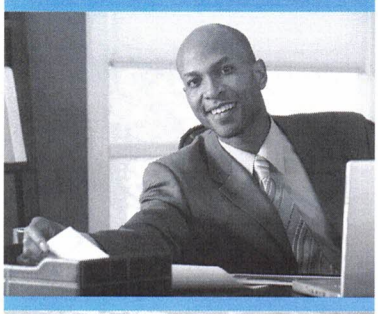
We cover what matters.



Visit our website at
AlabamaBlue.com

BlueCard® PPO Plan Benefits

Birmingham Plumbers and Steamfitters Local No. 91 Health and Welfare Trust Fund

BlueCard® PPO

Effective January 01, 2022

BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

Birmingham Plumbers and Steamfitters Local No. 91
Health and Welfare Trust Fund
BlueCard® PPO
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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		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
Calendar Year Deductible	$300 individual; 3 member family maximum Any covered expenses incurred in the last 3 months of any benefit period which have been allocated toward all **or** a portion of the Calendar Year Deductible for that year may also be allocated toward next year's Calendar Year Deductible.	
Calendar Year Out-of-Pocket Maximum **Applies to:** • Other Covered Services • Point-of-Sale Prescription Drugs	$2,000 individual plus $300 calendar year deductible Only coinsurance you pay for the listed services will apply to the 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	
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS		
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 (toll-free) for precertification.		
Inpatient Hospital Note: Inpatient hospital deductibles and copays do not apply to the Calendar Year Out-of-Pocket Maximum	Covered at 100% of the allowed amount, after $200.00 per admission deductible	Covered at 100% of the allowed amount, after $200.00 per admission deductible **Note:** In Alabama, available only for medical emergency services and accidental injury
Inpatient Physician Visits and Consultations	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
OUTPATIENT HOSPITAL BENEFITS		
Precertification is required for some outpatient hospital benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. If precertification is not obtained, no benefits are available.		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 100% of the allowed amount, after $75.00 hospital copay	Covered at 100% of the allowed amount, after $75.00 hospital copay
Emergency Room (Medical Emergency)	Covered at 100% of the allowed amount, after $75.00 hospital copay	Covered at 100% of the allowed amount, after $75.00 hospital copay
Emergency Room (Accident)	Covered at 100% of the allowed amount, no copay or deductible	Covered at 100% of the allowed amount, no copay or deductible
Emergency Room (Physician)	Covered at 100% of the allowed amount, after $25.00 physician copay	Covered at 100% of the allowed amount, after $25.00 physician copay

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Chemotherapy, IV Therapy, Outpatient Diagnostic Lab, Pathology, Radiation Therapy & X-ray	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Dialysis	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
PHYSICIAN BENEFITS		
Precertification is required for some physician benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. If precertification is not obtained, no benefits are available.		
Office Visits and Consultations	Covered at 100% of the allowed amount, after $25.00 physician copay	Covered at 80% 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 1-855-477-4549	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Surgery & Anesthesia	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Maternity Care Initial visit to confirm pregnancy subject to office visit copay	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Chemotherapy, Diagnostic Lab, IV Therapy, Pathology, Radiation Therapy & X-ray	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
PREVENTIVE CARE BENEFITS		
Routine Newborn Exam (in hospital)	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine Well Child Care Exams Nine visits the first two years of life, then one each year through age 6	Covered at 100% of the allowed amount, after $25.00 physician copay	Not Covered
Routine Developmental Screening Limited to three exams between 9 and 30 months of life	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine Immunizations Age limits apply to certain immunizations	Covered at 100% of the allowed amount, no copay or deductible	Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Routine Office Visit When eligible for a routine pap smear, routine mammogram or routine PSA/Digital Rectal Exam	Covered at 100% of the allowed amount, after $25.00 physician copay	Not Covered
Routine Pap Smear Limited to one per calendar year	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine Human Papillomavirus (HPV) Testing 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
Routine Chlamydia Screening Limited to one per calendar year for females ages 15-24	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine/Screening Mammogram 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
Routine Hepatitis C Screening 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
Routine Prostate Cancer Screening Males age 40 and over • Prostate Specific Antigen (PSA) each calendar year • Digital Rectal Exam each calendar year	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine Colorectal Cancer Screening Limited to the following for members age 45 and over: • FIT-DNA (cologuard) ages 45 and over every three calendar years • Hemocult stool check/Fecal occult blood test each calendar year • Flexible sigmoidoscopy every three calendar years • Double-contrast barium enema every five calendar years • Colonoscopy every 10 calendar years	Covered at 100% of the allowed amount, no copay or deductible for physician charges (outpatient hospital services may require a copay)	Not Covered
Note: 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.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUG BENEFITS		
Precertification is required for some drugs; if precertification is not obtained, no benefits are available.		
Retail Point-of-Sale Prescription Drug Benefits The retail pharmacy network for the plan is **Prime Participating Retail Network** • Locate a **Prime Participating** Retail Network pharmacy at **AlabamaBlue.com/ PrimeParticipatingPharmacyLocator** Member must file claim with authorization number for reimbursement • View the **Standard** drug list that applies to the plan at **AlabamaBlue.com/ StandardDrugList** The only in-network pharmacy for some specialty drugs is the **Pharmacy Select Network** • Specialty drugs can be dispensed for up to a 30-day supply • View the Specialty Drug List at **AlabamaBlue.com/SelfAdministered SpecialtyDrugList**	**Tier 1 Drugs:** Covered at 80% of the allowed amount, subject to calendar year deductible **Tier 2 Drugs:** Covered at 80% of the allowed amount, subject to calendar year deductible **Tier 3 Drugs:** Covered at 80% of the allowed amount, subject to calendar year deductible	Same as In-Network; In Alabama, Not Covered
BENEFITS FOR 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.		
Allergy Testing & Treatment	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Ambulance Service	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Chiropractic Services	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Durable Medical Equipment (DME)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Physical Therapy	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Occupational Therapy Limited to certain services related to hand and lymphedema	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Home Infusion	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible **In Alabama,** not covered
Private Duty Nursing Precertification required	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
MENTAL HEALTH DISORDERS AND SUBSTANCE ABUSE		
Mental Health Disorders and Substance Abuse	There are no benefits for Mental Health Disorders and Substance Abuse treatment	
HEALTH MANAGEMENT BENEFITS		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.	
Chronic Condition Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and other specialized conditions.	

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 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, 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.*
- *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.*
- *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