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Plan Benefits

Public Education Employees' Health Insurance Plan (PEEHIP) Supplemental Medical Plan Group 61000

Effective January 1, 2019

Visit our website at
AlabamaBlue.com



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

Important Information Regarding Your PEEHIP Supplemental Medical Plan:

- All PEEHIP Group #14000 exclusions and limitations such as precertification requirements, visit maximums, procedure limitations, age limits, etc. will apply in addition to the exclusions and limitations of the primary insurance coverage.
- You **must** have a primary insurance plan to be eligible for the PEEHIP Supplemental Medical Plan.
- The PEEHIP Supplemental Medical Plan is designed to only **supplement** your primary insurance plan by covering the copay, deductible and/or coinsurance of your primary insurance plan **or** the preferred/participating allowance, whichever is less.
- There is no monthly premium for a single or family plan when the member uses the employer contribution amount for the PEEHIP Supplemental Medical Plan.
- Only active employees and Non-Medicare retiree members and dependents will be eligible for the PEEHIP Supplemental Medical Plan.
- The Plan does not cover the cost of services excluded by the member's primary group plan.
- An annual maximum amount paid from the PEEHIP Supplemental Medical Plan will be limited to **\$7,900** for individual coverage and **\$15,800** for family coverage.
- To be eligible for reimbursement under the PEEHIP Supplemental Medical Plan, the primary insurance plan must have either **1)** applied the eligible charges to the deductible, or **2)** made primary payment for the services rendered.
- Members who are only enrolled in the PEEHIP Hospital Medical Plan can switch and enroll in the PEEHIP Supplemental Medical Plan* at any time during the year, prospectively, without a Qualifying Life Event (QLE).
Members who are enrolled in the PEEHIP Hospital Medical Plan (Group #14000), VIVA Health Plan (offered through PEEHIP), Marketplace (Exchange) Plans, State Employees Insurance Board (SEIB), Local Government Board (LGB), Medicare, Medicaid, All Kids, Tricare or Champus as their primary coverage **cannot enroll in the PEEHIP Supplemental Medical Plan.*
- Members enrolled in plans with deductibles greater than **\$1,450** for individual coverage or **\$2,700** for family coverage are not eligible for the PEEHIP Supplemental Medical Plan.
- For inpatient mental health and substance abuse services, there is a maximum allowance of 30 total days per member per plan year. Inpatient substance abuse services are also limited to 1 admission per member per plan year and 2 admissions per lifetime.
- For outpatient mental health and substance abuse services, there is a maximum allowance of 10 visits per member per plan year.
- The PEEHIP Supplemental Medical Plan will not pay for amounts in excess of the allowed amount for services rendered by a non-preferred provider, amounts in excess of the maximums provided under the primary insurance plan, any services denied by the primary insurance plan, or any penalties or sanctions imposed by the primary insurance plan.
- When services are rendered by a Blue Cross and Blue Shield preferred provider in Alabama, the provider should file the claim for you and payment will be made to the provider. If your primary insurance plan requires an office copay, this means the PEEHIP Supplemental Medical Plan will reimburse that office copay to the preferred provider.
- In some cases, when a non-preferred Blue Cross and Blue Shield provider in Alabama is used, the subscriber may be required to file the claim. For claims filed by subscribers, an Explanation of Benefits (EOB) from the primary insurance plan must be submitted along with your claim for consideration of benefits under the PEEHIP Supplemental Medical Plan.
- Special enrollment back into PEEHIP Hospital Medical Plan is available for all members who lose eligibility for their other Group Health Insurance Coverage, provided notice is furnished to PEEHIP within forty-five (45) days of loss of other Group Health Insurance Coverage in accordance with HIPAA requirements.
- Remember to show your health care providers **both** your primary insurance plan ID card and your PEEHIP Supplemental Medical Plan ID card so that they can verify your benefits and make a copy of your ID cards.

**Public Education Employees' Health Insurance Plan (PEEHIP)
Supplemental Medical Plan
Effective January 1, 2019**

SERVICES	BENEFIT
Inpatient Facility Charges for Medical Services	The coinsurance, deductible and/or copays of the primary insurance <u>or</u> the preferred/participating allowance, whichever is less
Inpatient Facility Charges for Mental Health and Substance Abuse Services	The coinsurance, deductible and/or copays of the primary insurance <u>or</u> the preferred/participating allowance, whichever is less; limited to 30 total days per member per plan year. Substance abuse services are also limited to one admission per member per plan year and two admissions per lifetime.
All Other Covered Services (inpatient physician visits, outpatient facility charges, office visits, laboratory expenses, drugs, etc.)	The coinsurance, deductible and/or copays of the primary insurance <u>or</u> the preferred/participating allowance, whichever is less; limited to 10 visits per member per plan year for outpatient mental health and substance abuse services.

All PEEHIP Group #14000 exclusions will apply.

These exclusions and limitations include but are not limited to the exclusion of medications used to treat erectile dysfunction, medical foods, OTC medications and OTC equivalents, and limitation on infertility drugs.

All Primary Insurance Plan exclusions will apply.

All benefit payments are based on the amount of the provider's charge that Blue Cross and Blue Shield recognizes for payment of benefits. The allowed amount may vary depending upon the type of provider and where services are received.
The actual payment under the plan will be limited to the lesser of the plan benefit or allowed amount.

Members are required to timely notify PEEHIP when their plan changes or cancels. Blue Cross and Blue Shield has the right to recover the overpaid amounts if the payments should not have been paid.

If you have questions regarding your PEEHIP Supplemental Medical Plan benefits, please call
1-800-327-3994.

If your health care providers need to verify your PEEHIP Supplemental Medical Plan benefits, they should call
1-877-231-7239.

This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.

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 사용하시는 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: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, 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 (телетайп: 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 yardımını 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。