

City of Tuscaloosa
BENEFIT COMPARISON
Blue Cross and Blue Shield of Alabama

	Option 1 BlueCard® PPO	Option 2 BlueCard® PPO
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
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.		
Inpatient Hospital Note: In Alabama, inpatient benefits for out-of-network hospitals available only for medical emergency and accidental injury	In-Network: 100% after \$250 per admission deductible; \$50 per day hospital copay days 2-11 for each admission Out-of-Network: 80% after \$500 per admission deductible	In-Network: Tier 1: 100% after \$300 per day hospital copay days 1-5 for each admission Tier 2 & Tier 3: 100% after \$600 per day hospital copay days 1-5 for each admission Out-of-Network: 50% after \$1,200 per admission deductible
Inpatient Physician Visits and Consultations	In-Network: 100%; no copay or deductible Out-of-Network: 80% subject to calendar year deductible; in Alabama covered at 50% subject to calendar year deductible Mental Health Disorders and Substance Abuse Services: In-Network: 100%; no copay or deductible Out-of-Network: 80%; no copay or deductible	In-Network: 100% subject to calendar year deductible Out-of-Network: 50% subject to calendar year deductible Mental Health Disorders and Substance Abuse Services: In-Network: 100%; no copay or deductible Out-of-Network: 50%; no copay or deductible
OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
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.		
Outpatient Surgery (including Ambulatory Surgical Centers)	In-Network: 100% after \$25 hospital copay Out-of-Network: 80% subject to calendar year deductible; in Alabama, not covered	In-Network: Tier 1: 100% after \$300 hospital copay Tier 2 & Tier 3: 100% after \$600 hospital copay Out-of-Network: 50% subject to calendar year deductible; in Alabama, not covered
Emergency Room (Medical Emergency)	In-Network: 100% after \$50 hospital copay Out-of-Network: : 80% subject to calendar year deductible; in Alabama, not covered Mental Health Disorders and Substance Abuse Services covered at 100% after \$50 hospital copay; in Alabama, not covered	In-Network: 100% after \$300 hospital copay Out-of-Network: 100% after \$300 hospital copay and subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 100% after \$300 hospital copay; copay applies to the in-network out-of-pocket maximum
Emergency Room (Accident)	In-Network: 100%; no copay or deductible Out-of-Network: 100%; no copay or deductible for services within 72 hours, thereafter 80% subject to calendar year deductible	In-Network: 100% after \$300 hospital copay Out-of-Network: 100% of the allowed amount after \$300 hospital copay and subject to calendar year deductible for services within 72 hours; 50% of the allowed amount, subject to the calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan 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
Emergency Room Physician	In-Network: 100% after \$35 physician copay Out-of-Network: 80% subject to calendar year deductible; in Alabama covered at 50% subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 100% after \$35 physician copay	In-Network: 100% after \$60 physician copay Out-of-Network: 100% after \$60 physician copay and subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 100% after \$60 physician copay; copay applies to the in-network out-of-pocket maximum
Outpatient Diagnostic Lab, X-ray & Pathology	In-Network: 100%; no copay or deductible Out-of-Network: 80% subject to calendar year deductible; in Alabama, not covered Note: The first covered mammogram each calendar year is not subject to the hospital copay	In-Network: Tier 1: 100% after \$300 hospital copay Tier 2 & Tier 3: 100% after \$600 hospital copay Out-of-Network: 50% subject to calendar year deductible; in Alabama, not covered
Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	In-Network: 100%; no copay or deductible Out-of-Network: 80% subject to calendar year deductible; in Alabama, not covered	In-Network: 100%; no copay or deductible Out-of-Network: 50% subject to calendar year deductible; in Alabama, not covered
Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP)	In-Network: 100% after \$35 daily hospital copay Out-of-Network: 80% subject to calendar year deductible; in Alabama, not covered	In-Network: 100% after \$60 daily hospital copay Out-of-Network: 50% subject to calendar year deductible; in Alabama, not covered

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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 & Consultations	In-Network: 100% after \$35 physician copay Out-of-Network: 80% subject to calendar year deductible; in Alabama covered at 50% subject to calendar year deductible	In-Network: 100% after \$40 primary physician copay or \$60 specialist physician copay Out-of-Network: 50% subject to calendar year deductible
Second Surgical Opinion	In-Network: 100%; no copay or deductible Out-of-Network: 80% subject to calendar year deductible; in Alabama covered at 50% subject to calendar year deductible	In-Network: 100% after \$60 physician copay Out-of-Network: 50% subject to calendar year deductible
Surgery & Anesthesia (excluding services related to Bariatrics)	In-Network: 100%; no copay or deductible Out-of-Network: 80% subject to calendar year deductible; in Alabama covered at 50% subject to calendar year deductible	In-Network: 100% subject to calendar year deductible Out-of-Network: 50% subject to calendar year deductible
Maternity Care	In-Network: 100%; no copay or deductible Out-of-Network: 80% subject to calendar year deductible; in Alabama covered at 50% subject to calendar year deductible	In-Network: 100% subject to calendar year deductible Out-of-Network: 50% subject to calendar year deductible
Diagnostic X-ray	In-Network: 100%; no copay or deductible Out-of-Network: 80% subject to calendar year deductible; in Alabama covered at 50% subject to calendar year deductible	In-Network: 100% after \$10 copay per procedure Out-of-Network: 50% subject to calendar year deductible
CAT Scan, MRI, PET/SPECT, ERCP, angiography /arteriography, cardiac cath/arteriography, colonoscopy, UGI endoscopy, muga-gated cardiac scan	In-Network: 100%; no copay or deductible Out-of-Network: 80% subject to calendar year deductible; in Alabama covered at 50% subject to calendar year deductible	In-Network: 100% after \$300 copay per procedure Out-of-Network: 50% subject to calendar year deductible
Diagnostic Lab & Pathology	In-Network: 100%; no copay or deductible Out-of-Network: 80% subject to calendar year deductible; in Alabama covered at 50% subject to calendar year deductible	In-Network: 100%; no copay or deductible Out-of-Network: 50% subject to calendar year deductible
Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	In-Network: 100%; no copay or deductible Out-of-Network: 80% subject to calendar year deductible; in Alabama covered at 50% subject to calendar year deductible	In-Network: 100%; no copay or deductible Out-of-Network: 50% subject to calendar year deductible
PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Prescription Drug Benefits	Prescription Drug Card	Prescription Drug Card
<ul style="list-style-type: none"> The pharmacy network for the plan is the Prime Participating Pharmacy Network Some drugs require precertification View the Standard Prescription Drug list that applies to the plan at AlabamaBlue.com/web/pharmacy/drugguide.html 	Separate \$100 prescription drug deductible per person per calendar year (no family maximum); each prescription purchased from Participating Pharmacy covered at 100% after deductible subject to the following copays: Tier 1 Drugs: \$15 copay per prescription Tier 2 Drugs: \$40 copay per prescription Tier 3 Drugs: \$55 copay per prescription <ul style="list-style-type: none"> From time to time, certain drugs in certain drug categories on the Standard Prescription Drug list are excluded from coverage under the plan. View the Drug Exclusion Strategy-Alternative Drug List that also applies to the plan at AlabamaBlue.com/web/pharmacy/drugguide/html. This list will be updated periodically. Prescription Drug deductible combined for retail and Mail Order drugs Non-Participating Pharmacy: Not covered	100% subject to the following copays for a 30-day supply for each prescription: Tier 1 Drugs: \$20 copay per prescription Tier 2 Drugs: \$60 copay per prescription Tier 3 Drugs: \$100 copay per prescription Tier 4 (specialty) Drugs: The lesser of 50% of the allowed amount or \$395 copay per prescription <ul style="list-style-type: none"> Generic drugs are mandatory when available and may be classified in any Tier Non-Participating Pharmacy: Not covered
Mail Order Pharmacy Benefits	Prescription Drug Card	Prescription Drug Card
<ul style="list-style-type: none"> Mail 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 pharmacy 	Separate \$100 prescription drug deductible per person per calendar year (no family maximum); each prescription purchased from Participating Pharmacy covered at 100% after deductible subject to the following copays: Tier 1 Drugs: \$15 copay per prescription Tier 2 Drugs: \$40 copay per prescription Tier 3 Drugs: \$55 copay per prescription <ul style="list-style-type: none"> Prescription Drug deductible combined for retail and Mail Order drugs 	Tier 1 Drugs: \$50 copay per prescription Tier 2 Drugs: \$150 copay per prescription Tier 3 Drugs: \$250 copay per prescription Tier 4 (specialty) Drugs: Not covered <ul style="list-style-type: none"> Generic drugs are mandatory when available and may be classified in any Tier Note: If you have less than a 90-day supply, you will pay the same copayment as a 90-day supply when using this mail order program

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SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)		
Calendar Year Deductible	\$325 individual; \$975 family 4 TH Quarter Carryover Deductible: Any covered expenses incurred in the last 3 months of any benefit period which have been allocated toward all <u>or</u> a portion of the Calendar year Deductible for that year may also be allocated toward next years Calendar year Deductible.	In-Network: \$2,000 individual; \$4,000 family Out-of-Network: \$2,000 individual; \$4,000 family The in-network and out-of-network calendar year deductibles are separate and do not apply to each other
Calendar Year Out-of-Pocket Maximum	\$400 individual plus calendar year deductible Applies to: <ul style="list-style-type: none"> • Other Covered Services • Home Health and Hospice 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 are covered at 100% for the remainder of the calendar year.	In-Network: \$6,350 individual; \$12,700 family Out-of-Network: There is no out-of-pocket maximum for out-of-network services All deductibles, copays and coinsurance for in-network services and out-of-network mental health disorders and substance abuse emergency services apply 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	In-Network: 80% subject to calendar year deductible Out-of-Network: 80% subject to calendar year deductible	In-Network: 80% subject to calendar year deductible Out-of-Network: 50% subject to calendar year deductible Limited to 6 visits per calendar year for allergy treatment
Ambulance Service	In-Network: 80% subject to calendar year deductible Out-of-Network: 80% subject to calendar year deductible	In-Network: 80% subject to calendar year deductible Out-of-Network: 50% subject to calendar year deductible
Cancer Diagnosed Treatment	In-Network: 100%; no copay or deductible Out-of-Network: 100%; no copay or deductible; in Alabama, covered at 50% subject to calendar year deductible	Covered as any other medical diagnosis
Chiropractic Services	In-Network: 80% subject to calendar year deductible Out-of-Network: 80% subject to calendar year deductible	In-Network: 80% subject to calendar year deductible Out-of-Network: 50% subject to calendar year deductible; in Alabama, not covered Limited to 15 visits per calendar year
Durable Medical Equipment (DME)	In-Network: 80% subject to calendar year deductible Out-of-Network: 80% subject to calendar year deductible	In-Network: 80% subject to calendar year deductible Out-of-Network: 50% subject to calendar year deductible
Occupational, Physical & Speech Therapy	In-Network: 80% subject to calendar year deductible Out-of-Network: 80% subject to calendar year deductible <ul style="list-style-type: none"> • Occupational therapy limited to certain services related to hand and lymphedema • Speech therapy not covered 	In-Network: 80% subject to calendar year deductible Out-of-Network: 50% subject to calendar year deductible <ul style="list-style-type: none"> • Occupational, physical and speech therapy limited to combined maximum of 30 visits per year • Children ages 0-9 with an autistic diagnosis are allowed unlimited visits for occupational and speech therapy
Home Health and Hospice	In-Network: 100%; no copay or deductible Out-of-Network: 80% subject to calendar year deductible; in Alabama, not covered	In-Network: 100% subject to calendar year deductible Out-of-Network: 50% subject to calendar year deductible; in Alabama, not covered
MENTAL HEALTH DISORDERS AND SUBSTANCE ABUSE NETWORK		
Mental Health Disorders and Substance Abuse Network	Blue Choice Behavioral Health Network: In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network. In most cases benefits will mirror medical benefits. See specific categories for more details.	
HEALTH MANAGEMENT BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.	
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	Not covered	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