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BlueCard[®] PPO Plan Benefits

**Plumbers & Steamfitters
Local #52
BlueCard[®] PPO**

Effective January 01, 2020



**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. To search for pharmacies in your area, enter your ZIP code in the "Location" search field and then click "Search".

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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/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></p>		
<p>SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)</p>		
Calendar Year Deductible	\$500 individual; \$1,500 family	
Calendar Year Out-of-Pocket Maximum	\$1,500 individual plus calendar year deductible; \$4,500 family	
<p>Applies to:</p> <ul style="list-style-type: none"> • Other Covered Services • Home health and hospice • Point-of-Sale Prescription Drugs 	<p>Only the coinsurance amounts you pay for the listed services will apply to the maximum. Fixed copays do not apply to the maximum.</p> <p>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</p>	
<p>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)</p>		
<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>		
<p>Inpatient Hospital</p> <p>Note: Inpatient hospital deductibles do not apply to the Calendar Year Out-of-Pocket Maximum.</p>	<p>Covered at 100% of the allowed amount, after \$200.00 per admission deductible; \$50.00 per day hospital copay days 2-6 for each admission</p>	<p>Covered at 80% of the allowed amount, after \$400.00 per admission deductible</p> <p>Note: In Alabama, available only for medical emergency services and accidental injury</p>
<p>Inpatient Physician Visits and Consultations</p>	<p>Covered at 100% of the allowed amount, subject to calendar year deductible</p> <p>Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, no copay or deductible</p>	<p>Covered at 80% 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>Mental Health Disorders and Substance Abuse Services covered at 80% of the allowed amount, no copay or deductible</p>
<p>OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>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.</p>		
<p>Outpatient Surgery (Including Ambulatory Surgical Centers)</p>	<p>Covered at 100% of the allowed amount, after \$250.00 hospital copay</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, not covered</p>
<p>Emergency Room (Medical Emergency)</p>	<p>Covered at 100% of the allowed amount, after \$250.00 hospital copay</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> <p>In Alabama, not covered</p> <p>Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, after \$250.00 hospital copay</p>
<p>Emergency Room (Accident)</p>	<p>Covered at 100% of the allowed amount, no copay or deductible</p>	<p>Covered at 100% of the allowed amount, no copay or deductible, for services rendered within 72 hours; thereafter 80% of the allowed amount subject to the calendar year deductible</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Physician)	Covered at 100% of the allowed amount, after \$35.00 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 Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, after \$35.00 physician copay
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, after \$35.00 daily hospital copay	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama , not covered
PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
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 & In-Person Consultations	Covered at 100% of the allowed amount, after \$35.00 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
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, after \$35.00 payment per consultation	Not Covered
Surgery & Anesthesia	Covered at 100% 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
Maternity Care	Covered at 100% 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
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, no copay or deductible In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible
Applied Behavioral Analysis (ABA) Therapy	Covered at 100% of the allowed amount, after \$35.00 copay	Covered at 80% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
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 24 months of life, then one each year through age six	Covered at 100% of the allowed amount, after \$35.00 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 <ul style="list-style-type: none"> • Age limitations apply to certain immunizations • 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
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 \$35.00 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 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
Routine/Screening Mammogram Limited to one baseline between ages 35 and 39; and one per calendar year for females ages 40 and over	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 Prostate Cancer Screening Males age 40 and over <ul style="list-style-type: none"> • 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

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>Routine Colorectal Cancer Screening</p> <p>Limited to the following for members age 50 and over:</p> <ul style="list-style-type: none"> • 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 	<p>Covered at 100% of the allowed amount, no copay or deductible, for physician charges (outpatient hospital services may require a copay)</p>	<p>Not Covered</p>
<p>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.</p>		
<p align="center">PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p align="center">Precertification is required for some drugs; if precertification is not obtained, no benefits are available.</p>		
<p>Retail Point-of-Sale Prescription Drug Benefits</p> <p>The retail pharmacy network for the plan is ValueONE Network</p> <ul style="list-style-type: none"> • Locate a ValueONE Network pharmacy at AlabamaBlue.com/ValueONEPharmacyLocator • Member must file claim with authorization number for reimbursement <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"> • 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>Tier 1 Drugs: Covered at 100% of the allowed amount; No deductible</p> <p>Tier 2 Drugs: Covered at 80% of the allowed amount subject to the calendar year deductible</p> <p>Tier 3 Drugs: Covered at 80% of the allowed amount subject to the calendar year deductible</p>	<p>Not Covered</p>
<p align="center">BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse)</p>		
<p align="center">Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.</p>		
<p>Allergy Testing & Treatment</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>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
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	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
Cancer Diagnosed Treatment	Covered at 100% of the allowed amount, no copay or deductible	Covered at 100% of the allowed amount, no copay or 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	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
Habilitative Occupational, Physical and Speech Therapy 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 80% of the allowed amount, subject to calendar year deductible In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible
Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18	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
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
EXPANDED PSYCHIATRIC SERVICES (EPS)		
Expanded Psychiatric Services (EPS) <ul style="list-style-type: none"> • EPS network is 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 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% of the allowed amount; 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 benefit levels are not separately stated. Please refer to the appropriate subsections above and below that relate to the services or supplies you receive, such as Inpatient Hospital Benefits, Outpatient Hospitals Benefits, etc.	

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.	
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	
Air Medical Transport	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) 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.
- 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.
- 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 services 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.

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

Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Foreign Language Assistance

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-216-3144 (TTY: 711)

Korean: 주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-216-3144 (TTY: 711)번으로 전화해 주십시오.

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-216-3144 (TTY: 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-216-3144 (TTY: 711).

Arabic: انتباه: إذا كنت تتحدث العربية، توجد خدمات مساعدة فيما يتعلق باللغة، بدون تكلفة، متاحة لك. اتصل بـ 1-855-216-3144 (الهاتف النصي: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-216-3144 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-216-3144 (ATS: 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-216-3144 (TTY: 711).

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. 1-855-216-3144 પર કોલ કરો (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-216-3144 (TTY: 711).

Hindi: ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें।

Laotian: ໄປອຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດຍບໍ່ແຈ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-216-3144 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-216-3144 (телефайп: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-216-3144 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-216-3144 (TTY: 711).

Turkish: DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-216-3144 (TTY: 711) irtibat numaralarını arayın.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-216-3144 (TTY: 711).

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-216-3144 (TTY: 711) まで、お電話にてご連絡ください。