

Frequently Asked Questions PEEHIP

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What is the BlueCard PPO Program?

The BlueCard PPO program allows you freedom of choice when selecting a doctor, outpatient facility, or hospital, even outside of Alabama. This program allows members to access the Preferred Provider Organization (PPO) networks available in each state that participates in the BlueCard PPO Program. When a member receives services from a PPO provider, these services are considered in-network services and enhanced benefits are available. When a member receives services from a non-PPO provider (a physician who does not participate in the PPO program) these services are considered out-of-network services and are covered under Major Medical benefits after your calendar year deductible.

In Alabama, the PPO network is comprised of Preferred Medical Doctors (PMD), so you can continue to use your PMD physician and receive the same benefits as you received previously under the Preferred Care program. If your provider is not PMD and the services being rendered are PPO services, the allowance for these services will be reduced to 80% of the PPO fee schedule after the calendar year deductible. You will be responsible for any amount over the PPO fee schedule, the 20% coinsurance, and the deductible, if applicable.

If the service is not considered a PPO service (no network is available), out-of-network benefits will be applicable.

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How will I know if my physician is a PPO provider?

In Alabama, all PMD (participating) physicians are considered PPO (participating) providers. To ensure that your physician is a participating provider, visit AlabamaBlue.com or contact Customer Service at **1-800-824-0435**. For participating provider information outside Alabama, visit AlabamaBlue.com or call **1-800-810-BLUE (2583)**.

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What will I pay for a physician visit?

Blue Cross and Blue Shield of Alabama provides excellent benefits for physician's office visits. After you make a \$30 primary care or \$35 specialist copayment for the office visit and a \$5.00 copayment on each lab service performed, Blue Cross reimburses the doctor 100% for the services you receive when visiting a Preferred Provider.

If the physician you see is not one of the over 6,000 Preferred Providers, you still receive an excellent reimbursement of 80% of the allowed amount after your deductible is met.

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What is my deductible?

When you visit a Preferred Provider, there is no deductible required. PEEHIP's major medical deductible is \$300 per member or \$900 per family each year. The Public Education Employees' deductible is one of the lowest around.

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What's my coverage for an emergency room visit?

When you visit an emergency room for a true medical emergency, services are covered at 100% of the allowed amount after a \$150 facility copayment and a \$35 physician copayment. If the diagnoses does not meet medical emergency criteria, services are covered at 80% of the allowed amount subject to the calendar year deductible.

Accidents are covered at 100% of the allowed amount after a \$150 facility copayment and a \$35 physician copayment if treatment is received within 72 hours of the accident. If you use an out-of-network facility after 72 hours of the accident, you will receive reimbursement of 80% of the Usual, Customary and Reasonable charge after your deductible is met.

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What happens if I receive benefits at an outpatient facility?

When you take advantage of a Preferred Outpatient Facility, you save money because you only pay a small copayment amount for the services you receive.

Here are your Preferred Outpatient Facility Benefits:

- Accidental injury
- X-ray services
- Laboratory and pathology services

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What is my coverage for a hospital visit?

Blue Cross and Blue Shield provide excellent hospitalization benefits with little out-of-pocket expense to you. With a Preferred Provider Inpatient Hospitalization, covered services are paid in full, subject to a \$200 per admission hospital deductible and a \$25 daily copayment for days 2-5 for 365 days without dollar limit. You are responsible for the difference between semi-private accommodations and other non-medical items, such as TV or phone.

All admissions will be subject to Preadmission Certification by completing a Blue Cross and Blue Shield of Alabama Preadmission Certification form. Emergency room admissions must be certified by the first business day following the admission by calling 1-800-248-2342.

Coverage is provided for a rehabilitation facility. Precertification is required.

For Outpatient Hospital visits a \$150 facility copayment is required for outpatient surgery, true medical emergencies and accidental injury.

A \$25 facility copayment is required for dialysis, radiation therapy, chemotherapy and IV therapy.

When using a facility or physician that is not part of the Preferred Care network, your Major Medical benefits pay 80% of the surgeon, physician visits and anesthesiologist after the \$300 individual or \$900 family deductible has been met or the \$200 per admission hospital deductible and \$25 daily copayment for days 2-5 has been made for facility charges.

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Do I have coverage for mammogram screening?

When you take advantage of our Preferred Medical Doctor program, your mammogram is covered at 100%. Coverage is provided for one mammogram for women between the ages of 35-39, and one mammogram every year for women 40 or over.

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What kind of maternity benefits are offered?

Your Public Education Employees' Health Insurance Plan provides excellent benefits for maternity care and you will have very little out of pocket expense.

- **Pregnancy Physician Care**

Preferred Provider-Covered in full.

Major Medical-when not using a Preferred Provider, paid at 80% of the allowed amount after the deductible.

- **Inpatient Delivery and Care**

\$200 per admission hospital deductible and \$25 daily copayment for days 2-5.

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What is the Baby Yourself Program?

A program offered by Blue Cross and Blue Shield of Alabama to ensure your baby and you receive the best possible care during your pregnancy. With this program you have a registered nurse monitoring your pregnancy and making sure you and your baby have everything you need for good health. This benefit is particularly important for high-risk pregnancies.

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Does my coverage include well child care?

Blue Cross and Blue Shield's Preferred Provider Program allows you to receive expanded benefits for well child care at 100%. You have 9 visits during your child's first 2 years of life; Age 2, two visits per birth year; Age 3-6, one each year (based on birth year) and one visit per calendar year age 7 and older

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Do I have coverage for routine childhood immunizations?

Knowing that prevention is a key to good health, Blue Cross and Blue Shield will pay your child's routine immunizations in full at your Preferred Physician.

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What are my benefits if I receive chiropractic care?

PEEHIP offers very good coverage if you need to visit a chiropractor. If you visit a Participating Chiropractor, covered services are paid at 80% of the allowed amount with no deductible. You will not have to file claims and you will never owe more than 20% of the allowed amount.

If you do not use a Participating Chiropractor, the services will be subject to the Major Medical deductible and paid at 80% of the allowed amount. You may also have to file the claim and you will be responsible for any difference between the charged amount and the allowed amount (in addition to your deductible and coinsurance.)

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What kind of coverage do I have for prescription drugs?

Prescription drug benefits are provided through Express Scripts, Inc. When you choose a Participating Pharmacy, you pay \$6 for covered generic drugs, \$40 for covered Preferred Brand name drugs and \$60 for covered non-Preferred Brand name drugs.

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What is Individual Case Management?

This is a benefit that offers alternatives to lengthy hospitalizations and is designed to provide the patient with the best environment for recovery and the most cost effective long-term arrangement. A Blue Cross and Blue Shield of Alabama registered nurse monitors your care and makes sure you are in the best environment possible for recovery. All decisions are made with the consent of the patient, family and physician. This includes a Disease Management program for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease.

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