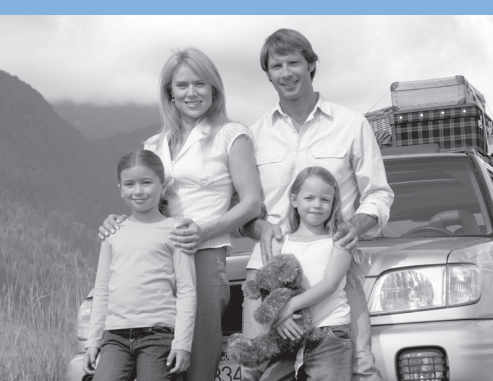


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System Office Health Plan
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Effective January 01, 2022



**BlueCross BlueShield
of Alabama**

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The University Of Alabama – System Office
BlueCard® PPO
Effective January 01, 2022

| 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.</i></p> | | |
| <p>SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)</p> | | |
| <p>Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.</p> | | |
| <p>Calendar Year Medical Deductible (medical and pharmacy deductible combined)</p> | <p>\$400 per individual per calendar year</p> | |
| <p>Calendar Year Out-of-Pocket Maximum</p> | <p>\$5,000 per individual; \$14,300 family</p> <p>In-Network: All copays, deductibles and coinsurance including copays for out-of-network mental health and substance abuse ER and ER physician services will apply to the in-network out-of-pocket maximum including prescription drugs; available manufacturer or provider cost share assistance program payments made with respect to the specialty drugs on the Specialty Drug Coupon Program List do not apply to the in-network out-of-pocket maximum.</p> <p>After you reach your individual Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowance for the remainder of the year</p> <p>Out-of-Network: All copays and coinsurance for out-of-network services for other covered services apply to the annual out-of-pocket maximum</p> <p>In-network and out-of-network out-of-pocket amounts apply to each other</p> | |
| <p>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)</p> | | |
| <p>Precertification is required for inpatient admissions (except medical emergency services, maternity 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.</p> | | |
| <p>Inpatient Hospital and Residential Treatment Facilities Note: In Alabama, available only for accidental injury</p> | <p>Covered at 100% of the allowed amount for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries, subject to \$325.00 per admission copay (maximum of three inpatient per admission copay per person per calendar year) and subject to calendar year deductible; 365 days per confinement.</p> | <p>Covered at 80% of the allowed amount for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries, subject to \$325.00 per admission copay (maximum of three inpatient per admission copay per person per calendar year) and subject to calendar year deductible; 365 days per confinement.</p> <p>Note: In Alabama, available only for medical emergency and accidental injury</p> |
| <p>Alcohol & Drug Abuse Rehab Benefits</p> | <p>Covered at 100% of the allowed amount, subject to \$325 inpatient per admission copay and the calendar year deductible (maximum of three inpatient per admission copays per person per calendar year)</p> | <p>Covered at 100% of the allowed amount, subject to \$325 inpatient per admission copay and the calendar year deductible (maximum of three inpatient per admission copays per person per calendar year)</p> |
| <p>Inpatient Physician Visits and Consultations</p> | <p>Covered at 100% of the allowed amount, subject to calendar year deductible</p> | <p>In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>Outside Alabama, covered at 80% of the allowed amount, subject to calendar year deductible</p> |

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|--|--|--|
| OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse) | | |
| Precertification is required for some outpatient hospital benefits and provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . Please see your benefit booklet. If precertification is not obtained, no benefits are available. | | |
| Outpatient Surgery (Including Ambulatory Surgical Centers) | Covered at 100% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible | Covered at 80% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible |
| Outpatient Facility and Physician Services <small>(Physicians: Licensed Clinical Social Workers, Licensed Professional Counselor, Clinical Nurse Specialist, Mental Health Nurse Practitioner and Mental Health Clinical Nurse Specialist)</small> | Covered at 100% of the allowed amount, and subject to calendar year deductible | Covered at 100% of the allowed amount, and subject to calendar year deductible |
| Emergency Room (Medical Emergency) | Covered at 100% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible | Covered at 100% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible Mental Health Disorders and Substance Abuse Services apply to the in-network out-of-pocket maximum |
| Emergency Room Non-Emergency | Covered at 80% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible | Covered at 80% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible |
| Emergency Room (Accident) | Covered at 100% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible | Covered at 100% of the allowed amount, subject to \$150.00 hospital copay and subject to calendar year deductible |
| Emergency Room (Physician) | Covered at 100% of the allowed amount, subject to \$50.00 physician copay and subject to calendar year deductible | Covered at 100% of the allowed amount, subject to \$50.00 physician copay and subject to calendar year deductible Mental Health Disorders and Substance Abuse Services apply to the in-network out-of-pocket maximum |
| Chemotherapy, Hemodialysis, IV Therapy & Radiation Therapy | Covered at 100% of the allowed amount, subject to calendar year deductible | Covered at 80% of the allowed amount, subject to calendar year deductible |
| Diagnostic Lab & X-ray | Covered at 100% of the allowed amount, subject to calendar year deductible MRI(s), CAT, PET & Thallium Scans, Cardiac Scans, heart catheterizations, colonoscopy and endoscopy covered at 100% of the allowed amount, subject to \$125 copay and calendar year deductible. Note: If there is more than one procedure done on the same date of service there will be only one copayment taken for the facility and only one copayment taken for the physician. | Covered at 80% of the allowed amount, subject to calendar year deductible MRI(s), CAT, PET & Thallium Scans, Cardiac Scans, heart catheterizations, colonoscopy and endoscopy covered at 80% of the allowed amount, subject to \$125 copay and calendar year deductible. Note: If there is more than one procedure done on the same date of service there will be only one copayment taken for the facility and only one copayment taken for the physician. |
| Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services | Covered at 100% of the allowed amount, subject to \$55.00 daily hospital copay and subject to calendar year deductible | Covered at 80% of the allowed amount, subject to calendar year deductible |

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|---|---|---|
| PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse) | | |
| Precertification is required for some physician benefits and provider-administered drugs; please see your benefit booklet. If precertification is not obtained, no benefits are available. | | |
| Office Visits and Outpatient Consultations Rendered by a Primary Care Physician (Includes: Internist, Family & General Practitioner, Pediatrician, OB/GYN & Geriatrician) | Covered at 100% of the allowed amount, subject to \$35.00 physician copay and subject to calendar year deductible | In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , covered at 80% of the allowed amount, subject to calendar year deductible |
| Office Visits and Consultations Rendered by a Specialist | Covered at 100% of the allowed amount, subject to \$55.00 physician copay and subject to calendar year deductible | In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , covered at 80% of the allowed amount, subject to calendar year deductible |
| Second Surgical Opinions | Covered at 100% of the allowed amount, and subject to calendar year deductible | In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , covered at 80% of the allowed amount, subject to calendar year deductible |
| Nurse Practitioner/Nurse Midwife Office Visits and Consultations | Covered at 100% of the allowed amount, subject to \$20.00 physician copay and subject to calendar year deductible Services must be rendered under the supervision of a PPO doctor. | In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , covered at 80% of the allowed amount, subject to calendar year deductible |
| Board Certified Behavior Analyst, Applied Behavior Analyst, Licensed Clinical Social Worker, Licensed Professional Counselor, Clinical Nurse Specialist, Mental Health Nurse Practitioner, Mental Health Clinical Nurse Specialist Office Visits and Consultations | Covered at 100% of the allowed amount, and subject to calendar year deductible | In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , covered at 80% of the allowed amount, subject to calendar year deductible |
| Surgery & Anesthesia | Covered at 100% of the allowed amount, subject to calendar year deductible | In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , covered at 80% of the allowed amount, subject to calendar year deductible |
| Surgery Performed in a Physician's Office | Covered at 100% of the allowed amount, subject to \$35.00 office visit copay and subject to calendar year deductible if performed by a Primary Care Physician Covered at 100% of the allowed amount subject to \$55.00 office visit copay and subject to calendar year deductible if performed by a Specialist | In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , covered at 80% of the allowed amount, subject to calendar year deductible |
| Maternity Care | Covered at 100% of the allowed amount, subject to calendar year deductible | In Alabama , covered at 50% of the allowed amount, subject to calendar year deductible Outside Alabama , covered at 80% of the allowed amount, subject to calendar year deductible |

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|---|--|---|
| Hemodialysis, Chemotherapy, Radiation Therapy & IV Therapy | Covered at 100% of the allowed amount, subject to calendar year deductible | <p>In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible</p> <p>Outside Alabama, covered at 80% of the allowed amount, subject to calendar year deductible</p> |
| Diagnostic Lab & X-ray | <p>Covered at 100% of the allowed amount, subject to calendar year deductible</p> <p>However MRI(s), CAT, PET & Thallium Scans, Cardiac Scans, heart catheterizations, colonoscopy and endoscopy covered at 100% of the allowed amount, subject to a \$35 copay and calendar year deductible.</p> <p>Note: If there is more than one procedure done on the same date of service there will be only one copayment taken for the facility and only one copayment taken for the physician.</p> | <p>In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible.</p> <p>However MRI(s), CAT, PET & Thallium Scans, Cardiac Scans, heart catheterizations, colonoscopy and endoscopy covered at 50% of the allowed amount, subject to a \$35 copay and calendar year deductible.</p> <p>Outside Alabama, covered at 80% of the allowed amount, subject to calendar year deductible.</p> <p>However MRI(s), CAT, PET & Thallium Scans, Cardiac Scans, heart catheterizations, colonoscopy and endoscopy covered at 80% of the allowed amount, subject to a \$35 copay and calendar year deductible.</p> <p>Note: If there is more than one procedure done on the same date of service there will be only one copayment taken for the facility and only one copayment taken for the physician.</p> |
| Applied Behavioral Analysis (ABA) Therapy Limited to ages 0-18 for autism spectrum disorder. Ages 0-9 limited to an annual maximum of \$20,000, ages 10-13 limited to an annual maximum of \$15,000 and ages 14-18 limited to an annual maximum of \$10,000. Note: Home based therapy is excluded. | Covered at 80% of the allowed amount, subject to calendar year deductible | Covered at 80% of the allowed amount, subject to calendar year deductible |

TELEHEALTH SERVICES

Benefits are provided for Telehealth Services subject to applicable cost-sharing for In-network and Out-of-network services, when services rendered are performed within the scope of the health care providers license and deemed medically necessary.

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|---|---|----------------|
| PREVENTIVE CARE BENEFITS (Includes Mental Health Disorders and Substance Abuse) | | |
| <p>Routine Immunizations and Preventive Services</p> <p>See AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/NetResultsACAPreventiveDrugList for a listing of the specific drugs, immunizations and preventive services or call our Customer Service Department for a printed copy</p> <p>Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/VaccineNetworkDrugList for more information</p> | Covered at 100% of the allowed amount, no copay or deductible | Not Covered |
| <p>Note: In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.</p> | | |
| PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse) | | |
| Precertification is required for some drugs; if precertification is not obtained, no benefits are available. | | |
| <p>Retail Prescription Drug Card Benefits</p> <ul style="list-style-type: none"> The pharmacy network for the plan is Prime Participating Network Some copays combined for diabetic supplies Fertility medications are excluded Prescription drugs - up to a 31-Day supply The only in-network pharmacy for some Tier 4 (specialty) drugs is the Pharmacy Select Network; view the Specialty Drug Lists at AlabamaBlue.com/SelfAdministeredSpecialtyDrugList and AlabamaBlue.com/ProviderAdministeredSpecialtyDrugList Certain specialty drugs are listed on the Specialty Drug Coupon Program List at AlabamaBlue.com/specialtycouponprogramdruglist View the NetResults 1.0 (Up to 4 Tier) drug lists that apply to the plan at AlabamaBlue.com/NetResults1DrugList4T Locate a Prime Participating Network pharmacy at AlabamaBlue.com/PrimeParticipatingPharmacyLocator <p>Some immunizations may be received from an in-network pharmacy that participates in the Pharmacy Vaccine Network. A list of the eligible vaccines these pharmacies may provide can be found at: AlabamaBlue.com/VaccineNetworkDr</p> | <p>Covered at 100% of the allowed amount after calendar year deductible, subject to the following copays:</p> <p>Tier 1 Drugs: \$15 copay per prescription</p> <p>Tier 2 Drugs: \$45 copay per prescription</p> <p>Tier 3 Drugs: \$65 copay per prescription</p> <p>Tier 4 (specialty) Drugs: \$125 copay per prescription</p> <p>Drugs on the Specialty Drug Coupon Program List must be purchased at a pharmacy in the Select Pharmacy network and are subject to the greater of the applicable Tier copay or the full amount of the available manufacturer cost share assistance program payments.</p> | Not Covered |

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|---|---|--|
| <p>Extended Supply Prescription Drug Card Benefits</p> <ul style="list-style-type: none"> The extended supply pharmacy network for the plan is the Prime Participating Network ESN Network Prescription drugs-up to 31 day supply Maintenance only – one copay per 31 days up to a 90 day supply Tier 4 (specialty) drugs are not available through extended supply pharmacy service View the NetResults 1.0 (Up to 4 Tier) and maintenance drug lists that apply to the plan at AlabamaBlue.com/NetResults1DrugList4T Locate a Prime Participating Network ESN Network pharmacy at AlabamaBlue.com/PrimeParticipatingPharmacyLocator | <p>Covered at 100% of the allowed amount after calendar year deductible, subject to the following copays:</p> <p>Tier 1 Drugs: \$15 copay per prescription</p> <p>Tier 2 Drugs: \$45 copay per prescription</p> <p>Tier 3 Drugs: \$65 copay per prescription</p> <p>Tier 4 (specialty) Drugs: Not Covered</p> | <p>Not Covered</p> |
| <p>Mail Order Pharmacy Benefits</p> <ul style="list-style-type: none"> Prescription drugs-up to 31 day supply Maintenance only- one copay per 31 days up to a 90 day supply Mail Order Drugs are available through Home Delivery Network (Enroll online at AlabamaBlue.com/HomeDeliveryNetwork or call 1-855-793-5326) Maintenance and Non-Maintenance drugs can be purchased through this mail order pharmacy View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList View the NetResults 1.0 (Up to 4 Tier) drug lists that apply to the plan at AlabamaBlue.com/NetResults1DrugList4T | <p>Covered at 100% of the allowed amount after calendar year deductible, subject to the following copays:</p> <p>Tier 1 Drugs: \$10 copay per prescription</p> <p>Tier 2 Drugs: \$35 copay per prescription</p> <p>Tier 3 Drugs: \$55 copay per prescription</p> <p>Tier 4 (specialty) Drugs: Not covered</p> | <p>Not Covered</p> |
| <p>BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse)</p> | | |
| <p>Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.</p> | | |
| <p>Allergy Testing & Treatment</p> | <p>Covered at 100% of the allowed amount, subject to calendar year deductible</p> | <p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> |
| <p>Ambulance Service</p> | <p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> | <p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> |

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|---|--|---|
| <p>Participating Chiropractic Services</p> <p>Limited to a maximum of 24 visits per person each calendar year</p> | <p>Covered at 80% of the allowed amount, subject to calendar year deductible when services are provided by a participating in-network chiropractor</p> | <p>In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible when services are provided by a non-Participating Chiropractor</p> <p>Outside Alabama, covered at 80% of the allowed amount, subject to calendar year deductible</p> |
| <p>Durable Medical Equipment (DME)</p> | <p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> | <p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> |
| <p>Rehabilitative Occupational, Physical and Speech Therapy</p> <p>Occupational, physical and speech therapy limited to a maximum of 30 visits per person per therapy each calendar year</p> | <p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> | <p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> |
| <p>Habilitative Occupational, Physical and Speech Therapy</p> <p>Occupational, physical and speech therapy limited to a maximum of 30 visits per person per therapy each calendar year</p> | <p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> | <p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> |
| <p>Nutritionist Visits</p> <p>Limited to a maximum of eight visits per person each calendar year.</p> <p>Note: Employee is also responsible for any charges above the allowance</p> | <p>Covered at 100% of the allowed amount, subject to \$20.00 physician copay and subject to calendar year deductible</p> | <p>Covered at 100% of the allowed amount, subject to \$20.00 physician copay and subject to calendar year deductible</p> |
| <p>Preferred Home Health and Hospice</p> | <p>Covered at 100% of the allowed amount, subject to calendar year deductible</p> | <p>In Alabama, no benefits available if a non-preferred provider is used</p> <p>Outside Alabama, covered at 80% of the allowed amount, subject to calendar year deductible</p> <p>Precertification is required for services rendered outside Alabama. Call 1-800-821-7231</p> |
| <p>Home Infusion</p> | <p>Covered at 100% of the allowed amount, subject to calendar year deductible</p> | <p>Covered at 80% of the allowed amount, subject to calendar year deductible</p> |

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|---|--|----------------|
| HEALTH MANAGEMENT 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 and 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 . A benefit that offers the opportunity to have a Blue Cross and Blue Shield registered nurse case manager to monitor a covered member's pregnancy while enrolled in this medical plan. Note: The \$325 inpatient hospital copay per admission will be waived for Baby Yourself participants who enroll within the first trimester of pregnancy and continue participation until the baby is born. | |
| 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 Transport | Air medical transportation to a network hospital near home if hospitalized while traveling more than 150 miles from home; to arrange transportation, call AirMed at 1-877-872-8624. | |
| Quit for Life Tobacco Cessation Program | A tobacco cessation program for <i>subscriber, spouse and dependents</i> that provides support to participants through telephone-based counseling and nicotine replacement therapy. Call 1-888-768-7848 for participation information. | |

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.
- 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. Air medical transportation services are provided through a contract with AirMed International, LLC, an independent company that does not provide Blue Cross and Blue Shield of Alabama products. Blue Cross is not responsible for any mistakes, errors or omissions that AirMed, its employees or staff members make. Air medical transportation services terminate if coverage by your health plan ends. Prime Therapeutics LLC® is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association.
- Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 1-800-222-4379 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

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.