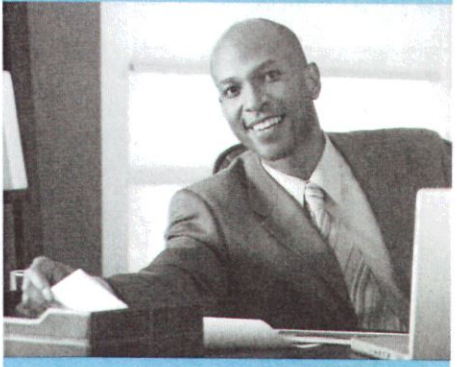


We cover what matters.



BlueCard[®] PPO Plan Benefits

Cullman County Commission BlueCard[®] PPO

Effective January 1, 2017

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**Cullman County Commission
BlueCard® PPO
Effective January 1, 2017**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p><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></p>		
<p>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Precertification is required for inpatient admissions (except medical emergency services and maternity); notification within 48 hours for medical emergencies. Generally, if precertification is not obtained, no benefits are available. Call 1-800-248-2342 (toll-free) for precertification.</p>		
Inpatient Hospital	Covered at 100% of the allowed amount after \$100 per admission deductible. No copay required	Covered at 70% of the allowed amount after \$200 per admission deductible, no copay required <i>Note: In Alabama, available only for medical emergency services and accidental injury</i>
Inpatient Physician Visits and Consultations	Covered at 100% of the allowed amount, no copay or deductible	Covered at 70% of the allowed amount subject to calendar year deductible, in Alabama, covered at 50% subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 70% of the allowed amount not subject to calendar year deductible
<p>OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Precertification is required for some outpatient hospital benefits and physician-administered drugs; please see your benefit booklet. If precertification is not obtained, no benefits are available.</p>		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 100% of the allowed amount after \$100 hospital copay	Covered at 70% of the allowed amount subject to calendar year deductible, in Alabama, not covered
Emergency Room (Medical Emergency)	Covered at 100% of the allowed amount after \$100 hospital copay	Covered at 100% of the allowed amount after \$100 hospital copay and subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount after \$100 hospital copay
Emergency Room (Accident) <i>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</i>	Covered at 100% of the allowed amount after \$100 hospital copay	Covered at 100% of the allowed amount after \$100 hospital copay and subject to calendar year deductible for services within 72 hours; 70% of the allowed amount subject to calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan
Emergency Room Physician	Covered at 100% of the allowed amount after \$35 physician copay	Covered at 100% of the allowed amount after \$35 physician copay and subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount after \$35 physician copay
Outpatient Diagnostic Lab, X-ray, Pathology	Covered at 100% of the allowed amount, no copay or deductible	Covered at 70% of the allowed amount subject to calendar year deductible, in Alabama, not covered
Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Covered at 100% of the allowed amount, no copay or deductible	Covered at 70% of the allowed amount subject to calendar year deductible, in Alabama, not covered
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services	Covered at 100% of the allowed amount after \$35 daily hospital copay	Covered at 70% of the allowed amount subject to calendar year deductible, in Alabama, not covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some physician benefits and physician-administered drugs; please see your benefit booklet. If precertification is not obtained, no benefits are available.		
Office Visits & In- Person Consultations	Covered at 100% of the allowed amount after \$35 physician copay	Covered at 70% of the allowed amount subject to calendar year deductible
Telephone and Online Video Physician Consultations Program A service, through Teladoc™ to diagnose, treat and prescribe medication (when necessary) for certain medical issues. To enroll, go to Teladoc.com/Alabama or call 1-855-477-4649	Covered at 100% of the allowed amount, no copayment or deductible	Not covered
Surgery & Anesthesia	Covered at 100% of the allowed amount; no copay or deductible	Covered at 70% of the allowed amount subject to calendar year deductible
Maternity Care	Covered at 100% of the allowed amount; no copay or deductible	Covered at 70% of the allowed amount subject to calendar year deductible
Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Covered at 100% of the allowed amount; no copay or deductible	Covered at 70% of the allowed amount subject to calendar year deductible
Note: In Alabama, Out-of-Network physician services covered at 50% subject to calendar year deductible		
PREVENTIVE CARE BENEFITS		
Routine Immunizations and Preventive Services <ul style="list-style-type: none">See AlabamaBlue.com/preventiveservices for a listing of the specific immunizations and preventive services or call our Customer Service Department for a printed copyCertain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/pharmacy for more information	Covered at 100% of the allowed amount, no copay or deductible	Not covered
Note: In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.		
PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some drugs; if no precertification is obtained, no benefits are available.		
Prescription Drug Card <ul style="list-style-type: none">The pharmacy network for the plan is the Prime Participating Pharmacy NetworkSome copays combined for diabetic suppliesPrescription drugs (other than specialty drugs) can be dispensed for up to a 90-day supply but the copayment is applicable for each 30-day supplySpecialty Drugs, or biotech drugs, are generally high cost self-administered drugsView the Standard Prescription Drug list that applies to the plan at AlabamaBlue.com/web/pharmacy/drugguide.html	Separate \$150 prescription drug deductible per person per calendar year (\$300 family maximum) applies to Brand Name Drugs, each prescription purchased from Participating Pharmacy covered 100% after deductible subject to the following: Tier 1 Drugs: Covered at 70% of the allowed amount with no deductible Tier 2 Drugs: Covered at 70% of the allowed amount subject to pharmacy deductible Tier 3 Drugs: Covered at 70% of the allowed amount subject to pharmacy deductible	Not covered
Mail Order Pharmacy Benefits <ul style="list-style-type: none">Up to 90-day supply with one copayMail Order drugs are available through PrimeMail® (Enroll online at AlabamaBlue.com or call 1-800-391-1886)Maintenance and Non-Maintenance drugs can be purchased through mail order pharmacySpecialty Drugs are not available through mail order	Tier 1 Drugs: Covered at 70% of the allowed amount with no deductible Tier 2 Drugs: Covered at 70% of the allowed amount subject to pharmacy deductible Tier 3 Drugs: Covered at 70% of the allowed amount subject to pharmacy deductible	Not covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)		
Calendar Year Deductible	\$50 individual; \$150 family	
Calendar Year Out-of-Pocket Maximum	\$1,500 individual, \$3,000 family	
	All deductibles, copays and coinsurance for in-network services and all deductibles, copays and coinsurance for out-of-network mental health disorders and substance abuse emergency services apply to the out-of-pocket maximum	
	Coinsurance for out-of-network Home Health, Hospice, and Other Covered Services (excluding occupational therapy, physical therapy, speech therapy and DME in Alabama) applies to the out-of-pocket maximum.	
	After you reach your individual Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year.	
BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.		
Allergy Testing & Treatment Limited to 6 visits per person per calendar year	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible
Ambulance Service	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible
Cancer Diagnosed Treatment	Covered at 100% of the allowed amount, no copay or deductible	Covered at 70% of the allowed amount subject to calendar year deductible. In Alabama, covered at 50% subject to calendar year deductible
Participating Chiropractic Services Limited 12 visits per person per calendar year	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible. In Alabama, not covered
Durable Medical Equipment (DME)	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible. In Alabama, covered at 50% subject to calendar year deductible
Rehabilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per calendar year	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible. In Alabama, covered at 50% subject to calendar year deductible
Habilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per calendar year	Covered at 70% of the allowed amount subject to calendar year deductible	Covered at 70% of the allowed amount subject to calendar year deductible. In Alabama, covered at 50% subject to calendar year deductible
Home Health and Hospice	Covered at 100% of the allowed amount, no copay or deductible	Covered at 70% of the allowed amount subject to calendar year deductible. In Alabama, not covered
EXPANDED PSYCHIATRIC SERVICES (EPS)		
Expanded Psychiatric Services (EPS) <ul style="list-style-type: none"> • 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 website at AlabamaBlue.com 	When care is received or coordinated by an EPS provider, the following mental health disorders and substance abuse benefits are available Covered at 100% of the allowed amount, no copay or deductible Inpatient: Includes hospital, physician and therapy expenses Outpatient: includes office visits, therapy, counseling and testing	
	When care is not received or coordinated by an EPS provider, the mental health disorders and substance abuse benefits available will mirror all other categories of this matrix.	

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
HEALTH MANAGEMENT BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
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 maternity program; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.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 network 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 website (AlabamaBlue.com) or call 1-800-810-BLUE (2583)
- In-network hospitals, physicians and other healthcare providers have a contract with Blue Cross and Blue Shield of Alabama or another Blue Cross and/or Blue Shield Plan for furnishing healthcare 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 Blue Shield of Alabama or another Blue Cross and/or Blue Shield Plan. 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 website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.

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: اذا 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 Aisyen, gen sèvis ed pou lang ki disponib gratis pou ou. Rele 1-855-216-3144 (TTY 711).

Gujarati: ધ્યાન અર્થે જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમાર: 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: ໄປອຊາບ ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດ້ອບປະສັງຄ່າ, 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 (телефакс: 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 konuşuyorsanız, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-216-3144 (TTY 711) ırtab 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。