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BlueCard[®] PPO Plan Benefits

USA Select Plan
BlueCard[®] PPO

Effective January 1, 2022



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**USA Select Health Plan
Effective January 1, 2022**

BENEFIT	IN-NETWORK USA HEALTH (Affiliated with the University of South Alabama)	IN-NETWORK OTHER PPO (BCBS & BlueCard PPO)
SUMMARY OF COST SHARING PROVISIONS		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
Calendar Year Deductible	No deductible	
Prescription Drug Deductible	\$100 individual; \$300 family maximum (no member will pay more than the \$100 individual deductible)	
Annual Out-of-Pocket Maximum	\$8,000 individual; \$16,000 family maximum All copays, deductibles, and coinsurance apply to the out-of-pocket maximum including prescription drugs; available manufacturer or provider cost share assistance program payments made with respect to the specialty drugs on the Specialty Drug Coupon Program List do not apply to the in-network out-of-pocket maximum. The plan will pay 100% of medical benefits for the remainder of the calendar year after the Medical Out-of-Pocket Maximum amounts are met.	
INPATIENT HOSPITAL FACILITY SERVICES		
Precertification is required for inpatient admissions (except medical emergency services, maternity and as required by Federal Law); notification within 48 hours for medical emergencies. Generally, if precertification is not obtained, no benefits are available. Call 1-800-248-2342.		
Inpatient Facility Coverage (including maternity)	Covered at 100% of the allowed amount. Coverage for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries.	Covered at 70% of the allowed amount. Coverage for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries.
Note: In Alabama, inpatient hospital benefits are paid only if received from a Blue Cross and Blue Shield provider. Outside, Alabama inpatient hospital benefits are paid only if received from a BlueCard PPO provider except in cases of medical emergency or accidental injury.		
OUTPATIENT HOSPITAL FACILITY SERVICES		
Precertification is required for some outpatient hospital benefits and provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . Please see your benefit booklet. If precertification is not obtained, no benefits are available.		
Surgery	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
CyberKnife Treatment Note: CyberKnife services subject to coverage limitations.	Covered at 100% of the allowed amount.	Not covered.
Medical Emergency	Covered at 100% of the allowed amount.	Covered at 100% of the allowed amount.
Medical Emergency (does not meet medical emergency criteria)	Covered at 70% of the allowed amount.	Covered at 70% of the allowed amount.
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 allowed amount within 72 hours of the accident. After 72 hours and when not a medical emergency as defined by the plan, covered at 70% of the allowed amount.	Covered at 100% of the allowed amount within 72 hours of the accident. After 72 hours and when not a medical emergency as defined by the plan, covered at 70% of the allowed amount.
Diagnostic X-ray	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Diagnostic Lab and Pathology	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Hemodialysis, IV Therapy Chemotherapy and Radiation Therapy	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
PHYSICIAN SERVICES		
Precertification is required for some physician benefits and provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . Please see your benefit booklet. If precertification is not obtained, no benefits are available.		
Office Visits and Outpatient Consultations	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Telephone and online video consultations program A service available to diagnose, treat and prescribe medication (when necessary) for certain medical issues is available through Teladoc. To enroll, go to Teladoc.com/Alabama or call 1-855-477-4549.	Covered at 100% of the allowed amount per consultation.	Covered at 100% of the allowed amount per consultation.

BENEFIT	IN-NETWORK USA HEALTH (Affiliated with the University of South Alabama)	IN-NETWORK OTHER PPO (BCBS & BlueCard PPO)
Emergency Room Physician Fees	Covered at 100% of the allowed amount.	Covered at 100% of the allowed amount.
Emergency Room Physician (does not meet medical emergency criteria)	Covered at 70% of the allowed amount.	Covered at 70% of the allowed amount.
Urgent Care	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Surgery	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Bariatric Surgery (Surgeon, Assistant Surgeon & Anesthesia) Limited to a lifetime max of one procedure per person. Note: Bariatric Services in Alabama must be performed by Bariatric Surgery Network Provider	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Anesthesia	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Second Surgical Opinions	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Inpatient Visits and Inpatient Consultations	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Maternity <i>Dependent maternity not covered</i>	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Diagnostic X-rays	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Diagnostic Lab Exams	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Hemodialysis, IV Therapy Chemotherapy and Radiation Therapy	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
TMJ Phase I	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
TELEHEALTH SERVICES		
Benefits are provided for Telehealth Services subject to applicable cost-sharing for in-network and out-of-network services, when services rendered are performed within the scope of the health care providers license and deemed medically necessary.		
PREVENTIVE CARE SERVICES		
Routine Preventive Services and Immunizations See AlabamaBlue.com/PreventiveServices or AlabamaBlue.com/StandardACAPr eventiveDrugList for listing of immunizations and preventive services or call our Customer Service Department for a printed copy • Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/VaccineNetworkDrugList for more information.	100% of the allowed amount, no deductible or copay. In addition to the standard, the following exceptions apply: <ul style="list-style-type: none">• Routine urinalysis - when necessary• Routine TB skin test - when necessary• Routine CBC - when necessary• Routine total cholesterol - once every calendar year	100% of the allowed amount, no deductible or copay. In addition to the standard, the following exceptions apply: <ul style="list-style-type: none">• Routine urinalysis - when necessary• Routine TB skin test - when necessary• Routine CBC - when necessary• Routine total cholesterol - once every calendar year
Vision <i>One routine eye examination (including refraction per member each benefit period)</i>	Covered at 100% of the allowed amount.	Covered at 100% of the allowed amount.
MENTAL HEALTH DISORDERS AND SUBSTANCE ABUSE		
Inpatient Facility Services and Residential Treatment Facilities Limited to 60 days in a lifetime	Covered at 100% of the allowed amount. Covers up to 30 days per person each calendar year.	Covered at 70% of the allowed amount. Covers up to 30 days per person each calendar year.
Inpatient Physician Services Limited to 60 days in a lifetime	Covered at 100% of the allowed amount. Covers up to 30 days per person each calendar year.	Covered at 70% of the allowed amount. Covers up to 30 days per person each calendar year.
Mental Health Disorders Outpatient Physician Services limited to 60 visits per person each calendar year combined with Substance Abuse Outpatient Physician Services	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.

BENEFIT	IN-NETWORK USA HEALTH (Affiliated with the University of South Alabama)	IN-NETWORK OTHER PPO (BCBS & BlueCard PPO)
Substance Abuse Outpatient Physician Services limited to 60 visits per person each calendar year combined with Mental Health Outpatient Physician Services	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
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 Limited to 60 visits per member each benefit period	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Rehabilitative Occupational, Physical and Speech Therapy Limited to 60 visits per member per therapy each benefit period	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Habilitative Occupational, Physical and Speech Therapy Limited to 60 visits per member per therapy each benefit period	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Cardiac Rehabilitation Limited to 36 visits per episode	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Austim Spectrum Disorder Benefit Prior authorization required Care as determined to be medically necessary including: <ul style="list-style-type: none"> • Evaluation and assessment services; • Habilitative and Rehabilitative outpatient services including speech, physical and occupational therapy; • Behavior training and management and Applied Behavior Analysis; • Prescription drugs; • Psychiatric care; • Psychological care including family counseling; • Therapeutic Care 	Covered at 100% of the allowed amount. Maximum Annual Benefit Amount by Age: Age - 3 years through 9 years-\$20,000 10 years through 13 years -\$15,000 14 years through 18 years -\$10,000 Aggregate maximum annual benefit amounts including all providers.	Covered at 70% of the allowed amount. Maximum Annual Benefit Amount by Age: Age - 3 years through 9 years-\$20,000 10 years through 13 years -\$15,000 14 years through 18 years -\$10,000 Aggregate maximum annual benefit amounts including all providers.
Durable Medical Equipment (DME) Orthotic devices are limited to a maximum benefit of two pair every 12 consecutive months	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Home Health Limited to 60 visits per calendar year	Covered at 100% of the allowed amount for services rendered by a Participating Home Health Agency affiliated with USA Health.	Covered at 70% of the allowed amount for services rendered by a Participating Home Health Agency in Alabama.
Home Infusion Services	Covered at 100% of the allowed amount for services rendered by a Participating Home Health Agency affiliated with USA Health.	Covered at 70% of the allowed amount for services rendered by a Participating Home Health Agency in Alabama.
Hospice Limited to a lifetime maximum of 180 days	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.

BENEFIT	IN-NETWORK USA HEALTH (Affiliated with the University of South Alabama)	IN-NETWORK OTHER PPO (BCBS & BlueCard PPO)
Skilled Nursing Facility <ul style="list-style-type: none"> • Up to 60 days per member each benefit period (combined in and out-of-network) • Precertification required – call 1-800-821-7321 • Admission occurs within 14 days of hospital discharge • Medicare approved facility • Must be engaged in providing skilled care under supervision of physicians and R.N.; maintain clinical records; provide 24-hr nursing services; dispense and administer drugs 	Covered at 70% of the allowed amount.	Covered at 70% of the allowed amount.
Ambulance Services Must be medically necessary	Covered at 70% of the allowed amount.	Covered at 70% of the allowed amount.
Allergy Testing	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Allergy Treatment	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Diabetes Self-Management Education	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Sleep Disorders	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Transplant Services	Covered at 100% of the allowed amount.	Covered at 70% of the allowed amount.
Medical Nutrition Therapy For Adults and Children, 3-hours of Medical Nutrition Therapy Services for all members regardless of age and 3-hours of Medical Nutrition Therapy Services for specific covered diagnoses.	Covered at 100% of the allowed amount.	Covered at 100% of the allowed amount.
PRESCRIPTION DRUGS		
Precertification is required for some drugs; if precertification is not obtained, no benefits are available.		

BENEFIT	IN-NETWORK USA HEALTH (Affiliated with the University of South Alabama)	IN-NETWORK OTHER PPO (BCBS & BlueCard PPO)
<p>Retail Prescription Prepaid Benefits</p> <p>The retail pharmacy network for the plan is Prime Participating Network</p> <ul style="list-style-type: none"> Locate a Prime Participating Retail Network pharmacy at AlabamaBlue.com/PrimeParticipatingPharmacyLocator <p>Maintenance drugs - up to 90-day supply with two copays</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 31-day supply with one copay</p> <ul style="list-style-type: none"> Some copays combined for diabetic supplies (waive copay and deductible on glucose monitors on select products) View the NetResults 1.0 drug list that applies to the plan at AlabamaBlue.com/NetResults1DrugList6T <p>The only in-network pharmacy for some Tier 5 and 6 (specialty) drugs is the Pharmacy Select Network and MCI (Mitchell Cancer Institute in-house pharmacy)</p> <ul style="list-style-type: none"> Tier 5 and 6 (specialty) drugs can be dispensed for up to a 30-day supply View the Specialty Drug List at AlabamaBlue.com/SelfAdministeredSpecialtyDrugList Certain specialty drugs are listed on the Specialty Drug Coupon Program List at AlabamaBlue.com/specialtycouponprogramdruglist Drugs on the Specialty Drug Coupon Program List are subject to the greater of the applicable Tier copay/coinsurance or the full amount of the available manufacturer cost share assistance program payments (such as manufacturer cost share assistance, manufacturer discount plans, and/or manufacturer coupons). Fertility, weight loss, cosmetic alteration, and over the counter drugs are not covered Some immunizations may be received from an in-network pharmacy that participates in the Pharmacy Vaccine Network. A list of the eligible vaccines these pharmacies may provide can be found at: AlabamaBlue.com/VaccineNetworkDrugList. 	<p>Covered at 100% of the allowed amount, subject to the prescription drug deductible (\$100 individual; \$300 family maximum-no member will pay more than the \$100 individual deductible) and the following copays:</p> <p>Tier 1 (preferred generic): \$10 copay per prescription</p> <p>Tier 2 (non-preferred generic): \$10 copay per prescription</p> <p>Tier 3 (preferred brand): \$50 copay per prescription</p> <p>Tier 4 (non-preferred brand): \$75 copay per prescription</p> <p>Tier 5 (preferred specialty) Drugs: \$150 copay per prescription</p> <p>Tier 6 (non-preferred specialty) Drugs:: 50% coinsurance</p>	<p>Not covered.</p>

BENEFIT	IN-NETWORK USA HEALTH (Affiliated with the University of South Alabama)	IN-NETWORK OTHER PPO (BCBS & BlueCard PPO)
<p>Extended Supply Prescription Drug Card</p> <ul style="list-style-type: none"> The extended supply pharmacy network for the plan is the Prime Participating Network Locate a Prime Participating Retail Network pharmacy at AlabamaBlue.com/PrimeParticipatingPharmacyLocator Maintenance drugs – up to a 90-day supply may be purchased with two copays View the NetResults 1.0 drug list that applies to the plan at AlabamaBlue.com/NetResults1DrugList6T 	<p>Covered at 100% of the allowed amount, subject to the prescription drug deductible (\$100 individual; \$300 family maximum-no member will pay more than the \$100 individual deductible) and the following copays:</p> <p>Tier 1 (preferred generic): \$10 copay per prescription</p> <p>Tier 2 (non-preferred generic): \$10 copay per prescription</p> <p>Tier 3 (preferred brand): \$50 copay per prescription</p> <p>Tier 4 (non-preferred brand): \$75 copay per prescription</p>	<p>Not covered.</p>
<p>Mail Order Pharmacy Benefits (Voluntary program)</p> <ul style="list-style-type: none"> Up to a 90-day supply with two copays Mail Order Drugs are available through Home Delivery Network (Enroll online at AlabamaBlue.com/HomeDeliveryNetwork) <p>Only maintenance drugs can be purchased through this mail order pharmacy service</p> <ul style="list-style-type: none"> View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList View the NetResults 1.0 drug list that applies to the plan at AlabamaBlue.com/NetResults1DrugList6T <p>Note: If you have less than a 90-day supply, you will pay the same copay as a 90-day supply when using this mail order program</p>	<p>Covered at 100% of the allowed amount, subject to the prescription drug deductible (\$100 individual; \$300 family maximum-no member will pay more than the \$100 individual deductible) and the following copays:</p> <p>Tier 1 (preferred generic): \$10 copay per prescription</p> <p>Tier 2 (non-preferred generic): \$10 copay per prescription</p> <p>Tier 3 (preferred brand): \$50 copay per prescription</p> <p>Tier 4 (non-preferred brand): \$75 copay per prescription</p>	
HEALTH MANAGEMENT BENEFITS		
Individual Case Management	A program to assist employees and their families in coordinating care in the event of a lengthy illness.	
Chronic Condition Management	A program 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, please call 1 888-841-5741.	
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	
Quit for Life Tobacco Cessation Program	A tobacco cessation program for employees and spouses that provides support to participants through telephone-based counseling and nicotine replacement therapy. Call 1 888 768-7848 for participation information.	
NOTE: There is no coverage for use of out-of-network providers except for Medical Emergency, Accidental Injury, Ambulance and Skilled Nursing.		

Please note: Providers/Specialists may be listed in the PPO directory, but not covered as PPO benefits by this group health plan (i.e. DME, Ambulance, Midwives, Allergists). Some of these benefits may be covered under Other Covered Services or not at all. Please check your benefit matrix or benefit booklet to determine coverage.

Note: In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network.

Note: 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.

All non-participating hospitals will not be covered.

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

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