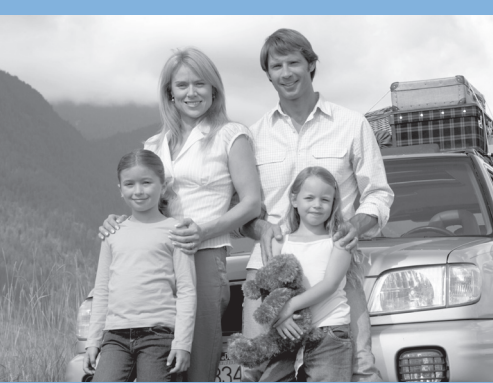


We cover what matters.



Visit our website at
AlabamaBlue.com

BlueCard[®] PPO Plan Benefits

Public Education Employees' Health Insurance Plan (PEEHIP)

Group 14000
BlueCard[®] PPO

Effective October 1, 2023-
September 30, 2024



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Diabetic Supplies: Certain diabetic supplies are covered only through the pharmacy drug plan. Some examples include needles and syringes for insulin, glucometers and lancets.		
Certain prescription drugs are excluded from PEEHIP coverage. Mail order for Retail drugs is excluded. To verify the drug formulary coverage status of a medication, please visit the Express Scripts website at express-scripts.com.		
Non-participating pharmacies (both in-state and out-of-state): Members must pay the full amount of the prescription drug and then file the claim to Express Scripts to be reimbursed at the participating pharmacy rate less the applicable copay. All PEEHIP clinical utilization management programs will apply. Out-of-pocket costs will be higher if you use a non-participating pharmacy.		
Contraceptives: Generic contraceptive drugs are covered at a zero copay. Brand contraceptives are covered at the applicable brand copay.		
Flu vaccines: Eligible flu vaccines are covered at a zero copay when administered by a participating pharmacy.		
Shingrex vaccine: Covered at zero copay when administered by a participating pharmacy for those aged 50 and older.		
Specialty Drugs – Copay Assistance Programs: Copays for certain specialty medications may vary and be set to the maximum of any available manufacturer-funded copay assistance programs. PEEHIP and Express Scripts and their partner SaveOnSP will offer copay assistance programs for certain specialty drugs so that the member copayment will normally be less than the otherwise applicable copayment.		
Infertility Drugs: Benefits for medications for infertility treatment are provided with a 50% copay up to a lifetime maximum payment of \$2,500 for PEEHIP member contract. Members will pay 100% of the cost of the medications after the \$2,500 lifetime maximum is reached.		
BENEFITS FOR OTHER COVERED SERVICES		
Precertification is required for some other covered services and provider-administered drugs; 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 the calendar year deductible	Covered at 80% of the allowed amount subject to the calendar year deductible
Ambulance Service	Covered at 80% of the allowed amount subject to the calendar year deductible	Covered at 80% of the allowed amount subject to the calendar year deductible
Participating Chiropractic Services	Covered at 80% of the allowed amount; no copay or deductible Note: In Alabama, more than 18 visits in a calendar year rendered by a Participating Chiropractor require precertification.	Covered at 80% of the allowed amount subject to the calendar year deductible. Limited to 12 visits in a calendar year.
Durable Medical Equipment (DME) Precertification is required for certain durable medical equipment (i.e., motorized/power wheelchairs). Medically necessary insulin pumps and cartridges are covered. Medically necessary diabetic supplies (syringes, needles for insulin, glucometers and lancets) are covered under the medical plan benefit when Medicare is primary.	Covered at 80% of the allowed amount subject to the calendar year deductible.	Covered at 80% of the allowed amount subject to the calendar year deductible.
Physical Therapy Physical therapy will require precertification after 15 visits to determine medical necessity for continued therapy. Visits will accumulate regardless of provider. Call 1-800-248-2342	Covered at 80% of the allowed amount subject to the calendar year deductible. Note: Full benefits and unlimited visits for the treatment of autism for children aged 0-18 diagnosed with an autism spectrum disorder. Precertification is required and must be included in the ABA treatment plan.	Covered at 80% of the allowed amount subject to the calendar year deductible. Note: Full benefits and unlimited visits for the treatment of autism for children aged 0-18 diagnosed with an autism spectrum disorder. Precertification is required and must be included in the ABA treatment plan.
Occupational Therapy Occupational Therapy will require precertification. Call 1-800-248-2342	Covered at 80% of the allowed amount subject to the calendar year deductible. Note: Full benefits and unlimited visits for the treatment of autism for children aged 0-18 diagnosed with an autism spectrum disorder. Precertification is required and must be included in the ABA treatment plan.	Covered at 80% of the allowed amount subject to the calendar year deductible. Note: Full benefits and unlimited visits for the treatment of autism for children aged 0-18 diagnosed with an autism spectrum disorder. Precertification is required and must be included in the ABA treatment plan.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>Speech Therapy</p>	<p>Covered at 80% of the allowed amount subject to the calendar year deductible. Limited to 30 sessions per person per calendar year combined in and out-of-network.</p> <p>Note: Full benefits and unlimited visits for the treatment of autism for children aged 0-18 diagnosed with an autism spectrum disorder. Precertification is required and must be included in the ABA treatment plan.</p>	<p>Covered at 80% of the allowed amount subject to the calendar year deductible. Limited to 30 sessions per person per calendar year combined in and out-of-network.</p> <p>Note: Full benefits and unlimited visits for the treatment of autism for children aged 0-18 diagnosed with an autism spectrum disorder. Precertification is required and must be included in the ABA treatment plan.</p>
<p>Occupational, physical and speech therapy for Autism Diagnosis ages 0-18</p>	<p>Covered at 80% of the allowed amount subject to the calendar year deductible.</p>	<p>Covered at 80% of the allowed amount subject to the calendar year deductible.</p>
<p>Applied Behavioral Analysis (ABA) Therapy for children aged 0-18 diagnosed with an Autism Spectrum Disorders</p>	<p>Covered at 100% of the allowed amount subject to a \$15 copay per visit.</p> <p><i>Preauthorization</i> is required prior to rendering ABA therapy to determine the medical necessity. <i>Preauthorization</i> is also required every six months thereafter to determine the medical necessity for continued therapy. If preauthorization is not obtained, coverage for all services associated with subsequent visits will be denied.</p>	<p>Covered at 100% of the allowed amount subject to the calendar year deductible.</p> <p><i>Preauthorization</i> is required prior to rendering ABA therapy to determine the medical necessity. <i>Preauthorization</i> is also required every six months thereafter to determine the medical necessity for continued therapy. If preauthorization is not obtained, coverage for all services associated with subsequent visits will be denied.</p>
<p>Sleep Studies</p>	<p>Covered when rendered by a BCBS approved sleep facility.</p> <p>Free-standing sleep clinic: \$10 facility copay</p> <p>Hospital outpatient facility: \$150 facility copay for adults/\$10 copay for children aged 18 and under</p>	<p>Not covered.</p>
<p>Preferred Home Health and Hospice</p>	<p>Covered at 100% of the allowed amount; no copay or deductible.</p> <p>Precertification required for services rendered outside of Alabama. Call 1-800-248-2342</p>	<p>Covered at 80% of the allowed amount subject to the calendar year deductible.</p> <p>Precertification required for services rendered outside of Alabama. Call 1-800-248-2342</p> <p>In Alabama, out-of-network services, not covered</p>
<p>Home Infusion Services</p> <p>Some Home Infusion medications require enrollment in the HealthSmartRx program. For questions, please call 1-833-798-6733. Additional information and the applicable drug list is available at AlabamaBlue.com/Providers/HealthSmartRx.</p>	<p>Covered at 100% of the allowed amount; no copay or deductible.</p>	<p>Covered at 80% of the allowed amount subject to the calendar year deductible.</p> <p>In Alabama, out-of-network services, not covered</p>
<p>Infertility Testing and Treatment</p> <p>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).</p>	<p>Covered at 100% of the allowed amount; no copay or deductible.</p>	<p>Covered at 80% of the allowed amount subject to the calendar year deductible.</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
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 and chronic obstructive pulmonary disease and other specialized conditions. For more information, call 1-888-841-5741.	
Baby Yourself®	A maternity program highly recommended for all pregnancies; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.com/BabyYourself . This group will waive the in-network and out-of-network inpatient hospital \$200 per admission deductible for maternity admissions for the delivery of a baby for members participating in Baby Yourself. The member must enroll in the program in the first trimester and complete the program. The \$25 per day copay will still apply for days 2-5, if applicable.	

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, the average charge for care in the area, or as required by 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.

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.

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.

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 Express Scripts at 1-800-363-9389 or visit express-scripts.com.

Group 14000
Revised 9/6/2023

NOTICE OF NON-DISCRIMINATION AND LANGUAGE ACCESS SERVICES

Discrimination is Against the Law

The Public Education Employees' Health Insurance Plan (PEEHIP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PEEHIP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PEEHIP:

- 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, or other formats); and
- 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, at 1-877-517-0020. If you believe that PEEHIP has 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 with: Public Education Employees' Health Insurance Plan, 201 South Union Street, Montgomery, Alabama, 36104, Attn: 1557 Compliance Coordinator, 1-877-517-0020, 1-877-517-0021 (fax), PEEHIP.Info@rsa-al.gov (email). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Section 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>.

Multi-Language Interpreter Services

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-517-0020.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-517-0020 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1-877-517-0020。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-517-0020.

Arabic: ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-517-0020-1

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

Rufnummer: 1-877-517-0020.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-517-0020.

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 1-877-517-0020.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-517-0020.

Hindi: ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं 1-877-517-0020 पर कॉल करें।

Laotian: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-877-517-0020.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-517-0020.

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-517-0020.

Turkish: DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-877-517-0020 irtibat numaralarını arayın.

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。1-877-517-0020 まで、お電話にてご連絡ください。