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BlueCard[®] PPO Plan Benefits

**Public Education Employees'
Health Insurance Plan (PEEHIP)**
BlueCard PPO[®]
Group 14000

Effective October 1, 2016



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**Public Education Employees' Health Insurance Plan (PEEHIP)
Effective October 1, 2016**

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
INPATIENT HOSPITAL FACILITY SERVICES		
Precertification is required for inpatient admissions (except medical emergency 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.		
Deductibles and Copay	\$200 per admission copayment and a \$25 per day copay for days 2-5.	\$200 per admission copayment and a \$25 per day copay for days 2-5.
Inpatient Facility Coverage (including maternity) Note: Maternity benefits are not available to dependent children of any age.	Covered at 100% of the allowance for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries. Note: In Alabama, inpatient benefits for non-member hospitals are available only in cases of accidental injury.	Covered at 80% of the allowance for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries.
Individual Case Management	Coordinates care in the event of a catastrophic or lengthy illness or injury. For more information, 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. Disease Management is provided by ActiveHealth for subscribers and covered spouses. For more information, call 1-855-294-6580. Disease Management is provided by Blue Cross and Blue Shield of Alabama for children and adult child dependents. For more information, call 1-888-841-5741.	
Baby Yourself®	A maternity program highly recommended for all pregnancies. For more information, call 1-800-222-4379. You can also enroll online at AlabamaBlue.com . Note: The \$200 maternity admission copayment will be waived for all members who enroll in the Baby Yourself® program within the first trimester of pregnancy, The \$25 per day copay will still apply for days 2-5, if applicable.	
OUTPATIENT HOSPITAL FACILITY SERVICES		
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.		
Surgery	Covered at 100% of the allowance subject to a \$150 facility copay.	Covered at 80% of the allowance subject to the calendar year deductible. In Alabama, out-of-network facilities are not covered.
Medical Emergency In-Area / Out-of-Area Emergency Room Facility Charge	Covered at 100% of the allowance subject to a \$150 facility copay if a true medical emergency. If the diagnosis does not meet medical emergency criteria, covered at 80% of the allowance subject to the calendar year deductible.	Covered at 100% of the allowance subject to a \$150 facility copay if a true medical emergency. If the diagnosis does not meet medical emergency criteria, covered at 80% of the allowance subject to the calendar year deductible.
Accidental Injury 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.	Covered at 100% of the allowance subject to a \$150 facility copay.	Covered at 100% of the allowance subject to a \$150 facility copay for services within 72 hours of the accident; 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.
Diagnostic Lab & Pathology	Covered at 100% of the allowance subject to a \$5 copay per test.	Covered at 80% of the allowance subject to the calendar year deductible.
Diagnostic X-ray	Covered at 100% of the allowance with no deductible or copay required.	Covered at 80% of the allowance subject to the calendar year deductible.
Hemodialysis	Covered at 100% of the allowance subject to a \$25 facility copay.	Covered at 80% of the allowance subject to the calendar year deductible.
IV Therapy, Chemotherapy and Radiation Therapy	Covered at 100% of the allowance subject to a \$25 facility copay.	Covered at 80% of the allowance subject to the calendar year deductible.
Note: In Alabama, outpatient benefits for non-member hospitals are available only in cases of accidental injury.		
PHYSICIAN SERVICES		
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.		
Office Visits and Outpatient Consultations Rendered by a Primary Physician (Includes Urgent Care, Internal Medicine, Family Practice, General Practice, Physician Assistant, Clinic, Gynecology, Obstetrics, Certified Nurse Practitioner, Midwives, and Pediatrician)	Covered at 100% of the allowance subject to a \$30 office visit copay.	Covered at 80% of the allowance subject to the calendar year deductible.
Office Visits and Consultations Rendered by a Specialist	Covered at 100% of the allowance subject to a \$35 office visit copay.	Covered at 80% of the allowance subject to the calendar year deductible.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
Emergency Room Physician Fees	Covered at 100% of the allowance subject to a \$35 visit copay.	Covered at 100% of the allowance subject to a \$35 visit copay.
Surgery and Anesthesia	Covered at 100% of the allowance with no deductible or copay.	Covered at 80% of the allowance subject to the calendar year deductible.
Inpatient Visits, Second Surgical Opinions and Inpatient Consultations	Covered at 100% of the allowance with no deductible or copay.	Covered at 80% of the allowance subject to the calendar year deductible.
Maternity	Covered at 100% of the allowance with no deductible or copay.	Covered at 80% of the allowance subject to the calendar year deductible.
Diagnostic Lab & Pathology Exams	Covered at 100% of the allowance. There is a \$5 copay per test.	Covered at 80% of the allowance subject to the calendar year deductible.
Diagnostic X-ray	Covered at 100% of the allowance with no deductible or copay.	Covered at 80% of the allowance subject to the calendar year deductible.
PREVENTIVE CARE SERVICES		
Routine Immunizations and Preventive Services	Covered at 100% of the allowance with no deductible or copay. See AlabamaBlue.com/preventiveservices for a listing of the specific immunizations and preventive services or call our Customer Service Department for a printed copy.	Not covered.
Additional Routine Preventive Services	Covered at 100% of the allowance with no deductible or copay: <ul style="list-style-type: none"> • Urinalysis (once by age 5 and once between ages 12 through 17) • CBC (once each calendar year) • Cholesterol Screening (once per calendar year for members age 18 and older) • Glucose Screening (once per calendar year for member age 18 and older) 	Not covered.
MENTAL HEALTH DISORDERS AND SUBSTANCE ABUSE		
Inpatient Facility Services	Covered at 100% of the allowance subject to the following copays: \$15 per day for days 10-14; \$20 per day for days 15-19; \$25 per day for days 20-24; \$30 per day for days 25-30. Covers up to 30 days per person each plan year (10/1-9/30). Inpatient Substance Abuse limited to one admission per plan year and a maximum of two admissions per lifetime. Mental Health and Substance Abuse days are aggregate. No rollover to Major Medical.	Covered at 100% of the allowance subject to a \$200 per admission copayment and a \$25 per day copay for days 2-5. Provides coverage only for short-term crisis intervention and only until the patient is stable enough to be moved to a PPO hospital. Precertification is required.
Inpatient Physician Services	Covered at 80% of the allowance subject to the calendar year deductible. Coverage is available only during a covered admission up to 30 days per plan year.	Covered at 80% of the allowance subject to the calendar year deductible. Provides coverage only for short-term crisis intervention and only until the patient is stable enough to be moved to a PPO hospital. Precertification is required.
Outpatient Physician Services for PEEHIP Community Mental Health Centers	Covered at 100% of the allowance subject to a \$10 copay per day for up to 20 outpatient visits per plan year at approved mental health facilities.	Covered at 50% of the allowance subject to the calendar year deductible. Limited to 10 visits each plan year.*
Outpatient Physician Services for Blue Choice Network Providers	Covered at 100% of the allowance subject to a \$50 office visit copay. Limited to 12 visits each plan year.	Covered at 50% of the allowance subject to the calendar year deductible. Limited to 10 visits each plan year.*
GENERAL PROVISIONS		
Calendar Year Deductible for Major Medical Services	\$300 per person each calendar year; \$900 family maximum.	
Annual Out-of-Pocket Maximum	<p>\$400 individual annual major medical out-of-pocket maximum plus the \$300 calendar year deductible; no family maximum.</p> <p>In-network Other Covered Services are the only expenses applicable to the calendar year major medical out-of-pocket maximum.</p> <p>\$6,850 self-only; \$13,700 family contract calendar year overall out-of-pocket maximum</p> <p>All deductibles, copays and coinsurance for in-network services apply to the calendar year overall out-of-pocket maximum, including prescription drugs.</p> <p>After you reach your self-only Calendar Year Out-of-Pocket Maximum (even if you are covered under family coverage), applicable expenses for you will be covered at 100% of the allowed amount for the remainder of the calendar year.</p>	

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.**

Participating Chiropractor Services	Covered at 80% of the allowance with no deductible. Note: In Alabama, more than 18 visits in a calendar year rendered by a Participating Chiropractor require precertification.	Covered at 80% of the allowance subject to the calendar year deductible. Member responsible for any difference between the charge and the allowed amount. Limited to 12 visits in a calendar year.
Physical Therapy	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 80% of the allowance subject to the calendar year deductible. Member responsible for any difference between the charge and the allowed amount.
Durable Medical Equipment	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 80% of the allowance subject to the calendar year deductible. Member responsible for any difference between the charge and the allowed amount.
Occupational Hand Therapy	Covered at 80% of the allowance subject to the calendar year deductible. Limited to certain services related to the hand and lymphedema.	
Speech Therapy	Covered at 80% of the allowance subject to the calendar year deductible. Limited to 30 sessions per person per calendar year.	
Ambulance Services	Covered at 80% of the allowance subject to the calendar year deductible.	
Allergy Testing & Treatment	Covered at 80% of the allowance subject to the calendar year deductible.	
Infertility Services	Covered at 100% of the allowance. Copays do apply.	Covered at 80% of the allowance subject to the calendar year deductible.
	Limited to a lifetime maximum of 8 artificial insemination attempts (whether successful or not). Benefits are not provided for IVF (in-vitro fertilization), ART or GIFT (gamete intrafallopian transfer).	
Preferred Home Health and Hospice	Covered at 100% of the allowance with no deductible or copay. Precertification required for services rendered outside of Alabama. Call 1-800-821-7231.	Covered at 80% of the allowance subject to the calendar year deductible. Precertification required. Call 1-800-821-7231. Non-Preferred in Alabama: No benefits are available if a non-Preferred provider is used.
	Covered PPO and non-PPO expenses for Preferred Home Health Care and covered non-PPO expenses for Preferred Hospice Care apply toward the annual out-of-pocket maximum.	

PRESCRIPTION DRUG BENEFITS PROVIDED THROUGH MEDIMPACT

Prescription Drug Plan

- A copay will be charged for each 30-day supply
- Approved maintenance drugs may be purchased up to a 90-day supply for one copayment of \$12 for generic drugs. Approved maintenance preferred and non-preferred brand drugs may be purchased up to a 90-day supply with 3 copayments. The drug must be on the approved PEEHIP maintenance list of drugs and must be prescribed as a maintenance drug.
- First fill for a new maintenance drug will be a 30-day supply
- Refills on Retail and Specialty medications (30-day supply) are allowed only after 75% of the previous prescription has been used (for example, 23 days into a 30-day supply). For maintenance medications (90-day supply), refills are allowed only after 75% of the previous prescription has been used (for example, 67 days into a 90-day supply).
- Certain medications are subject to Step Therapy, Prior Authorizations and Quantity Level Limits.
- Pharmacists must dispense generic drugs unless physician indicates by mark or signature in the appropriate place on the prescription, or indicates in an electronic prescription, "medically necessary", "dispense as written", or "do not substitute."
- DAW (Dispense as Written) Cost Differential: Member pays the difference between the cost of a multi-source brand drug and its generic equivalent, regardless of whether the physician indicates the brand must be taken.
- Drug benefits for medically necessary fertility drugs are covered at 50% copay for any fertility drug up to a lifetime maximum of \$2,500 cost to the PEEHIP plan.

Diabetic Supplies

(copays apply)

Participating Pharmacy:

Each prescription purchased from a Participating Pharmacy will be covered at 100% subject to the following copays:

Generic Drugs:

\$6 copay per prescription (30-day supply)

Preferred Brand Name Drugs:

\$40 copay per prescription (30-day supply)

Non-Preferred Brand Name Drugs:

\$60 copay per prescription (30-day supply)

Specialty Drugs:

20% coinsurance per prescription, with a minimum copay of \$100 and maximum copay of \$150

Diabetic Supplies are covered only through the Prescription Drug Plan unless the member has Medicare as his/her primary coverage.

Medicare Part B medications and supplies for Medicare eligible members must be filed with Medicare first and then filed with Blue Cross and Blue Shield of Alabama for secondary coverage.

MedImpact is the administrator for the core pharmacy and specialty programs.

MedImpact is also the administrator of the EGWP program through 12/31/2016.

In-State and Out-of-State Non-Participating Pharmacies:

Same as participating pharmacy with applicable copayments. Member will be responsible for the difference between the allowance and drug charge.

Members must pay the full amount of the prescription and then file the claim to be reimbursed at the participating pharmacy rate less the applicable copay.

Note: To view current Prescription Drug Lists, visit the website at www.rsa-al.gov/index.php/members/peehip/pharmacy/

*These services do not apply to the out-of-pocket maximums.

Please note: Providers/Specialists may be listed in a PPO directory or on the provider finder website (www.bcbs.com), but not covered as PPO benefits by this group health plan (i.e., DME, Ambulance, Allergists). Please check your benefit matrix or benefit booklet to determine coverage. This is not a contract, benefit booklet or Summary Plan Description. Benefits are subject to the terms, limitations and conditions of the group contract. Check your benefit booklet for more detailed coverage information.

PEEHIP members who use non-participating hospitals, providers or outpatient facilities will incur additional out-of-pocket costs.
To maximize your benefits, always use network providers.

If you have any questions concerning your PEEHIP hospital / medical benefits or a claim, call 1-800-327-3994.

To certify emergency or maternity admission, call 1-800-354-7412.

To certify home health and hospice services, call 1-800-821-7231.

To take advantage of the Baby Yourself[®] program, call 1-800-222-4379.

Visit our website at AlabamaBlue.com/peehip

For questions concerning prescription drugs, call MedImpact at 1-877-606-0727.

<https://mp.medimpact.com/ala>

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