

We cover what matters.

BlueCard[®] PPO Plan Benefits

The University of Alabama
Systems Office
HDHP

BlueCard[®] PPO - HSA Qualified HDHP

Effective January 01, 2025

Visit our website at

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**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

The University Of Alabama -Systems Office HDHP
BlueCard® PPO - HSA Qualified HDHP
Effective January 01, 2025

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>		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
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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 80% of the allowed amount, subject to calendar year deductible

Covered at 60% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Maternity Care	Covered at 80% 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 60% of the allowed amount, subject to calendar year deductible
Diagnostic Lab & X-ray	Covered at 80% 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 60% of the allowed amount, subject to calendar year deductible
Nurse Practitioner/Nurse Midwife	Covered at 80% 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 60% of the allowed amount, subject to calendar year deductible
Applied Behavioral Analysis (ABA) Therapy Limited to ages 0-18 for autism spectrum disorders	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% 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.

PREVENTIVE CARE BENEFITS

(Includes Mental Health Disorders and Substance Abuse)

Routine Immunizations and Preventive Services

See AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/

Notice of Nondiscrimination

Discrimination is Against the Law

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Blue