

We cover what matters.



Plan Benefits

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

Effective October 1, 2023-
September 30, 2024

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** be enrolled in a primary insurance plan to be eligible for the PEEHIP Supplemental Medical Plan.
- You are responsible for providing PEEHIP a copy of the current plan summary for your primary insurance plan to continue enrollment in 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 eligible retirees and dependent(s) are eligible to enroll in this plan.
- The Plan does not cover the cost of services excluded by the member's primary insurance plan.
- The annual maximum amount paid from the PEEHIP Supplemental Medical Plan will be limited to **\$9,100** for individual coverage and **\$18,200** for family coverage for calendar year **2023** and **\$9,450** for individual coverage and **\$18,900** for family coverage for calendar year **2024**. Calendar year out-of-pocket amounts will be calculated in accordance with applicable Federal Law.
- 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 Health Insurance Board (LGHIB), Medicare, Medicaid, All Kids, Tricare or Champus as their primary coverage or are enrolled in a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) are not eligible to enroll in the PEEHIP Supplemental Medical Plan.*
- Members enrolled in High Deductible Health Plan (HDHP) are not eligible for the PEEHIP Supplemental Medical Plan. The IRS defines the minimum deductibles for HDHP's for calendar **2023** as **\$1,500** or more for individual or **\$3,000** or more for family and as **\$1,600** for individual or **\$3,200** for family for calendar year **2024**. *Members must provide a copy of the primary plan document for verification of deductibles.*
- The Plan cannot be used as a supplement to Medicare (i.e., members cannot be enrolled in Medicare only). Upon becoming Medicare-eligible, you and your covered dependents will be cancelled from this plan. Retired members who become eligible for Medicare will be eligible to enroll in the PEEHIP Group Medicare Advantage (PPO) Plan or the Optional Coverage Plans.
- 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**

SERVICES	BENEFIT
Inpatient Facility Charges for Medical Services	The coinsurance, deductible and/or copays of the primary insurance or 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 or the preferred/participating allowance, whichever is less.
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 or the preferred/participating allowance, whichever is less; limited to 24 visits per member per plan year for outpatient mental health and substance abuse services.

All PEEHIP Group #14000 exclusions apply.

Limitations and exclusions include but are not limited to medications used to treat erectile dysfunction, medications for weight loss, medical foods, OTC medications and OTC equivalents, and limitation on infertility drugs.

All Primary Insurance Plan exclusions apply.

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 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.

Group 61000
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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 اذكر 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. ໂທ 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。