



Effective
January 1, 2019

High Deductible Health Plan

HSA Qualified HDHP
BlueCard[®] PPO



The University of Alabama in Huntsville
BlueCard® PPO - HSA Qualified HDHP
Effective January 01, 2019

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p><i>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.</i></p>		
HEALTH SAVINGS ACCOUNT (HSA)		
<p>A Health Savings Account (HSA) is an account established with pre-taxed money in order to save for future medical expenses. In order to establish an HSA you must first be enrolled in an HSA-Qualified High Deductible Health Plan (HDHP). An HDHP is a health plan that satisfies certain government requirements for use in conjunction with a HSA. This plan is designed to meet those government requirements. Enrolling in an HDHP allows you the opportunity to make contributions to an HSA on a pre-tax basis.</p>		
<p>Maximum Contribution: The maximum contribution amount is indexed each year by the U.S. Treasury. The 2019 maximum contribution is \$3,500 for single coverage and \$7,000 for family coverage. If you have any questions about the benefits of an HSA, please consult your tax accountant.</p>		
SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)		
<p>Calendar Year Deductible</p> <p>For family coverage, no benefits, except preventive care, are paid by the plan to any family member until the total medical expenses paid by the family equal the family deductible amount.</p>	<p>\$1,400 self-only coverage; \$2,800 family coverage</p>	
<p>Calendar Year Out-of-Pocket Maximum</p> <p>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 including prescription drugs</p> <p>Once the family Calendar Year Out-of-Pocket Maximum is met, applicable expenses will pay at 100% of the allowed amount for the remainder of the year</p>	<p>\$3,000 self-only coverage; \$6,000 family coverage</p>	<p>There is no out-of-pocket maximum for out-of-network services.</p>
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
<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>		
<p>Inpatient Hospital and Residential Treatment Facilities</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible 365 days per confinement</p>	<p>In Alabama, available only for medical emergency services or accidental injury</p> <p>Outside Alabama, covered at 60% of the allowed amount, subject to calendar year deductible; 365 days per confinement</p>
<p>Inpatient Physician Visits and Consultations</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p>	<p>In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>Outside Alabama, covered at 60% of the allowed amount, subject to calendar year deductible</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some outpatient hospital benefits and provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . Please see your benefit booklet. If precertification is not obtained, no benefits are available.		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Emergency Room (Medical Emergency)	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 Services apply to in-network out-of-pocket maximum
Emergency Room (Non-Medical Emergency)	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Emergency Room (Accident)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Emergency Room (Physician)	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 Services apply to the in-network out-of-pocket maximum
Chemotherapy, Dialysis, IV Therapy, Outpatient Diagnostic Lab, Radiation Therapy & X-ray	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services	Covered at 80% of the allowed amount, subject to calendar year deductible	In Alabama , not covered Outside Alabama , covered at 60% of the allowed amount, subject to calendar year deductible
PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some physician benefits and provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . Please see your benefit booklet. If precertification is not obtained, no benefits are available.		
Office Visits and In-Person Consultations	Covered at 80% of the allowed amount, subject to calendar year deductible	In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , covered at 60% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>Telephone and Online Video Physician Consultations Program</p> <p>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</p>	Covered at 0% of the allowed amount subject to a \$45 payment per consultation and subject to calendar year deductible.	Not covered
<p>Surgery & Anesthesia</p>	Covered at 80% of the allowed amount, subject to calendar year deductible	<p>In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>Outside Alabama, covered at 60% of the allowed amount, subject to calendar year deductible</p>
<p>Maternity Care</p>	Covered at 80% of the allowed amount, subject to calendar year deductible	<p>In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>Outside Alabama, covered at 60% of the allowed amount, subject to calendar year deductible</p>
<p>Diagnostic Lab & X-ray</p>	Covered at 80% of the allowed amount, subject to calendar year deductible	<p>In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>Outside Alabama, covered at 60% of the allowed amount, subject to calendar year deductible</p>
<p>Nurse Practitioner/Nurse Midwife</p>	Covered at 80% of the allowed amount, subject to calendar year deductible	<p>In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>Outside Alabama, covered at 60% of the allowed amount, subject to calendar year deductible</p>
<p>PREVENTIVE CARE BENEFITS (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Routine Immunizations and Preventive Services</p> <p>See AlabamaBlue.com/ PreventiveServices and AlabamaBlue.com/ AdditionalNetResultsHSAPreventiveDrugList for a listing of the specific drugs, immunizations and preventive services or call our Customer Service Department for a printed copy</p>	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
<p>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.</p>		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some drugs; if precertification is not obtained, no benefits are available.		
Retail Prescription Drug Card Benefits <ul style="list-style-type: none"> • The pharmacy network for the plan is Prime Participating Network • Some copays combined for diabetic supplies • Prescription drugs (other than maintenance drugs) - up to a 31-Day supply • Maintenance drugs - up to 90-day supply may be purchased • The only in-network pharmacy for some Tier 4 (specialty) drugs is the Pharmacy Select Network; visit AlabamaBlue.com/DrugList for a list of these specialty drugs • View the NetResults 1.0 (Up to 4 Tier) drug lists that apply to the plan at AlabamaBlue.com/DrugList • Locate a Prime Participating Network pharmacy at AlabamaBlue.com/pharmacy 	<p>Covered at 80% of the allowed amount subject to calendar year deductible</p> <p>Tier 1 Drugs: Member pays 20% of the allowed amount</p> <p>Tier 2 Drugs: Member pays 20% of the allowed amount</p> <p>Tier 3 Drugs: Member pays 20% of the allowed amount</p> <p>Tier 4 (specialty) Drugs: Member pays 20% of the allowed amount</p>	<p>Not Covered</p>
Extended Supply Prescription Drug Card Benefits <ul style="list-style-type: none"> • The extended supply pharmacy network for the plan is the Prime Participating Network ESN Network • Only maintenance prescription drugs can be purchased through this extended supply pharmacy service up to a 90-day supply • Specialty drugs are not available through extended supply pharmacy service • View the NetResults 1.0 (Up to 4 Tier) and maintenance drug lists that apply to the plan at AlabamaBlue.com/DrugList • Locate a Prime Participating Network pharmacy at AlabamaBlue.com/pharmacy 	<p>Covered at 80% of the allowed amount subject to calendar year deductible</p> <p>Tier 1 Drugs: Member pays 20% of the allowed amount</p> <p>Tier 2 Drugs: Member pays 20% of the allowed amount</p> <p>Tier 3 Drugs: Member pays 20% of the allowed amount</p> <p>Tier 4 (specialty) Drugs: Not covered</p>	<p>Not Covered</p>
Mail Order Pharmacy Benefits <ul style="list-style-type: none"> • Up to a 90-day supply • Mail Order Drugs are available through Home Delivery Network (Enroll online at AlabamaBlue.com or call 1-800-391-1886) • Maintenance-over 31 day supply and Non-Maintenance-up to 31 day supply drugs can be purchased through this mail order pharmacy • View the NetResults 1.0 (Up to 4 Tier) drug lists that apply to the plan at AlabamaBlue.com/DrugList 	<p>Covered at 80% of the allowed amount subject to calendar year deductible</p> <p>Tier 1 Drugs: Member pays 20% of the allowed amount</p> <p>Tier 2 Drugs: Member pays 20% of the allowed amount</p> <p>Tier 3 Drugs: Member pays 20% of the allowed amount</p> <p>Tier 4 (specialty) Drugs: Not covered</p>	<p>Not Covered</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
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	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% 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 60% of the allowed amount, subject to calendar year deductible
Air Ambulance <ul style="list-style-type: none"> • Only covered if pre-approved by Case Management • Coverage includes transport for members hospitalized more than 150 miles from their home address to a local in-network facility 	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Participating Chiropractic Services Limited to 24 visits per person per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , covered at 60% 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 60% of the allowed amount, subject to calendar year deductible
Rehabilitative Occupational, Physical and Speech Therapy Limited to a maximum of 20 visits per person per therapy each calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Habilitative Occupational, Physical and Speech Therapy Limited to a maximum of 20 visits per person per therapy per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Nutritionist Visits Limited to a maximum of 8 visits per person per calendar year. Employee is responsible for any charges above the allowance.	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Home Health and Hospice	Covered at 80% of the allowed amount, subject to calendar year deductible	In Alabama , no benefits are available if a non-preferred provider is used Outside Alabama , covered at 60% of the allowed amount, subject to calendar year deductible

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. 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 and other specialized conditions.	
Baby Yourself®	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.com/BabyYourself .	
Quit for Life Tobacco Cessation Program	A tobacco cessation program for <i>subscriber, spouse and dependents</i> that provides support to participants through telephone-based counseling and nicotine replacement therapy. Call 1-888-768-7848 for participation information.	

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). In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network. 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.
- 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.
- 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.
- Teladoc® is an independent company providing phone and online physician consultation services to Blue Cross and Blue Shield of Alabama members.

This is not a contract, benefit booklet or Summary Plan Description. Benefits are subject to the terms, limitations and conditions of the group contract (including your benefit booklet). Check your benefit booklet for more detailed coverage information. Please visit our website, AlabamaBlue.com.

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: إذا 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 Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-216-3144 (TTY: 711).

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા 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: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດຍບໍ່ແຈ້ງຄ່າ, 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 (телефайп: 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 konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-216-3144 (TTY: 711) irtibat 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。