



We cover what matters.

Plan Benefits Summary



Alabama[Blue](https://www.alabamablue.com).com

Blue HSA Silver
 **FOR BUSINESS**
Effective for plan years on
and after January 1, 2022

Prescription Drugs: ValueONE Network

ValueONE Network Facts:

- 41,000 major national and regional pharmacy chains, retailers and grocers, and independent pharmacies participate in the ValueONE Network. This includes many national pharmacies you may already be using.
- Pharmacies that participate in the ValueONE Network can fill up to a 90-day supply of certain medications at the same location.
- If you do not use a ValueONE Network pharmacy, you may be responsible for the full cost of your prescription medication. Benefits may not be provided for out-of-network pharmacies.
- To maximize your pharmacy benefits, you will need to transfer all your prescriptions to a ValueONE Network Pharmacy.

How Do I Find a ValueONE Network Pharmacy?

You can locate all of the participating pharmacies in your area at

AlabamaBlue.com/ValueONEPharmacyLocator. To search for pharmacies in your area, enter your ZIP code in the “Location” search field and then click “Search.”

Blue HSA Silver for Business
High Deductible Health Plan – HSA Qualified
Effective for Plan Years on and after January 1, 2022
BlueCard® PPO

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|---|--|---|
| <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> | | |
| HEALTH SAVINGS ACCOUNT (HSA) | | |
| 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. | | |
| Maximum Contribution: The maximum contribution amount is indexed each year by the U.S. Treasury. The 2022 maximum contribution is: \$3,650 for self-only coverage and \$7,300 for family coverage. If you have any questions about the benefits of an HSA, please consult your tax accountant. | | |
| SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse) | | |
| Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law. | | |
| Calendar Year Deductible The in-network and out-of-network calendar year deductibles are separate and do not apply to each other 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 subject to the self-only calendar year out-of-pocket maximum. | Self-Only coverage: \$4,000 Family coverage: \$8,000 | Self-Only coverage: \$4,000 Family coverage: \$8,000 |
| Calendar Year Out-of-Pocket Maximum (including in-network calendar year deductible) 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 | Self-Only coverage: \$6,000 Family coverage: \$12,000 After you reach your self-only Calendar Year Out-of-Pocket Maximum (even if you are covered under family coverage), applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year | There is no out-of-pocket maximum for out-of-network services |
| INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse) | | |
| Precertification is required for inpatient admissions (except medical emergency services, maternity admissions 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 | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 50% of the allowed amount subject to calendar year deductible Note: In Alabama, available only for medical emergency services and accidental injury |
| Inpatient Physician Visits and Consultations | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 50% of the allowed amount subject to calendar year deductible |
| OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse) | | |
| Precertification is required for some outpatient hospital benefits. Precertification is also required for some provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. 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 50% of the allowed amount subject to calendar year deductible; in Alabama, not covered |
| 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 |
| Emergency Room (Accident) 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 80% of the allowed amount subject to calendar year deductible | Covered at 80% of the allowed amount subject to calendar year deductible when services are rendered within 72 hours of the accident; 50% of the allowed amount subject to calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan |

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|--|--|---|
| 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 |
| Outpatient Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy | Covered at 80% 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 |
| Intensive Outpatient Services and Partial Hospitalization for Mental Health and Substance Abuse | Covered at 80% 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 |
| PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse) | | |
| Precertification is required for some physician benefits. Precertification is also required for some provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . If precertification is not obtained, no benefits are available. | | |
| Office Visits, Consultations & Psychotherapy | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 50% of the allowed amount subject to calendar year deductible |
| Telephone and Online Video Physician Consultations Program A service, available 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 0% of the allowed amount after \$55 payment per consultation | Not covered |
| Second Surgical Opinion | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 50% of the allowed amount subject to calendar year deductible |
| Surgery & Anesthesia | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 50% of the allowed amount subject to calendar year deductible |
| Maternity Care | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 50% of the allowed amount subject to calendar year deductible |
| Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 50% of the allowed amount subject to calendar year deductible |
| PREVENTIVE CARE BENEFITS | | |
| Routine Immunizations and Preventive Services • See AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/StandardACAPreventive DrugList for a listing of the specific drugs, immunizations and preventive services or call our Customer Service Department for a printed copy. • Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/VaccineNetworkDrugList for more information. | Covered at 100% of the allowed amount; no copay or deductible | Not covered |
| PEDIATRIC VISION BENEFITS | | |
| Pediatric Eye Exam Limited to one exam (including refraction) per member per calendar year up to the end of the month in which the member turns 19. | Covered at 80% of the allowed amount subject to calendar year deductible | Not covered |
| Pediatric Glasses or Contact Lenses Limited to one pair of prescription glasses per member per calendar year; contact lenses are limited to one 12-month supply per calendar year. Benefits are available up to the end of the month in which the member turns 19. | 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 |
|--|---|---|
| PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse) Precertification is required for some drugs; if no precertification is obtained, no benefits are available. | | |
| Prescription Drug Card The pharmacy network for the plan is the ValueONE Network . <ul style="list-style-type: none"> Locate a ValueONE Network Pharmacy at AlabamaBlue.com/ValueONEPharmacyLocator Prescription drugs (other than maintenance prescription drugs) can be dispensed for up to a 30-day supply. <ul style="list-style-type: none"> View the Source+Rx 1.0 Drug list that applies to the plan at AlabamaBlue.com/2022SourcePlusRx1DrugList Maintenance prescription drugs can be dispensed for up to a 90-day supply but the copayment is applicable for each 30-day supply. <ul style="list-style-type: none"> View the Maintenance Drug List that applies to the plan at AlabamaBlue.com/MaintenanceDrugList Some copays maybe combined for diabetic supplies Tier 5 and 6 (Specialty) drugs can be dispensed for up to a 30-day supply. The only in-network pharmacy for some Tier 5 and 6 (Specialty) drugs is the Pharmacy Select Network . <ul style="list-style-type: none"> View the Specialty Drug List that applies to the plan at AlabamaBlue.com/SelfAdministeredSpecialtyDrugList Some immunizations may be received from an in-network pharmacy that participates in the Pharmacy Vaccine Network . <ul style="list-style-type: none"> A list of the eligible vaccines these pharmacies may provide can be found at AlabamaBlue.com/VaccineNetworkDrugList | 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 Tier 4 Drugs: Covered at 80% of the allowed amount subject to calendar year deductible Tier 5 (Preferred Specialty) Drugs: Covered at 80% of the allowed amount subject to calendar year deductible Tier 6 (Non-Preferred Specialty) Drugs: Covered at 80% of the allowed amount subject to calendar year deductible Covered Insulin Products: \$99 maximum cost share per 30-day supply; When a Covered Insulin Product qualifies as preventive care, the cost share cap applies whether or not deductible has been met. When a Covered Insulin Product does not qualify as preventive care, the cost share cap shall not apply until deductible has been met. | Not covered |
| 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 50% 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 Limited to 15 visits per member per calendar year | Covered at 80% 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 |
| Durable Medical Equipment (DME) | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 50% of the allowed amount subject to calendar year deductible |

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|--|--|---|
| Rehabilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 50% of the allowed amount subject to calendar year deductible |
| Habilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 50% of the allowed amount subject to calendar year deductible |
| Autism-Related Rehabilitative and Habilitative Occupational and Speech Therapy Children ages 0-18 with an autism diagnosis are allowed unlimited visits for occupational and speech therapy | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 50% 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 | Covered at 50% of the allowed amount subject to calendar year deductible; in Alabama, not covered |
| Home Infusion | Covered at 80% 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 |
| Medical Nutrition Therapy Services For adults and children, 6 hours each calendar year | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 50% of the allowed amount subject to calendar year deductible |
| PEDIATRIC DENTAL BENEFITS | | |
| Benefits are available up to the end of the month in which the member turns 19. See your benefit booklet for visit and treatment limits. | | |
| Diagnostic and Preventive Services Examples include: 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 |
| Basic Services Examples include: 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 |
| Major Services Examples include: 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 |
| Medically Necessary Orthodontic Services | Covered at 50% of the allowed amount subject to calendar year deductible | Not covered |
| HEALTH MANAGEMENT AND ADDITIONAL 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 . | |
| 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. | |
| Baby Yourself® | A maternity program; for more information, please call 1-800-222-4379 . You can also enroll online at AlabamaBlue.com/BabyYourself . | |

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, 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.
- Teladoc® is an independent company providing phone and online physician consultation services to Blue Cross and Blue Shield of Alabama members.
- Please refer to your benefit book or contact Blue Cross directly about coverage for your hospital charges and other related medical services. Approval for air medical transportation does not mean that hospitalization and other medical expenses will be covered. All coverage determinations for medical benefits are subject to the terms, conditions, limitations and exclusions of the health plan.

***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.***