

Classic Blue BlueCard PPO

Effective January 1, 2012

Hospital Tiered Network

Blue Cross and Blue Shield of Alabama has developed a Hospital Tiered Network within the state of Alabama. Hospitals are categorized into one of three “tiers”, based on their performance in Fiscal, Quality, Patient Safety Awareness and Patient Experience. Hospitals designated as Tier 1 are recognized as having attained the highest level of compliance across those areas.

Copay amounts for inpatient and outpatient services will vary between tiers with Tier 1 having the lowest copay. The Tier 1 level includes all PPO facilities (including PPO facilities outside Alabama) other than Tier 2 & Tier 3 and is referred to as Tier 1 in all benefit communication material. Only Alabama general acute care hospitals are eligible for tiering within the Hospital Tiered Network. Rehabilitation Hospitals, Psychiatric Hospitals, Specialty Facilities, Out of State Hospitals, VA Hospitals and Long Term Care Hospitals are exempt from Participating. All facilities not included on this list are subject to standard in-network benefit design.

All Hospitals are evaluated annually with changes made effective January 1. In addition, reviews will be completed on a quarterly basis allowing hospitals to improve tier status. To determine the tier level of a particular hospital, please visit our web site at **www.bcbsal.com**. The tier level will be indicated next to the name of the hospital for those who participate in the Hospital Tiered Network. If you have any questions, please contact our Customer Service department at 1-800-292-8868.

Participants in the Hospital Tiered Network are evaluated based on the following criteria:

1. **Fiscal Awareness** – Measurements in this area focus on the financial performance of the hospital. Hospitals scoring high in this category have entered into financial arrangements with Blue Cross and Blue Shield of Alabama to provide the most favorable discounts for their services. Through such financial arrangements, Blue Cross is working to ensure that our customers receive the most cost-effective care for their health care dollar.
2. **Quality Awareness** – Scores in this category reflect a hospital's commitment to specific programs and initiatives designed to improve the quality of care rendered in Alabama. Hospitals scoring high in this area have demonstrated a commitment to quality by implementing designated quality improvement programs, by actively participating in an effort to reduce hospital acquired infections, by participating in the sharing of best practices, and by engaging in efforts to increase healthcare transparency.
3. **Patient Safety Awareness** – Scores in this area indicate a hospital's commitment to improving patient safety. Hospitals scoring high in this category have taken steps towards improving patient safety by implementing National Quality Forum (NQF) safe practice standards and Rapid Response Teams. In addition, these hospitals have made a commitment to improving patient care through participation in the 5 million lives campaign.
4. **Patient Experience** – Scores in this area reflect a hospital's commitment to improving their patients' overall experience and perspective of hospital care. Hospitals scoring high in this category have demonstrated a commitment to patient experience through Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), a national standardized survey of hospital patients. HCAHPS surveys patients about important aspects of their hospital experience to assess overall patient rating of the hospital and if the patient would recommend the hospital. The survey will help consumers make fair and objective comparisons between hospitals based on patients' perspectives.

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BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<i>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 provider and where services are received. Some services require a copay, coinsurance, calendar year deductible or deductible for each admission, visit or service.</i>		
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS		
Preadmission Certification is required for inpatient admissions (except medical emergency services and maternity); notification within 48 hours for emergencies. If preadmission certification is not obtained a \$250 penalty will apply. Call 1 800 248-2342 (toll free) for precertification.		
Inpatient Hospital Note: See special provisions for mental health and substance abuse benefits.	Tier 1: Covered at 100% after \$350 per day hospital copay days 1-5 for each admission Tier 2 & Tier 3: Covered at 100% after \$500 per day hospital copay days 1-5 for each admission	Covered at 80% after \$1,000 per admission deductible Note: In Alabama, available only for accidental injury
Inpatient Physician Visits and Consultations	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
OUTPATIENT HOSPITAL BENEFITS		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Tier 1: Covered at 100% after \$350 hospital copay Tier 2 & Tier 3: Covered at 100% after \$500 hospital copay	Covered at 80% subject to calendar year deductible; in Alabama, not covered
Emergency Room (Medical Emergency)	Covered at 100% after \$350 hospital copay	Covered at 100% after \$350 hospital copay
Emergency Room (Accident)	Covered at 100% after \$350 hospital copay	Covered at 100% after \$350 hospital copay for services within 72 hours of medical emergency; thereafter 80% subject to calendar year deductible
Emergency Room Physician	Covered at 100% after \$100 physician copay with no deductible	Covered at 100% after \$100 physician copay with no deductible
Outpatient Diagnostic Lab, X-ray & Pathology	Tier 1: Covered at 100% after \$350 hospital copay Tier 2 & Tier 3: Covered at 100% after \$500 hospital copay	Covered at 80% subject to calendar year deductible; in Alabama, not covered
Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Covered at 100%; no copay or deductible	Covered at 80% subject to calendar year deductible; in Alabama, not covered
PHYSICIAN BENEFITS		
IN-NETWORK SERVICES NOT SUBJECT TO \$1,500 CALENDAR YEAR DEDUCTIBLE		
Office Visits, Outpatient Consultations	Covered at 100% after \$40 primary physician copay or \$60 specialist physician copay	Covered at 50% subject to calendar year deductible
Second Surgical Opinions	Covered at 100% after \$60 physician copay	Covered at 50% subject to calendar year deductible
Diagnostic Lab, X-ray, Pathology, Dialysis and IV Therapy	Covered at 100%; no copay or deductible	Covered at 50% subject to calendar year deductible
CAT Scan, MRI, PET/SPECT, ERCP, angiography/arteriography, cardiac cath/arteriography, colonoscopy, UGI endoscopy, muga-gated cardiac scan	Covered at 100% after \$350 copay per procedure	Covered at 50% subject to calendar year deductible
IN-NETWORK SERVICES SUBJECT TO \$1,500 CALENDAR YEAR DEDUCTIBLE		
Surgery & Anesthesia	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Maternity Care	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Chemo and Radiation Therapy	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
PREVENTIVE CARE BENEFITS		
Routine preventive services and immunizations See www.bcbsal.com/preventiveservices for a listing of the specific preventive services and immunizations	Covered at 100%; no copay or deductible	Not covered
Note: In some cases, office visit copays or facility copays may apply		

PRESCRIPTION DRUG BENEFITS		
Prescription Drug Card <ul style="list-style-type: none">Some drugs require prior authorizationPrescription drugs other than Specialty Drugs - 90 day supply may be purchased but copay applies for each 30 day supply; some copays combined for diabetic suppliesSpecialty Drugs - up to a 30 day supplyCertain Specialty Drugs can only be dispensed by a Specialty Participating Pharmacy.Specialty Drugs, or biotech drugs, are generally high cost self-administered drugsFertility, Oral Impotence and Sleep Disorder Drugs are not coveredView the Generics Plus Prescription Drug lists at www.bcbsal.com.Maintenance drugs can only be purchased through Mail Order	100% subject to a separate \$100 calendar year prescription drug deductible per person after payment of the following copays: Generic Drugs - mandatory when available: \$15 copay per prescription Preferred Brand Drugs: \$75 copay per prescription Preferred Brand name drugs for which a generic equivalent is available: Not covered Other Brand Drugs: Not covered Specialty Drugs: \$150 copay per prescription	Not covered
Mail Order Drugs <ul style="list-style-type: none">Mandatory for maintenance drugsUp to 90 day supply with one copayMail Order drugs are available by calling PrimeMail at 800-391-1886 or visiting www.bcbsal.comNon-maintenance and maintenance drugs can be purchased through mail order pharmacy	100% subject to a separate \$100 calendar year prescription drug deductible per person after payment of the following copays: Generic Drugs - mandatory when available: \$37.50 copay per prescription Preferred Brand Drugs: \$187.50 copay per prescription Preferred Brand name drugs for which a generic equivalent is available: Not covered Other Brand Drugs: Not covered	Not covered
SUMMARY OF COST SHARING PROVISIONS		
Calendar Year Deductible	\$1,500 individual; \$4,500 aggregate amount per family	
Calendar Year Prescription Drug Deductible	\$100 individual	
Calendar Year Out-of-Pocket Maximum Applies to: <ul style="list-style-type: none">Home Health and HospiceOther Covered Services (except Out-of-Network occupational therapy, physical therapy and DME in Alabama)	\$4,500 individual plus calendar year deductible and calendar year prescription drug deductible; \$13,500 aggregate amount per family After you reach the Calendar Year Out-of-Pocket Maximum, applicable expenses are covered at 100% for the remainder of the calendar year.	
Lifetime Maximum	There is no lifetime maximum.	
BENEFITS FOR OTHER COVERED SERVICES		
Allergy Testing & Treatment \$200 calendar year maximum per person	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
Ambulance Service	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
Participating Chiropractic Services \$600 calendar year maximum per person	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible; in Alabama, not covered
Durable Medical Equipment (DME)	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
Occupational and Physical Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per year	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per year	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible

HOME HEALTH AND HOSPICE

Home Health and Hospice

- Precertification required for visits by home health professionals outside Alabama
- For precertification call 1-800-821-7231

Covered at 80% subject to calendar year deductible

Covered at 80% subject to calendar year deductible; in Alabama, not covered

MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS

Expanded Psychiatric Services (EPS)

- EPS network available throughout Alabama and in Meridian, Mississippi and Northwest Florida
- To find an EPS provider call Customer Service at 1-800-292-8868 or search the online provider finder on our web site at www.bcbsal.com

Care must be coordinated by EPS provider

Covered at 100%; no copay or deductible

Inpatient: Up to 30 days each year; includes hospital, physician and therapy expenses

Outpatient: Includes office visits, therapy, counseling and testing

HEALTH MANAGEMENT BENEFITS

Individual Case Management

Coordinates care in event of catastrophic or lengthy illness or injury.

Disease Management

Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease.

Baby Yourself

A prenatal wellness program; For more information, please call 1-800-222-4379. You can also enroll online at www.behealthy.com.

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.

Air Medical Services

Air ambulance service to a hospital near home if hospitalized while traveling more than 150 miles from home; to arrange transportation, call AirMed at 1-877-872-8624.

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 web site (www.bcbsal.com) or call 1-800-810-BLUE (2583).
- In-Network hospitals, physicians and other health care providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing health care services at a reduced price (examples: BlueCard PPO, PMD, Preferred Care). In-Network Pharmacies are pharmacies that participate with Blue Cross and Blue Shield of Alabama or its Pharmacy Benefit Manager(s).
- 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 or the average charge for care in the area.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder web site, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.
- In-network Certified Registered Nurse Practitioners (CRNPs) /Certified Nurse Midwives (CNMs) are considered eligible providers; no coverage out-of-network for services provided by CRNPs and CNMs.
- Physician assistants and physician assistants who assist with surgery acting under the supervision of PMD/PPO physicians are eligible providers.
- Bariatric Surgery, Gastric Restrictive procedures and complications arising from these procedures are not covered under this plan. Please see your benefit booklet for more detail and for a complete listing of all plan exclusions.

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.