENEFITS		
Routine Vision • Limited to $400 maximum payment per member per calendar year for adults age 19 and over • No maximum for members up to age 19	Covered at 100% of the allowed amount, no copay or deductible Routine vision care (members 19 and older): • Vision exam • Corrective prescription lenses • Frame for corrective lenses • Corrective prescription contact lenses Pediatric vision (members up to age 19): • 1 exam per calendar year • 1 pair of basic lenses per calendar year • Coverage for frames is limited to 1 pair per calendar year	
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.		
Allergy Testing & Treatment	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Ambulance Service	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Participating Chiropractic Services Limited to 10 visits per member per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible **In Alabama,** covered at 50% of the allowed amount, subject to calendar year deductible
Durable Medical Equipment (DME)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible **In Alabama,** covered at 50% of the allowed amount, subject to calendar year deductible
Rehabilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year Once maximum is met, precertification is required for additional visits	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
Habilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year Once maximum is met, precertification is required for additional visits	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Home Health and Hospice	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible **In Alabama,** not covered
Home Infusion	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible **In Alabama,** not covered
MENTAL HEALTH DISORDERS AND SUBSTANCE ABUSE BENEFITS		
Mental Health Disorders and Substance Abuse In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network.	Covered at 100% of the allowed amount, no copay or deductible	Out-of-network services covered as listed for each category except the following: **Inpatient Physician Visits and Consultations** Mental Health Disorders and Substance Abuse Services covered at 80% of the allowed amount, subject to calendar year deductible
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, 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.**	
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.	

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.*
- *In-network Certified Registered Nurse practitioners (CRNPs) /Certified Nurse Midwives (CNMs) are considered eligible providers; no coverage out-of-network for services provided by CRNPs and CNMs.*
- *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.*

Your group believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act. As permitted by the Affordable Care Act, this plan does not have to include certain consumer protections of the Affordable Care Act that apply to non-grandfathered plans. Benefits are subject to the terms, limitations and conditions of the group contract. Check your benefit booklet for more detailed coverage information. Please visit our website at AlabamaBlue.com.