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# BlueCard<sup>®</sup> PPO

## Plan Benefits

**NCI MFG, Inc.**  
BlueCard<sup>®</sup> PPO

Effective May 01, 2023



**BlueCross BlueShield  
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**NCI MFG, Inc.**  
**BlueCard® PPO**  
**Effective May 01, 2023**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.		
SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
Calendar Year Deductible	\$500 individual; \$1,500 family	
Calendar Year Out-of-Pocket Maximum	\$2,200 individual plus calendar year deductible; \$6,600 family	
Applies to:	Only the coinsurance amounts you pay for the listed services will apply to the maximum. Fixed copays do not apply to the maximum.  After you reach the Calendar Year Out-of-Pocket Maximum, applicable expenses for you are covered at 100% of the allowed amount for the remainder of the calendar year.	
<ul style="list-style-type: none"><li>In-network inpatient hospital copay</li><li>In-network outpatient hospital copay</li><li>Other Covered Services (except out-of-network occupational therapy, physical therapy, speech therapy and DME in Alabama)</li></ul>		
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for inpatient admissions (except medical emergency services and 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 (toll-free) for precertification.		
Inpatient Hospital	Covered at 100% of the allowed amount, after \$175.00 daily hospital copay days 1-5 for each admission	Covered at 80% of the allowed amount, after \$750.00 per admission deductible  <b>Note:</b> In Alabama, available only for medical emergency services and accidental injury
Inpatient Physician Visits and Consultations	Covered at 100% of the allowed amount, subject to calendar year deductible  <b>Mental Health Disorders and Substance Abuse Services</b> covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to calendar year deductible  <b>Mental Health Disorders and Substance Abuse Services</b> covered at 80% of the allowed amount, no copay or deductible
OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some outpatient hospital benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit <a href="http://AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList">AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList</a> . If precertification is not obtained, no benefits are available.		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 100% of the allowed amount, after \$250.00 hospital copay	Covered at 80% of the allowed amount, subject to calendar year deductible  <b>In Alabama, not covered</b>
Emergency Room (Medical Emergency)	Covered at 100% of the allowed amount, after \$250.00 hospital copay	Covered at 100% of the allowed amount, after \$250.00 hospital copay  <b>Mental Health Disorders and Substance Abuse Services</b> covered at 100% of the allowed amount, after \$250.00 hospital copay

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Emergency Room (Accident)</b>	Covered at 100% of the allowed amount, after \$250.00 hospital copay	Covered at 100% of the allowed amount, after \$250.00 hospital copay
<b>Emergency Room (Physician)</b>	Covered at 100% of the allowed amount, after \$30.00 physician copay	Covered at 100% of the allowed amount, after \$30.00 physician copay  <b>Mental Health Disorders and Substance Abuse Services</b> covered at 100% of the allowed amount, after \$30.00 physician copay
<b>Outpatient Diagnostic Lab, Pathology &amp; X-ray</b>  Note: The first covered mammogram each calendar year is not subject to the hospital copay	Covered at 100% of the allowed amount, after \$250.00 hospital copay	Covered at 80% of the allowed amount, subject to calendar year deductible  <b>In Alabama</b> , not covered
<b>Chemotherapy, Dialysis, IV Therapy &amp; Radiation Therapy</b>	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible  <b>In Alabama</b> , not covered
<b>Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services</b>	Covered at 100% of the allowed amount, after \$30.00 daily hospital copay	Covered at 80% of the allowed amount, subject to calendar year deductible  <b>In Alabama</b> , not covered
<b>PHYSICIAN BENEFITS</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b>		
Precertification is required for some physician benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit <a href="https://alabamablue.com/ProviderAdministeredPrecertificationDrugList">AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList</a> . If precertification is not obtained, no benefits are available.		
<b>Office Visits, Consultations &amp; Second Surgical Opinions</b>	Covered at 100% of the allowed amount, after \$30.00 physician copay	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy &amp; X-ray</b>	Covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Surgery &amp; Anesthesia</b>	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Maternity Care</b>	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Applied Behavioral Analysis (ABA) Therapy</b> Limited to ages 0-18 for autism spectrum disorders	Covered at 100% of the allowed amount, after \$30.00 copay	Covered at 80% of the allowed amount, subject to calendar year deductible
<b>PREVENTIVE CARE BENEFITS</b>		
<b>Routine Newborn Exam (in hospital)</b>	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
<b>Routine Well Child Care Exams</b> Nine visits during the first 24 months of life and one each year thereafter through age 6	Covered at 100% of the allowed amount, after \$30.00 physician copay	Not Covered
<b>Routine Developmental Screening</b> Three exams between 9 months and 30 months of life	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
<b>Routine Immunizations</b> <ul style="list-style-type: none"> <li>Age limitations apply to certain immunizations</li> <li>Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See <a href="http://AlabamaBlue.com/VaccineNetworkDrugList">AlabamaBlue.com/VaccineNetworkDrugList</a> for more information</li> </ul>	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
<b>Routine Office Visit</b> When eligible for a routine pap smear, routine mammogram or routine PSA/Digital Rectal Exam	Covered at 100% of the allowed amount, after \$30.00 physician copay	Not Covered
<b>Routine Pap Smear</b> Limited to one per calendar year	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
<b>Routine Human Papillomavirus (HPV) Testing</b> Limited to one every three calendar years for females ages 30 and older	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
<b>Routine Chlamydia Screening</b> Limited to one per calendar year for females ages 15-24	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
<b>Routine/Screening Mammogram</b> Limited to one baseline between ages 35 and 39; and one annually ages 40 and over	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
<b>Routine Hepatitis C Screening</b> Once in a lifetime for members born between 01/01/1945 and 12/31/1965	Covered at 100% of the allowed amount, no copay or deductible	Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Routine Prostate Cancer Screening</b> Males age 40 and over <ul style="list-style-type: none"> <li>Prostate Specific Antigen (PSA) each calendar year</li> <li>Digital Rectal Exam each calendar year</li> </ul>	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
<b>Routine Colorectal Cancer Screening</b> Ages 45 and over <ul style="list-style-type: none"> <li>Hemocult stool check/ Fecal occult blood test each calendar year</li> <li>FIT-DNA (cologuard) ages 45-99 every three calendar years</li> <li>Flexible sigmoidoscopy every three calendar years</li> <li>Double-contrast barium enema every five calendar years</li> <li>Colonoscopy every 10 calendar years</li> </ul>	Covered at 100% of the allowed amount, no copay or deductible for physician charges (outpatient hospital services may require a copay)	Not Covered
<b>Note:</b> In case of illness or family history of cancer services generally are not considered preventive and may be covered by other plan provisions. Blue Cross and Blue Shield of Alabama will process these claims are required by Section 1557 of the Affordable Care Act.		
<b>PRESCRIPTION DRUG BENEFITS</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b>		
<b>Precertification is required for some drugs; if precertification is not obtained, no benefits are available.</b>		
<b>Retail Prescription Prepaid Benefits</b> The retail pharmacy network for the plan is <b>Prime Participating Retail Network</b> <ul style="list-style-type: none"> <li>Locate a <b>Prime Participating Retail Network</b> pharmacy at <a href="http://AlabamaBlue.com/PrimeParticipatingPharmacyLocator">AlabamaBlue.com/PrimeParticipatingPharmacyLocator</a></li> </ul> Prescription drugs (other than specialty drugs) can be dispensed for up to a 90-day supply but the copayment is applicable for each 30-day supply <ul style="list-style-type: none"> <li>Some copays combined for diabetic supplies</li> <li>View the <b>Standard</b> drug list that applies to the plan at <a href="http://AlabamaBlue.com/StandardDrugList">AlabamaBlue.com/StandardDrugList</a></li> </ul> The only in-network pharmacy for some specialty drugs is the <b>Pharmacy Select Network</b> <ul style="list-style-type: none"> <li>Specialty drugs can be dispensed for up to a 30-day supply</li> <li>View the Specialty Drug List at <a href="http://AlabamaBlue.com/SelfAdministeredSpecialtyDrugList">AlabamaBlue.com/SelfAdministeredSpecialtyDrugList</a></li> </ul> 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: <a href="http://AlabamaBlue.com/VaccineNetworkDrugList">AlabamaBlue.com/VaccineNetworkDrugList</a> .	Covered at 100% of the allowed amount, subject to the following copays for a 30 day supply for each prescription: <p><b>Tier 1 Drugs:</b> \$15 copay per prescription</p> <p><b>Tier 2 Drugs:</b> \$30 copay per prescription</p> <p><b>Tier 3 Drugs:</b> \$60 copay per prescription</p> <p><b>Generics mandatory when available and may be classified at any Tier</b></p> <p>Covered Insulin Products: \$99.00 maximum cost share per 30-day supply.</p>	Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Select Generic Specialty and Biosimilar Drugs</b>  Generic specialty and biosimilar drugs can be dispensed for up to a 30-day supply. The only in-network pharmacy for some generic specialty and biosimilar drugs is the <b>Pharmacy Select Network</b> . <ul style="list-style-type: none"> <li>View the Select Generic Specialty and Biosimilar Drug List that applies to the plan at <b>AlabamaBlue.com/SelectGenericSpecialtyandBiosimilarDrugList</b>.</li> </ul> Generic specialty and biosimilar drugs are not available through the Home Delivery Network.	100% of the allowed amount, no deductible or copayment	Not Covered
<b>BENEFITS FOR OTHER COVERED SERVICES</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b> Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.		
<b>Allergy Testing &amp; Treatment</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
<b>Ambulance Service</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
<b>Participating Chiropractic Services</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible  <b>In Alabama</b> , covered at 50% of the allowed amount, subject to calendar year deductible
<b>Durable Medical Equipment (DME)</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible  <b>In Alabama</b> , covered at 50% of the allowed amount, subject to calendar year deductible
<b>Rehabilitative Occupational, Physical and Speech Therapy</b>  Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible  <b>In Alabama</b> , covered at 50% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Habilitative Occupational, Physical and Speech Therapy</b> Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible  <b>In Alabama</b> , covered at 50% of the allowed amount, subject to calendar year deductible
<b>Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18</b>	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible  <b>In Alabama</b> , covered at 50% of the allowed amount, subject to calendar year deductible
<b>Home Health and Hospice</b>	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible  <b>In Alabama</b> , not covered
<b>Home Infusion</b>	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible  <b>In Alabama</b> , not covered
<b>Medical Nutrition Therapy Services</b> For adults and children, limited to 6 hours per member per calendar year	Covered at 100% of the allowed amount, after \$30.00 copay	Covered at 50% of the allowed amount, subject to calendar year deductible
EXPANDED PSYCHIATRIC SERVICES (EPS)		
<b>Expanded Psychiatric Services (EPS)</b> <ul style="list-style-type: none"> <li>EPS network is available throughout Alabama and in Meridian, Mississippi and Northwest Florida.</li> <li>To find an EPS provider call Customer Service at 1-800-292-8868 or search the online provider on our website at <b>AlabamaBlue.com</b></li> </ul>	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 <b>Inpatient:</b> Includes hospital, physician and therapy expenses <b>Outpatient:</b> 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 benefit levels are not separately stated. Please refer to the appropriate subsections above and below that relate to the services or supplies you receive, such as Inpatient Hospital Benefits, Outpatient Hospitals Benefits, etc.	

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>HEALTH MANAGEMENT BENEFITS</b> (Includes Mental Health Disorders and Substance Abuse)		
<b>Individual Case Management</b>	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.	
<b>Chronic Condition Management</b>	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and other specialized conditions.	
<b>Baby Yourself®</b>	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at <a href="http://AlabamaBlue.com/BabyYourself">AlabamaBlue.com/BabyYourself</a> .	
<b>Contraceptive Management</b>	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.	
<b>Air Medical Transport</b>	Air medical transportation 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](http://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 or the average charge for care in the area, or in accordance with 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.
- 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.
- 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.
- Please refer to your benefit book or contact Blue Cross directly about coverage for your hospital charges and other related medical services. Approval for air medical transportation does not mean that hospitalization and other medical expenses will be covered. All coverage determinations for medical benefits are subject to the terms, conditions, limitations and exclusions of the health plan. Air medical transportation services are provided through a contract with AirMed International, LLC, an independent company that does not provide Blue Cross and Blue Shield of Alabama products. Blue Cross is not responsible for any mistakes, errors or omissions that AirMed, its employees or staff members make. Air medical transportation services terminate if coverage by your health plan ends.
- Prime Therapeutics LLC® is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association.

Your group believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act. As permitted by the Affordable Care Act, this plan does not have to include certain consumer protections of the Affordable Care Act that apply to non-grandfathered plans. Benefits are subject to the terms, limitations and conditions of the group contract. Check your benefit booklet for more detailed coverage information. Please visit our website at [AlabamaBlue.com](http://AlabamaBlue.com)