

# Blue HSA Gold FOR BUSINESS

Effective for plan years on and after July 1, 2014



## Plan Benefits Summary



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*We cover what matters.*

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.

**Blue HSA Gold for Business  
High Deductible Health Plan – HSA Qualified  
Effective for Plan Years on and after July 1, 2014  
BlueCard PPO**

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. Some services require a copay, coinsurance, calendar year deductible or deductible for each admission, visit or service.</i></p>		
<b>HEALTH SAVINGS ACCOUNT (HSA)</b>		
<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><b>Maximum Contribution:</b> The maximum contribution amount is indexed each year by the U.S. Treasury. The 2014 maximum contribution is: \$3,300 for single coverage and \$6,550 for family coverage. If you have any questions about the benefits of an HSA, please consult your tax accountant.</p>		
<b>SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)</b>		
<p><b>Calendar Year Deductible</b> For self-only coverage, no benefits, except preventive care, are paid by the plan until medical expenses paid by the individual equal the deductible amount. 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><b>Self-only coverage:</b> \$1,500  <b>For family coverage:</b> \$3,000  Calendar year deductible amounts met in-network will not apply to the out-of-network calendar year deductible</p>	<p><b>Self-only coverage:</b> \$1,500  <b>For family coverage:</b> \$3,000  Calendar year deductible amounts met out-of-network will not apply to the in-network calendar year deductible</p>
<p><b>Calendar Year Out-of-Pocket Maximum</b> 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</p>	<p><b>Self-only coverage:</b> \$3,000 (including self-only calendar year deductible)  <b>For family coverage:</b> \$6,000 (including family calendar year deductible)  After you reach Calendar Year Out-of-Pocket Maximum, applicable expenses covered at 100% of the allowed amount for remainder of calendar year</p>	<p>There is no out-of-pocket maximum for out-of-network services</p>
<b>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)</b>		
<p>Preadmission certification is required for inpatient admissions (except medical emergency services and maternity); notification within 48 hours for emergencies. Call 1-800-248-2342 (toll free) for precertification.</p>		
<p><b>Inpatient Hospital</b></p>	<p>Covered at 90% of the allowed amount subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount subject to calendar year deductible  <b>Note:</b> In Alabama, available only for medical emergency and accidental injury</p>
<p><b>Inpatient Physician Visits and Consultations</b></p>	<p>Covered at 90% of the allowed amount subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount subject to calendar year deductible</p>
<b>OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)</b>		
<p><b>Outpatient Surgery (Including Ambulatory Surgical Centers)</b></p>	<p>Covered at 90% of the allowed amount subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount subject to calendar year deductible; in Alabama, not covered</p>
<p><b>Emergency Room (Medical Emergency)</b></p>	<p>Covered at 90% of the allowed amount subject to calendar year deductible</p>	<p>Covered at 90% of the allowed amount subject to calendar year deductible</p>
<p><b>Emergency Room (Accident)</b></p>	<p>Covered at 90% of the allowed amount subject to calendar year deductible</p>	<p>Covered at 90% of the allowed amount subject to calendar year deductible for services within 72 hours; thereafter 50% of the allowed amount subject to calendar year deductible</p>
<p><b>Emergency Room Physician</b></p>	<p>Covered at 90% of the allowed amount subject to calendar year deductible</p>	<p>Covered at 90% of the allowed amount subject to calendar year deductible</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Outpatient Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy &amp; Radiation Therapy</b>  <b>Note:</b> Precertification is required for certain services	Covered at 90% of the allowed amount subject to calendar year deductible	Covered at 50% of the allowed amount subject to calendar year deductible; in Alabama, not covered
<b>Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP)</b>  <b>Note:</b> Preadmission Certification is required. Call 1-800-248-2342 (toll free). If precertification is not obtained but it is later determined that the services were medically necessary, the member will be required to pay a \$250 penalty.	Covered at 90% of the allowed amount subject to calendar year deductible	Covered at 50% of the allowed amount subject to calendar year deductible; in Alabama, not covered
<b>PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)</b>		
<b>Office Visits &amp; Consultations</b>	Covered at 90% of the allowed amount subject to calendar year deductible	Covered at 50% of the allowed amount subject to calendar year deductible
<b>Second Surgical Opinion</b>	Covered at 90% of the allowed amount subject to calendar year deductible	Covered at 50% of the allowed amount subject to calendar year deductible
<b>Surgery &amp; Anesthesia</b>	Covered at 90% of the allowed amount subject to calendar year deductible	Covered at 50% of the allowed amount subject to calendar year deductible
<b>Maternity Care</b>	Covered at 90% of the allowed amount subject to calendar year deductible	Covered at 50% of the allowed amount subject to calendar year deductible
<b>Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy &amp; Radiation Therapy</b>  <b>Note:</b> Precertification is required for certain services	Covered at 90% of the allowed amount subject to calendar year deductible	Covered at 50% of the allowed amount subject to calendar year deductible
<b>PREVENTIVE CARE BENEFITS</b>		
<b>Routine Immunizations and Preventive Services</b> <ul style="list-style-type: none"> <li>• See <a href="http://AlabamaBlue.com/preventiveservices">AlabamaBlue.com/preventiveservices</a> for a listing of the specific immunizations and preventive services</li> <li>• Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See <a href="http://AlabamaBlue.com/pharmacy">AlabamaBlue.com/pharmacy</a> for more information.</li> </ul>	Covered at 100% of the allowed amount; no copay or deductible	Not covered
<b>ROUTINE VISION BENEFITS</b>		
<b>Pediatric Eye Exam</b> Limited to one visit per calendar year up to age 19	Covered at 90% of the allowed amount subject to calendar year deductible	Not covered
<b>Pediatric Glasses or Contact Lenses</b> Limited to one pair of prescription glasses or contact lenses per calendar year up to age 19	Covered at 90% of the allowed amount subject to calendar year deductible	Covered at 90% of the allowed amount subject to calendar year deductible
<b>PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse)</b>		
<b>Prescription Drug Card</b> <ul style="list-style-type: none"> <li>• Some drugs require prior authorization</li> <li>• Prescription drugs other than <b>Specialty Drugs</b> – 90-day supply may be purchased but copay applies for each 30-day supply; some copays combined for diabetic supplies</li> <li>• Specialty Drugs - up to a 30-day supply</li> <li>• Certain Specialty Drugs can only be dispensed by a Participating Specialty Pharmacy</li> <li>• Specialty Drugs, or biotech drugs, are generally high cost self-administered drugs</li> <li>• View the Standard Prescription Drug Guide or locate a Participating Pharmacy at <a href="http://AlabamaBlue.com">AlabamaBlue.com</a></li> </ul>	<b>Generic Drugs:</b> Covered at 90% of the allowed amount subject to calendar year deductible  <b>Preferred Brand Drugs:</b> Covered at 90% of the allowed amount subject to calendar year deductible  <b>Other Brand Drugs:</b> Covered at 90% of the allowed amount subject to calendar year deductible  <b>Specialty Drugs:</b> Covered at 90% of the allowed amount subject to calendar year deductible	Not covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse)</b>		
<b>Allergy Testing &amp; Treatment</b> Limited to 6 visits per calendar year for allergy treatment	Covered at 90% of the allowed amount subject to calendar year deductible	Covered at 50% of the allowed amount subject to calendar year deductible
<b>Ambulance Service</b>	Covered at 90% of the allowed amount subject to calendar year deductible	Covered at 50% of the allowed amount subject to calendar year deductible
<b>Chiropractic Services</b> Limited to 15 visits per calendar year	Covered at 90% of the allowed amount subject to calendar year deductible	Covered at 50% of the allowed amount subject to calendar year deductible; in Alabama, not covered
<b>Durable Medical Equipment (DME)</b>	Covered at 90% of the allowed amount subject to calendar year deductible	Covered at 50% of the allowed amount subject to calendar year deductible
<b>Occupational, Physical and Speech Therapy</b> <ul style="list-style-type: none"> <li>Occupational, physical and speech therapy limited to combined maximum of 30 visits per year</li> <li>Children ages 0-9 with an autistic diagnosis are allowed unlimited visits for occupational and speech therapy</li> </ul>	Covered at 90% of the allowed amount subject to calendar year deductible	Covered at 50% of the allowed amount subject to calendar year deductible
<b>PEDIATRIC DENTAL BENEFITS</b>		
<b>Diagnostic and Preventive Services</b> (up to age 19)  <b>Examples include:</b> Dental exams, routine cleanings, fluoride treatment, bitewing x-rays, full mouth x-rays and panoramic film, tooth sealants and topical fluoride varnish	Covered at 100% of the allowed amount subject to calendar year deductible	Not covered
<b>Basic Services</b> (up to age 19)  <b>Examples include:</b> Tooth color and silver amalgam fillings, simple tooth extractions, non-surgical root canal, emergency treatment for pain and repairs to crowns, inlays, onlays and dentures	Covered at 80% of the allowed amount subject to calendar year deductible	Not covered
<b>Major Services</b> (up to age 19)  <b>Examples include:</b> Oral surgery, general anesthesia, periodontic exams, removal of diseased gum tissue and bone, crowns, onlays, core buildup, dentures, implants and bridges	Covered at 50% of the allowed amount subject to calendar year deductible	Not covered
<b>Dentally Necessary Orthodontic Services</b> (up to age 19)  <b>Note:</b> Benefits subject to a 24-month waiting period	Covered at 50% of the allowed amount subject to calendar year deductible	Not covered
<b>Note:</b> See your benefit booklet for visit and treatment limits		
<b>HOME HEALTH AND HOSPICE BENEFITS (Includes Mental Health Disorders and Substance Abuse)</b>		
<b>Home Health and Hospice</b> <ul style="list-style-type: none"> <li>Precertification required for visits by home health professionals outside Alabama</li> <li>For precertification call 1-800-821-7231</li> </ul>	Covered at 90% of the allowed amount subject to calendar year deductible	Covered at 50% of the allowed amount subject to calendar year deductible; in Alabama, not covered
<b>HEALTH MANAGEMENT AND ADDITIONAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)</b>		
<b>Individual Case Management</b>	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.	
<b>Disease Management</b>	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease.	
<b>Baby Yourself</b>	A prenatal wellness program; For more information, please call 1-800-222-4379. You can also enroll online at <a href="http://www.behealthy.com">www.behealthy.com</a> .	

**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 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.
- 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 (including your benefit booklet).  
Check your benefit booklet for more detailed coverage information.  
Please visit our website, [AlabamaBlue.com](http://AlabamaBlue.com).***