

Total Blue BlueCard PPO

Effective January 1, 2012

Hospital Tiered Network

Blue Cross and Blue Shield of Alabama has developed a Hospital Tiered Network within the state of Alabama. Hospitals are categorized into one of three “tiers”, based on their performance in Fiscal, Quality, Patient Safety Awareness and Patient Experience. Hospitals designated as Tier 1 are recognized as having attained the highest level of compliance across those areas.

Copay amounts for inpatient and outpatient services will vary between tiers with Tier 1 having the lowest copay. The Tier 1 level includes all PPO facilities (including PPO facilities outside Alabama) other than Tier 2 & Tier 3 and is referred to as Tier 1 in all benefit communication material. Only Alabama general acute care hospitals are eligible for tiering within the Hospital Tiered Network. Rehabilitation Hospitals, Psychiatric Hospitals, Specialty Facilities, Out of State Hospitals, VA Hospitals and Long Term Care Hospitals are exempt from Participating. All facilities not included on this list are subject to standard in-network benefit design.

All Hospitals are evaluated annually with changes made effective January 1. In addition, reviews will be completed on a quarterly basis allowing hospitals to improve tier status. To determine the tier level of a particular hospital, please visit our web site at www.bcbsal.com. The tier level will be indicated next to the name of the hospital for those who participate in the Hospital Tiered Network. If you have any questions, please contact our Customer Service department at 1-800-292-8868.

Participants in the Hospital Tiered Network are evaluated based on the following criteria:

1. **Fiscal Awareness** – Measurements in this area focus on the financial performance of the hospital. Hospitals scoring high in this category have entered into financial arrangements with Blue Cross and Blue Shield of Alabama to provide the most favorable discounts for their services. Through such financial arrangements, Blue Cross is working to ensure that our customers receive the most cost-effective care for their health care dollar.
2. **Quality Awareness** – Scores in this category reflect a hospital’s commitment to specific programs and initiatives designed to improve the quality of care rendered in Alabama. Hospitals scoring high in this area have demonstrated a commitment to quality by implementing designated quality improvement programs, by actively participating in an effort to reduce hospital acquired infections, by participating in the sharing of best practices, and by engaging in efforts to increase healthcare transparency.
3. **Patient Safety Awareness** – Scores in this area indicate a hospital’s commitment to improving patient safety. Hospitals scoring high in this category have taken steps towards improving patient safety by implementing National Quality Forum (NQF) safe practice standards and Rapid Response Teams. In addition, these hospitals have made a commitment to improving patient care through participation in the 5 million lives campaign.
4. **Patient Experience** – Scores in this area reflect a hospital’s commitment to improving their patients’ overall experience and perspective of hospital care. Hospitals scoring high in this category have demonstrated a commitment to patient experience through Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), a national standardized survey of hospital patients. HCAHPS surveys patients about important aspects of their hospital experience to assess overall patient rating of the hospital and if the patient would recommend the hospital. The survey will help consumers make fair and objective comparisons between hospitals based on patients’ perspectives.

**Total Blue
BlueCard PPO
Effective January 1, 2012**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p><i>Benefit payments are based on the amount of the provider's charge that Blue Cross and Blue Shield recognizes for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received. Some services require a copay, coinsurance, calendar year deductible or deductible for each admission, visit or service.</i></p>		
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS		
<p>Preadmission Certification is required for inpatient admissions (except medical emergency services and maternity); notification within 48 hours for emergencies. If preadmission certification is not obtained a \$250 penalty will apply. Call 1 800 248-2342 (toll free) for precertification.</p>		
<p>Inpatient Hospital Note: See special provisions for mental health and substance abuse benefits.</p>	<p>Tier 1: Covered at 100% after \$250 per day hospital copay days 1-5 for each admission Tier 2 & Tier 3: Covered at 100% after \$500 per day hospital copay days 1-5 for each admission</p>	<p>Covered at 80% after \$1,000 per admission deductible Note: In Alabama, available only for accidental injury</p>
<p>Inpatient Physician Visits and Consultations</p>	<p>Covered at 80% subject to calendar year deductible</p>	<p>Covered at 50% subject to calendar year deductible</p>
OUTPATIENT HOSPITAL BENEFITS		
<p>Outpatient Surgery (Including Ambulatory Surgical Centers)</p>	<p>Tier 1: Covered at 100% after \$250 hospital copay Tier 2 & Tier 3: Covered at 100% after \$500 hospital copay</p>	<p>Covered at 80% subject to calendar year deductible; in Alabama, not covered</p>
<p>Emergency Room (Medical Emergency)</p>	<p>Covered at 100% after \$250 hospital copay</p>	<p>Covered at 100% after \$250 hospital copay</p>
<p>Emergency Room (Accident)</p>	<p>Covered at 100% after \$250 hospital copay</p>	<p>Covered at 100% after \$250 hospital copay for services within 72 hours of medical emergency; thereafter 80% subject to calendar year deductible</p>
<p>Emergency Room Physician</p>	<p>Covered at 100% after \$100 physician copay with no deductible</p>	<p>Covered at 100% after \$100 physician copay with no deductible</p>
<p>Outpatient Diagnostic Lab, X-ray & Pathology</p>	<p>Tier 1: Covered at 100% after \$250 hospital copay Tier 2 & Tier 3: Covered at 100% after \$500 hospital copay</p>	<p>Covered at 80% subject to calendar year deductible; in Alabama, not covered</p>
<p>Dialysis, IV Therapy, Chemotherapy & Radiation Therapy</p>	<p>Covered at 100%; no copay or deductible</p>	<p>Covered at 80% subject to calendar year deductible; in Alabama, not covered</p>
PHYSICIAN BENEFITS		
IN-NETWORK SERVICES NOT SUBJECT TO \$750 CALENDAR YEAR DEDUCTIBLE		
<p>Office Visits, Outpatient Consultations</p>	<p>Covered at 100% after \$35 primary physician copay or \$50 specialist physician copay</p>	<p>Covered at 50% subject to calendar year deductible</p>
<p>Second Surgical Opinions</p>	<p>Covered at 100% after \$50 physician copay</p>	<p>Covered at 50% subject to calendar year deductible</p>
<p>Diagnostic Lab, X-ray, Pathology, Dialysis and IV Therapy</p>	<p>Covered at 100%; no copay or deductible</p>	<p>Covered at 50% subject to calendar year deductible</p>
<p>CAT Scan, MRI, PET/SPECT, ERCP, angiography/arteriography, cardiac cath/arteriography, colonoscopy, UGI endoscopy, muga-gated cardiac scan</p>	<p>Covered at 100% after \$250 copay per procedure</p>	<p>Covered at 50% subject to calendar year deductible</p>
IN-NETWORK SERVICES SUBJECT TO \$750 CALENDAR YEAR DEDUCTIBLE		
<p>Surgery & Anesthesia</p>	<p>Covered at 80% subject to calendar year deductible</p>	<p>Covered at 50% subject to calendar year deductible</p>
<p>Maternity Care</p>	<p>Covered at 80% subject to calendar year deductible</p>	<p>Covered at 50% subject to calendar year deductible</p>
<p>Chemo and Radiation Therapy</p>	<p>Covered at 80% subject to calendar year deductible</p>	<p>Covered at 50% subject to calendar year deductible</p>
PREVENTIVE CARE BENEFITS		
<p>Routine preventive services and immunizations</p> <p>See www.bcbsal.com/preventiveservices for a listing of the specific preventive services and immunizations</p>	<p>Covered at 100%; no copay or deductible</p>	<p>Not covered</p>
<p>Note: In some cases, office visit copays or facility copays may apply</p>		

PRESCRIPTION DRUG BENEFITS

<p>Prescription Drug Card</p> <ul style="list-style-type: none"> • Some drugs require prior authorization • Prescription drugs other than Specialty Drugs - 90 day supply may be purchased but copay applies for each 30 day supply; some copays combined for diabetic supplies • Specialty Drugs - up to a 30 day supply • Certain Specialty Drugs can only be dispensed by a Specialty Participating Pharmacy. • Specialty Drugs, or biotech drugs, are generally high cost self-administered drugs • Fertility, Oral Impotence and Sleep Disorder Drugs are not covered • View the Generics Plus Prescription Drug lists at www.bcbsal.com. 	<p>100% after the following copays: Generic Drugs - mandatory when available: \$10 copay per prescription Preferred Brand Drugs: \$60 copay per prescription Preferred Brand name drugs for which a generic equivalent is available: Not covered Other Brand Drugs: Not covered Specialty Drugs: \$150 copay per prescription</p>	<p>Not covered</p>
<p>Mail Order Drugs</p> <ul style="list-style-type: none"> • Up to 90 day supply with one copay • Mail Order drugs are available by calling PrimeMail at 800-391-1886 or visiting www.bcbsal.com • Non-maintenance and maintenance drugs can be purchased through mail order pharmacy 	<p>100% after the following copays: Generic Drugs - mandatory when available: \$25 copay per prescription Preferred Brand Drugs: \$150 copay per prescription Preferred Brand name drugs for which a generic equivalent is available: Not covered Other Brand Drugs: Not covered</p>	<p>Not covered</p>

SUMMARY OF COST SHARING PROVISIONS

<p>Calendar Year Deductible</p>	<p>\$750 individual; \$2,250 aggregate amount per family</p>	
<p>Calendar Year Out-of-Pocket Maximum Applies to:</p> <ul style="list-style-type: none"> • Home Health and Hospice • Other Covered Services (except Out-of-Network occupational therapy, physical therapy and DME in Alabama) 	<p>\$2,250 individual plus calendar year deductible; \$6,750 aggregate amount per family After you reach the Calendar Year Out-of-Pocket Maximum, applicable expenses are covered at 100% for the remainder of the calendar year.</p>	
<p>Lifetime Maximum</p>	<p>There is no lifetime maximum.</p>	

BENEFITS FOR OTHER COVERED SERVICES

<p>Allergy Testing & Treatment \$200 calendar year maximum per person</p>	<p>Covered at 80% subject to calendar year deductible</p>	<p>Covered at 80% subject to calendar year deductible</p>
<p>Ambulance Service</p>	<p>Covered at 80% subject to calendar year deductible</p>	<p>Covered at 80% subject to calendar year deductible</p>
<p>Participating Chiropractic Services \$600 calendar year maximum per person</p>	<p>Covered at 80% subject to calendar year deductible</p>	<p>Covered at 80% subject to calendar year deductible; in Alabama, not covered</p>
<p>Durable Medical Equipment (DME)</p>	<p>Covered at 80% subject to calendar year deductible</p>	<p>Covered at 80% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible</p>
<p>Occupational and Physical Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per year</p>	<p>Covered at 80% subject to calendar year deductible</p>	<p>Covered at 80% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible</p>
<p>Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per year</p>	<p>Covered at 80% subject to calendar year deductible</p>	<p>Covered at 80% subject to calendar year deductible</p>

HOME HEALTH AND HOSPICE

<p>Home Health and Hospice</p> <ul style="list-style-type: none"> • Precertification required for visits by home health professionals outside Alabama • For precertification call 1-800-821-7231 	<p>Covered at 80% subject to calendar year deductible</p>	<p>Covered at 80% subject to calendar year deductible; in Alabama, not covered</p>
---	---	--

MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS

<p>Expanded Psychiatric Services (EPS)</p> <ul style="list-style-type: none"> • EPS network available throughout Alabama and in Meridian, Mississippi and Northwest Florida • To find an EPS provider call Customer Service at 1-800-292-8868 or search the online provider finder on our web site at www.bcbsal.com 	<p>Care must be coordinated by EPS provider Covered at 100%; no copay or deductible Inpatient: Up to 30 days each year; includes hospital, physician and therapy expenses Outpatient: Includes office visits, therapy, counseling and testing</p>	
---	--	--

HEALTH MANAGEMENT BENEFITS

Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury.
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 prenatal wellness program; For more information, please call 1-800-222-4379. You can also enroll online at www.behealthy.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	Air ambulance service to a 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 web site (**www.bcbsal.com**) or call 1-800-810-BLUE (2583).
- In-Network hospitals, physicians and other health care providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing health care services at a reduced price (examples: BlueCard PPO, PMD, Preferred Care). In-Network Pharmacies are pharmacies that participate with Blue Cross and Blue Shield of Alabama or its Pharmacy Benefit Manager(s).
- 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 web site, 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.
- Physician assistants and physician assistants who assist with surgery acting under the supervision of PMD/PPO physicians are eligible providers.
- 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.

This is not a contract, benefit booklet or Summary Plan Description. Benefits are subject to the terms, limitations and conditions of the group contract. Check your benefit booklet for more detailed coverage information.