

# The University of Alabama System Group Health Plan

Coverage For: Individual + Family Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-239-5772 or visit us at [AlabamaBlue.com](http://AlabamaBlue.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.bcbsal.org/sbcglossary/](http://www.bcbsal.org/sbcglossary/) or call 1-800-292-8868 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$400 individual.	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. Preventive services in-network are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductible</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	\$5,000 individual/\$14,300 family.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limit</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Premiums, balance-billed charges, health care this plan doesn't cover, cost sharing for most out-of-network benefits and pre-certification penalties, specialty drug coupon program payments and specialty drug manufacturer assistance amounts for provider administered drugs.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://AlabamaBlue.com">AlabamaBlue.com</a> or call 1-800-810-BLUE for a list of network providers.	This <a href="#">plan</a> uses a <a href="#">provider</a> network. You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan</a> 's network. You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a referral.



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care <a href="#">provider's</a> office or clinic</b>	Primary care visit to treat an injury or illness	\$35 <a href="#">copay</a> /visit	20% <a href="#">coinsurance</a>	\$20 copay will apply when service is rendered by Nurse Practitioner or Nurse Midwife; in Alabama, out-of-network coinsurance is 50%
	<a href="#">Specialist</a> visit	\$55 <a href="#">copay</a> /visit	20% <a href="#">coinsurance</a>	
	<a href="#">Preventive care/screening/immunization</a>	No Charge No overall deductible	Not Covered	Please visit <a href="#">AlabamaBlue.com/preventiveservices</a> ; additional services are available. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Benefits listed are physician services; in Alabama, out-of-network coinsurance is 50%; facility benefits are also available; precertification may be required
	Imaging (CT/PET scans, MRIs)	\$35 <a href="#">copay</a> /visit	\$35 <a href="#">copay</a> /visit & 20% <a href="#">coinsurance</a>	
<b>If you need drugs to treat your illness or condition</b>  More information about <a href="#">prescription drug coverage</a> is available at <a href="#">AlabamaBlue.com/pharmacy</a>	Tier 1 Drugs	\$15 <a href="#">copay</a> (retail) \$10 <a href="#">copay</a> (mail order)	Not Covered	Prior authorizations required for specific drugs; higher copay may apply for greater than 31 day supply or maintenance drug at an Extended Supply Pharmacy; mail order is available through the Home Delivery Network. Drugs in Specialty Drug Coupon Program, subject to greater of applicable Tier copay or the available payment under the specialty drug coupon program; go to <a href="#">AlabamaBlue.com/specialtycouponprogramdruglist</a> for a list of these <a href="#">specialty drugs</a> .
	Tier 2 Drugs	\$45 <a href="#">copay</a> (retail) \$35 <a href="#">copay</a> (mail order)	Not Covered	
	Tier 3 Drugs	\$65 <a href="#">copay</a> (retail) \$55 <a href="#">copay</a> (mail order)	Not Covered	
	Tier 4 Drugs	\$125 <a href="#">copay</a> (retail)	Not Covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$150 <a href="#">copay</a>	\$150 <a href="#">copay</a> & 20% <a href="#">coinsurance</a>	In Alabama, out-of-network not covered

\* For more information about limitations and exceptions, see the plan or policy document at [AlabamaBlue.com](#).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Surgery performed in the physician's office will be subject to the applicable physician copay and deductible; in Alabama, out-of-network coinsurance is 50%
<b>If you need immediate medical attention</b>	Emergency room care	Accident: \$150 <a href="#">copay</a> /visit Medical Emergency: \$150 <a href="#">copay</a> /visit	Accident: \$150 <a href="#">copay</a> /visit Medical Emergency: \$150 <a href="#">copay</a> /visit	Benefits for non-medical emergencies are subject to higher patient responsibility; physician charges will apply
	Emergency medical transportation	20% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	None
	Urgent care	\$55 <a href="#">copay</a> /visit	20% <a href="#">coinsurance</a>	In Alabama, out-of-network coinsurance is 50%
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$325 per admission copay	\$325 per admission copay & 20% coinsurance	In Alabama, out-of-network benefits are only available for accidental injury and medical emergency; precertification is required; maximum of three inpatient per admission copay per person per calendar year
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	In Alabama, out-of-network coinsurance is 50%
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Benefits listed are physician services; additional benefits are available; may require higher patient responsibility; in Alabama, out-of-network coinsurance is 50%; precertification is required for intensive outpatient, partial hospitalization and inpatient hospitalization
	Inpatient services	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	
<b>If you are pregnant</b>	Office visits	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Cost sharing does not apply for preventive services. Depending on the type of services, a copayment, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound); in Alabama, out-of-network coinsurance is 50% for professional services
	Childbirth/delivery professional services	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	\$325 per admission copay	\$325 per admission copay & 20% coinsurance	

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	In Alabama, out-of-network not covered; benefits are also available for home infusion services; precertification may be required
	<a href="#">Rehabilitation services</a>	20% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Benefits listed are for Rehabilitative and Habilitative services; each service has a maximum of 35 visits per therapy for occupational, physical and speech therapy per member per calendar year
	<a href="#">Habilitation services</a>	20% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	Benefits listed are for Rehabilitative and Habilitative services; each service has a maximum of 35 visits per therapy for occupational, physical and speech therapy per member per calendar year
	<a href="#">Skilled nursing care</a>	Not Covered	Not Covered	Not covered; member pays 100%
	<a href="#">Durable medical equipment</a>	20% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	None
	<a href="#">Hospice services</a>	0% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	In Alabama, out-of-network not covered; precertification may be required
If your child needs dental or eye care	Children's eye exam	No Charge No overall deductible	Not Covered	Please visit <a href="http://AlabamaBlue.com/preventiveservices">AlabamaBlue.com/preventiveservices</a>
	Children's glasses	Not Covered	Not Covered	Not covered; member pays 100%
	Children's dental check-up	No Charge No overall deductible	Not Covered	Please visit <a href="http://AlabamaBlue.com/preventiveservices">AlabamaBlue.com/preventiveservices</a>

### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Bariatric surgery (only for morbid obesity in limited circumstances)</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>• Glasses, child</li> <li>• Hearing aids</li> <li>• Long-term care</li> <li>• Private-duty nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Routine eye care (Adult)</li> <li>• Routine foot care</li> <li>• Skilled nursing care</li> <li>• Weight loss programs</li> </ul>

\* For more information about limitations and exceptions, see the plan or policy document at [AlabamaBlue.com](http://AlabamaBlue.com).

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)**

- Chiropractic care (limited to 24 visits per member per calendar year)
- Infertility treatment (Assisted Reproductive Technology not covered)
- Non-emergency care when traveling outside the U.S.

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). If coverage is insured, contact your State insurance regulator regarding your possible rights to continuation coverage under State Law. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Alabama at [1-800-239-5772](tel:1-800-239-5772).

**Does this [plan](#) provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this [plan](#) meet Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$400	■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$400	■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$400
■ <a href="#">Specialist copay/coinsurance</a>	\$55/0%	■ <a href="#">Specialist copay/coinsurance</a>	\$55/0%	■ <a href="#">Specialist copay/coinsurance</a>	\$55/0%
■ Hospital (facility) <a href="#">copay/coinsurance</a>	\$325/0%	■ Hospital (facility) <a href="#">copay/coinsurance</a>	\$325/0%	■ Hospital (facility) <a href="#">copay/coinsurance</a>	\$325/0%
■ Other <a href="#">copay/coinsurance</a>	\$150/20%	■ Other <a href="#">copay/coinsurance</a>	\$150/20%	■ Other <a href="#">copay/coinsurance</a>	\$150/20%
<p><b>This EXAMPLE event includes services like:</b>                      Specialist office visits (<i>prenatal care</i>)                      Childbirth/Delivery Professional Services                      Childbirth/Delivery Facility Services                      Diagnostic tests (<i>ultrasounds and blood work</i>)                      Specialist visit (<i>anesthesia</i>)</p>		<p><b>This EXAMPLE event includes services like:</b>                      Primary care physician office visits (<i>including disease education</i>)                      Diagnostic tests (<i>blood work</i>)                      Prescription drugs                      Durable medical equipment (<i>glucose meter</i>)</p>		<p><b>This EXAMPLE event includes services like:</b>                      Emergency room care (<i>including medical supplies</i>)                      Diagnostic tests (<i>x-ray</i>)                      Durable medical equipment (<i>crutches</i>)                      Rehabilitation services (<i>physical therapy</i>)</p>	
<b>Total Example Cost</b>	<b>\$12,700</b>	<b>Total Example Cost</b>	<b>\$7,400</b>	<b>Total Example Cost</b>	<b>\$1,900</b>
<b>In this example, Peg would pay:</b>		<b>In this example, Joe would pay:</b>		<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$400	Deductibles	\$400	Deductibles	\$400
Copayments	\$340	Copayments	\$730	Copayments	\$270
Coinsurance	\$0	Coinsurance	\$30	Coinsurance	\$230
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$40	Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$800</b>	<b>The total Joe would pay is</b>	<b>\$1,200</b>	<b>The total Mia would pay is</b>	<b>\$900</b>

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [AlabamaBlue.com](http://AlabamaBlue.com).