We cover what matters.

Visit our website at
AlabamaBlue.com

Plan Benefits

Public Education Employees' Health Insurance Plan (PEEHIP)

Supplemental Medical Plan

Group 61000

Effective October 1, 2022-
September 30, 2023

BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

Important Information Regarding Your PEEHIP Supplemental Medical Plan:

- **All PEEHIP Group #14000 exclusions and limitations such as precertification requirements, visit maximums, procedure limitations, age limits, etc. will apply in addition to the exclusions and limitations of the primary insurance coverage.**
- You **must** be enrolled in a primary insurance plan to be eligible for the PEEHIP Supplemental Medical Plan.
- You are responsible for providing PEEHIP a copy of the current plan summary for your primary insurance plan in order to continue enrollment in the PEEHIP Supplemental Medical Plan.
- The PEEHIP Supplemental Medical Plan is designed to only **supplement** your primary insurance plan by covering the copay, deductible and/or coinsurance of your primary insurance plan **or** the preferred/participating allowance, whichever is less.
- There is no monthly premium for a single or family plan when the member uses the employer contribution amount for the PEEHIP Supplemental Medical Plan.
- Only active employees and non-Medicare eligible retirees and dependent(s) are eligible to enroll in this plan.
- The Plan does not cover the cost of services excluded by the member's primary insurance plan.
- The annual maximum amount paid from the PEEHIP Supplemental Medical Plan will be limited to **$8,700** for individual coverage and **$17,400** for family coverage for calendar year 2022 and **$9,100** for individual coverage and **$18,200** for family coverage for calendar year 2023. Calendar year out-of-pocket amounts will be calculated in accordance with applicable Federal Law.
- To be eligible for reimbursement under the PEEHIP Supplemental Medical Plan, the primary insurance plan must have either **1)** applied the eligible charges to the deductible, or **2)** made primary payment for the services rendered.
- Members who are only enrolled in the PEEHIP Hospital Medical Plan can switch and enroll in the PEEHIP Supplemental Medical Plan* at any time during the year, prospectively, without a Qualifying Life Event (QLE).

  Members who are enrolled in the PEEHIP Hospital Medical Plan (Group #14000), VIVA Health Plan (offered through PEEHIP), Marketplace (Exchange) Plans, State Employees Insurance Board (SEIB), Local Government Health Insurance Board (LGHIB), Medicare, Medicaid, All Kids, Tricare or Champus as their primary coverage or are enrolled in a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)* ***are not eligible to enroll* *in the PEEHIP Supplemental Medical Plan.*
- Members enrolled in High Deductible Health Plan (HDHP) are not eligible for the PEEHIP Supplemental Medical Plan. The IRS defines the minimum deductibles for HDHP's for calendar 2022 as **$1,400** or more for individual or **$2,800** or more for family and as **$1,500** for individual or **$3,000** for family for calendar year 2023. *Members must provide a copy of the primary plan document for verification of deductibles.*
- The Plan cannot be used as a supplement to Medicare (i.e., members cannot be enrolled in Medicare only). Upon becoming Medicare-eligible, you and your covered dependents will be cancelled from this plan. Retired members who become eligible for Medicare will be eligible to enroll in the PEEHIP Group Medicare Advantage (PPO) Plan or the Optional Coverage Plans.
- The PEEHIP Supplemental Medical Plan will not pay for amounts in excess of the allowed amount for services rendered by a non-preferred provider, amounts in excess of the maximums provided under the primary insurance plan, any services denied by the primary insurance plan, or any penalties or sanctions imposed by the primary insurance plan.
- When services are rendered by a Blue Cross and Blue Shield preferred provider in Alabama, the provider should file the claim for you and payment will be made to the provider. If your primary insurance plan requires an office copay, this means the PEEHIP Supplemental Medical Plan will reimburse that office copay to the preferred provider.
- In some cases, when a non-preferred Blue Cross and Blue Shield provider in Alabama is used, the subscriber may be required to file the claim. For claims filed by subscribers, an Explanation of Benefits (EOB) from the primary insurance plan must be submitted along with your claim for consideration of benefits under the PEEHIP Supplemental Medical Plan.
- Special enrollment back into PEEHIP Hospital Medical Plan is available for all members who lose eligibility for their other Group Health Insurance Coverage, provided notice is furnished to PEEHIP within forty-five (45) days of loss of other Group Health Insurance Coverage in accordance with HIPAA requirements.
- Remember to show your health care providers **both** your primary insurance plan ID card and your PEEHIP Supplemental Medical Plan ID card so that they can verify your benefits and make a copy of your ID cards.

Public Education Employees' Health Insurance Plan (PEEHIP)
Supplemental Medical Plan

SERVICES	BENEFIT
Inpatient Facility Charges for Medical Services	**The coinsurance, deductible and/or copays of the primary insurance or the preferred/participating allowance, whichever is less**
Inpatient Facility Charges for Mental Health and Substance Abuse Services	**The coinsurance, deductible and/or copays of the primary insurance or the preferred/participating allowance, whichever is less; limited to 30 total days per member per plan year. Substance abuse services are also limited to one admission per member per plan year and two admissions per lifetime.**
All Other Covered Services (inpatient physician visits, outpatient facility charges, office visits, laboratory expenses, drugs, etc.)	**The coinsurance, deductible and/or copays of the primary insurance or the preferred/participating allowance, whichever is less; limited to 24 visits per member per plan year for outpatient mental health and substance abuse services.**

All PEEHIP Group #14000 exclusions will apply.

These exclusions and limitations include but are not limited to the exclusion of medications used to treat erectile dysfunction, medical foods, OTC medications and OTC equivalents, and limitation on infertility drugs.

All Primary Insurance Plan exclusions will apply.

All 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 of provider and where services are received. The actual payment under the plan will be limited to the lesser of the plan benefit or allowed amount.

Members are required to timely notify PEEHIP when their plan changes or cancels. Blue Cross and Blue Shield has the right to recover the overpaid amounts if the payments should not have been paid.

If you have questions regarding your PEEHIP Supplemental Medical Plan benefits, please call **1-800-327-3994.**

If your health care providers need to verify your PEEHIP Supplemental Medical Plan benefits, they should call **1-877-231-7239.**

This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.

Group 61000
Revised 10/19/2022 AR