



THE UNIVERSITY OF
ALABAMA IN HUNTSVILLE

*Effective
January 1, 2018*

Group Medical Plan

Group Number: 79912

Divisions: 007, 008, 009, 07S & 09S



BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
GENERAL PROVISIONS (Includes Mental Health Disorders and Substance Abuse)		
Calendar Year Deductible	\$125 per person each calendar year	
Annual Out-of-Pocket Maximum	<p>\$2,500 individual annual out-of-pocket maximum; \$7,150 maximum per family.</p> <p>In-network: All copays, deductibles and coinsurance including copays for out-of-network mental health and substance abuse ER and ER physician services will apply to the in-network out-of-pocket maximum excluding prescription drugs.</p> <p>Out-of-network: Only other covered services apply to the out-of-network out-of-pocket maximum.</p> <p>After you reach your individual Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowance for the remainder of the calendar year.</p>	
Baby Yourself[®]	A maternity program. For more information, call 1-800-222-4379. You can also enroll online at AlabamaBlue.com .	
American Cancer Society Smoking Quitline	A tobacco cessation program for employees, spouses, and dependents age 18 and over that provides support to participants through telephone-based counseling and nicotine replacement therapy. Call 1-888-768-7848 for participation information.	
Individual Case Management	A program to assist employees and their families in coordinating care in the event of a lengthy illness.	
Disease Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease.	
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	
INPATIENT HOSPITAL FACILITY SERVICES (Includes Mental Health Disorders and Substance Abuse)		
Inpatient Facility Coverage (including maternity)	Covered at 100% of the allowance for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries, subject to \$400 per admission copay and the calendar year deductible.	Covered at 80% of the allowance for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries, subject to \$400 per admission copay and the calendar year deductible.
	Note: In Alabama, inpatient benefits for non-member hospitals are available only in cases of accidental injury.	
Preadmission Certification	Preadmission certification required for all inpatient admissions (except emergency hospital admissions and maternity); notification within 48 hours for emergencies. Call 1-800-248-2342 (toll free) for precertification. If precertification is not obtained, no benefits are available.	
OUTPATIENT HOSPITAL FACILITY SERVICES (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.		
Surgery	Covered at 100% of the allowance subject to the \$150 facility copay and the calendar year deductible.	Covered at 80% of the allowance subject to the calendar year deductible.
Medical Emergency	Covered at 100% of the allowance subject to the \$125 facility copay and the calendar year deductible.	<p>Covered at 100% of the allowance subject to the \$125 facility copay and the calendar year deductible.</p> <p>For mental health disorders and substance abuse services, the copay will apply to the in-network out-of-pocket.</p>
Non-Emergency Medical	Covered at 80% of the allowance subject to the \$125 facility copay and the calendar year deductible.	Covered at 80% of the allowance subject to the \$125 facility copay and the calendar year deductible.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
Accidental Injury 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.	Covered at 100% of the allowance subject to the \$125 facility copay and the calendar year deductible.	Covered at 100% of the allowance subject to the \$125 facility copay and the calendar year deductible within 72 hours of the accident; 80% of the allowance subject to the benefit period deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan.
Diagnostic Lab, X-ray, and Pathology	Covered at 100% of the allowance subject to the calendar year deductible.	Covered at 80% of the allowance subject to the calendar year deductible.
MRI(s), CAT, PET & Thallium Scans, Cardiac Scans, colonoscopy, endoscopy Note: If there is more than one procedure done on the same day, there will only be one copay taken for the facility and one copayment taken for the physician	Covered at 100% of the allowance subject to a \$75 facility copay.	Covered at 80% of the allowance subject to the calendar year deductible.
Hemodialysis, IV Therapy Chemotherapy and Radiation Therapy	Covered at 100% of the allowance subject to the calendar year deductible.	Covered at 80% of the allowance subject to the calendar year deductible.
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services	Covered at 100% after \$40 daily hospital copay and the calendar year deductible	Covered at 80% of the allowance subject to the calendar year deductible.
Note: In Alabama, outpatient benefits for non-member hospitals are available only in cases of accidental injury.		
PHYSICIAN SERVICES (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 and Outpatient Consultations	Covered at 100% of the allowance subject to a \$35 office visit copay and the medical deductible if performed by a Primary Care Physician or a \$40 office visit copay and medical deductible if performed by a Specialist	Covered at 80% of the allowance subject to the calendar year deductible. Non-PPO in Alabama: Covered at 50% of the allowance subject to the 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, subject to a \$20 copay per consultation	Not Covered
Surgery Performed in a Physician's Office	Covered at 100% of the allowance subject to a \$35 office copay and the calendar year deductible. Specialist copay covered at 100% of allowance subject to a \$40 office visit copay and the calendar year deductible.	Covered at 80% of the allowance subject to the calendar year deductible. Non-PPO in Alabama: Covered at 50% of the allowance subject to the calendar year deductible.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
Emergency Room Physician Fees	Covered at 100% of the allowance subject to a \$50 ER visit copay and the calendar year deductible.	Covered at 100% of the allowance subject to a \$50 ER visit copay and the calendar year deductible. Non-PPO in Alabama: Covered at 50% of the allowance subject to the calendar year deductible. For mental health disorders and substance abuse services, the copay, deductible and coinsurance will apply to the in-network out-of-pocket.
Surgery and Anesthesia	Covered at 100% of the allowance subject to the calendar year deductible.	Covered at 80% of the allowance subject to the calendar year deductible. Non-PPO in Alabama: Covered at 50% of the allowance subject to the calendar year deductible.
Inpatient Visits, Second Surgical Opinions and Inpatient Consultations	Covered at 100% of the allowance subject to the calendar year deductible.	Covered at 80% of the allowance subject to the calendar year deductible. Non-PPO in Alabama: Covered at 50% of the allowance subject to the calendar year deductible.
Maternity	Covered at 100% of the allowance subject to the calendar year deductible.	Covered at 80% of the allowance subject to the calendar year deductible. Non-PPO in Alabama: Covered at 50% of the allowance subject to the calendar year deductible.
MRIs, CAT scans and certain endoscopies. Note: If there is more than one procedure done on the same day, there will only be one copay taken for the facility and one copayment taken for the physician	Covered at 100% of the allowance, subject to a \$35 office visit copay and the calendar year deductible	Covered at 80% of the allowance subject to the calendar year deductible. Non-PPO in Alabama: Covered at 50% of the allowance subject to the calendar year deductible.
Diagnostic X-rays and Lab Exams	Covered at 100% of the allowance, subject to a \$35 office visit copay and the calendar year deductible	Covered at 80% of the allowance subject to the calendar year deductible. Non-PPO in Alabama: Covered at 50% of the allowance subject to the calendar year deductible.
ENHANCED PREVENTIVE CARE SERVICES		
Routine Preventive Services and Immunizations	100% of the allowance, no deductible or copay. See AlabamaBlue.com/preventiveservices for a listing of specific covered preventive services and immunizations or call our Customer Service Department for a printed copy. In addition to the standard services, the following are also covered by this plan: <ul style="list-style-type: none"> • CBC (when necessary) • Urinalysis (when necessary) • TB skin testing (when necessary) • Cholesterol testing (once every 5 years) • Routine DexaScan-one every two calendar years beginning at age 40 • Malaria vaccine (when approved) 	Not covered.
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.		
Participating Chiropractor Services	Covered at 80% of the allowance, subject to the calendar year deductible.	Covered at 80% of the allowance, subject to the calendar year deductible. Non-Participating in Alabama: Covered at 50% of the allowance, subject to the calendar year deductible.
Limited to 24 visits per member per calendar year.		

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
Preferred Home Health and Hospice	Covered at 100% of the allowance subject to the calendar year deductible.	Covered at 80% of the allowance, subject to the calendar year deductible. Non-PPO in Alabama: No benefits are available if a non-Preferred provider is used.
Physical Therapy	Covered at 80% of the allowance, subject to the calendar year deductible.	
Rehabilitative Occupational and Speech Therapy	Covered at 80% of the allowance, subject to the calendar year deductible. Limited to 20 visits per person per therapy per calendar year.	
Habilitative Occupational and Speech Therapy	Covered at 80% of the allowance, subject to the calendar year deductible. Limited to 20 visits per person per therapy per calendar year.	
Occupational and Speech Therapy for Autism Spectrum Disorders ages 0-18	Covered at 80% of the allowance, subject to the calendar year deductible.	
Durable Medical Equipment	Covered at 80% of the allowance, subject to the calendar year deductible.	
Ambulance Services	Covered at 80% of the allowance, subject to the calendar year deductible.	
Allergy Testing & Treatment	Covered at 80% of the allowance, subject to the calendar year deductible.	
PRESCRIPTION DRUGS		
Prescription Drugs	Prescription drug benefits are not administered by Blue Cross and Blue Shield of Alabama.	

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.

Group #79912
Div 007, 008, 009, 07S & 09S
10/30/2017 SF

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: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 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 (телетайп: 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。