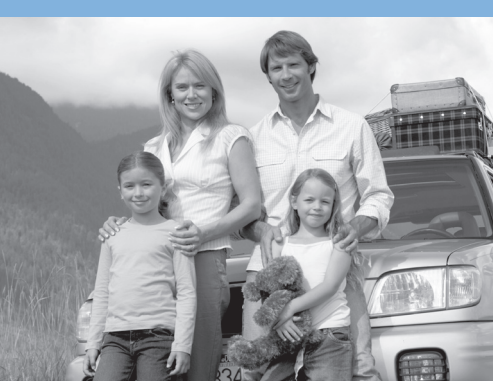


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BlueCard[®] PPO Plan Benefits

Nidec Motor Corporation

66465, 90630, 93367, 93369, 93371,
93383, 93385, 93391, 93393, 93720,
93724, 93728, 93893, 93894, 94710,
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BlueCard[®] PPO –
HSA Qualified HDHP

Effective January 01, 2023



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

Prescription Drugs: ValueONE Network

ValueONE Network Facts:

- 51,000 major national and regional pharmacy chains, retailers and grocers, and independent pharmacies participate in the ValueONE Retail Network. This includes many national pharmacies you may already be using.
- 50,000 major national and regional pharmacy chains, retailers and grocers, and independent pharmacies participate in the ValueONE Extended Supply Network (ESN). This includes many national pharmacies you may already be using.
- Generally, ValueONE Retail Network pharmacies can fill up to a 30-day supply of retail drugs while ValueONE ESN Network pharmacies can fill up to a 90-day supply of certain medications (prescription must be written for up to a 90-day supply). Refer to your benefit booklet for the specific day supply permitted by your benefit plan. Since the type of pharmacy differs within the ValueONE Network, be sure to check your specific pharmacy.
- If you do not use a ValueONE Network pharmacy, you may be responsible for the full cost of your prescription medication. Benefits may not be provided for out-of-network pharmacies.
- To maximize your pharmacy benefits, you will need to transfer all your prescriptions to a ValueONE Network pharmacy.

Find a ValueONE Network Pharmacy

You can locate all of the participating pharmacies in your area at

AlabamaBlue.com/ValueONERetailPharmacyLocator. Click on “Find a Pharmacy by Name or Location” located under Find a Pharmacy. When searching for a participating pharmacy, make sure either “ValueONE Retail Network” or “ValueONE ESN Network” is listed under “Network Participation” located to the right of the pharmacy address.

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BlueCard® PPO - HSA Qualified HDHP
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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>		
HEALTH SAVINGS ACCOUNT (HSA)		
<p>A Health Savings Account (HSA) is an account established with pre-taxed money in order to save for future medical expenses. In order to establish an HSA you must first be enrolled in an HSA-Qualified High Deductible Health Plan (HDHP). An HDHP is a health plan that satisfies certain government requirements for use in conjunction with a HSA. This plan is designed to meet those government requirements. Enrolling in an HDHP allows you the opportunity to make contributions to an HSA on a pre-tax basis.</p>		
<p>Maximum Contribution: The maximum contribution amount is indexed each year by the U.S. Treasury. The 2023 maximum contribution is \$3,850 for single coverage and \$7,750 for family coverage. If you have any questions about the benefits of an HSA, please consult your tax accountant.</p>		
SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
<p>Calendar Year Deductible</p> <p>The in-network and out-of-network calendar year deductibles are separate and do not apply to each other</p> <p>For self-only coverage, no benefits, except preventive care, are paid by the plan until medical expenses paid by the individual equal the deductible amount. For family coverage, no benefits, except preventive care, are paid by the plan to a family member until that individual family member meets the individual deductible amount or the total medical expenses paid by the family equal the family deductible amount.</p>	<p>\$3,000 self-only coverage; \$6,000 family coverage</p>	<p>\$6,000 self-only coverage; \$12,000 family coverage. Does not include the in-network deductible.</p>
<p>Calendar Year Out-of-Pocket Maximum</p> <p>After you reach your self-only Calendar Year Out-of-Pocket Maximum (even if you are covered under family coverage), applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year</p> <p>Note: This plan follows the State of Utah's EHB benefits package.</p>	<p>\$6,400 self-only coverage; \$12,800 family coverage</p> <p>All deductibles, copays and coinsurance for in-network services and out-of-network mental health disorders and substance abuse emergency services apply to the out-of-pocket maximum, including prescription drugs</p> <p>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>There is no out-of-pocket maximum for out-of-network services.</p>
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
<p>All hospital admissions require preadmission certification, except maternity admissions as required by Federal law. Emergency admissions require certification within 48 hours of admission except as required by Federal law. For preadmission certification, call 1-800-248-2342. If preadmission certification is not obtained, a \$500 penalty is charged.</p>		
<p>Inpatient Hospital and Residential Treatment Facilities</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries</p>	<p>Covered at 50% of the allowance subject to the calendar year deductible for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Inpatient Physician Visits and Consultations	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList please see your benefit booklet. If precertification is not obtained, no benefits are available.		
Outpatient Surgery	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Emergency Room (Medical Emergency)	Covered at 80% of the allowed amount, subject to calendar year deductible. (50% if medical emergency criteria is not met)	Covered at 80% of the allowed amount, subject to in-network calendar year deductible. (50% if medical emergency criteria is not met) Out-of-network Mental Health and Substance Abuse services apply to the in-network out-of-pocket maximum
Emergency Room (Accident)	Covered at 80% of the allowed amount, subject to calendar year deductible.	Covered at 80% of the allowed amount, subject to in-network calendar year deductible.
Emergency Room (Physician)	Covered at 80% of the allowed amount, subject to calendar year deductible. (50% if medical emergency criteria is not met)	Covered at 80% of the allowed amount, subject to in-network calendar year deductible. (50% if medical emergency criteria is not met) Out-of-network Mental Health and Substance Abuse services apply to the in-network out-of-pocket maximum
Chemotherapy, Dialysis, IV Therapy, Outpatient Diagnostic Lab, Pathology, Radiation Therapy & X-ray	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services Note: Preadmission Certification is required. Call 1-800-248-2342	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList please see your benefit booklet. If precertification is not obtained, no benefits are available.		
Office Visits, Urgent Care Clinics and Consultations Includes: > diagnosis for obesity	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Telephone and Online Video Physician Consultations Program A service, through Teladoc™ to diagnose, treat and prescribe medication (when necessary) for certain medical issues. To enroll, go to Teladoc.com/Alabama or call 1-855-477-4549	Covered at 80% of the allowed amount, subject to calendar year deductible	Not Covered
Second Surgical Opinions	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Surgery & Anesthesia	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Maternity Care (Includes Dependents)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy & X-ray	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Applied Behavioral Analysis (ABA) Therapy Note: Preadmission Certification is required. Call 1-800-248-2342	Covered at 80% of the allowed amount, subject to calendar year deductible for Behavioral Therapy services.	Covered at 50% 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 <ul style="list-style-type: none"> See AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/SourceRxACAPreventiveDrugList for a listing of the specific drugs, immunizations and preventive services or call our Customer Service Department for a printed copy Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/VaccineNetworkDrugList for more information. 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Additional Routine Services <ul style="list-style-type: none"> Urinalysis – limited to one per calendar year Complete Blood Count (CBC) – limited to one per calendar year Cholesterol – limited to one each per calendar year (Includes cholesterol, HDL, LDL, VLDL & Triglycerides) Blood Glucose and Hemoglobin A1C – limited to one each per calendar year 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
For Additional Covered Preventive Drugs View the Additional Standard HSA Preventive Drug List that applies to the plan at AlabamaBlue.com/AdditionalSourceRxHSAPreventiveDrugList for a listing of additional preventive services covered by the plan	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
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.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
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>Prescription Drug Card</p> <p>The retail pharmacy network for the plan is the ValueONE Network</p> <ul style="list-style-type: none"> • Locate a ValueONE Network pharmacy at AlabamaBlue.com/ValueONEPharmacyLocator • View the SourceRx 1.0 drug list that applies to the plan at AlabamaBlue.com/SourceRx1DrugList3T • Retail drugs may be dispensed up to a 30-day supply • The only in-network pharmacy for some specialty drugs is the Pharmacy Select Network • Specialty Drugs, or biotech drugs, are generally high cost self-administered drugs <i><u>New prescriptions require a 30-day fill at retail prior to getting a maintenance supply</u></i> • Subsequent fills limited to a 90-day supply for 3 (three) copays • Maintenance and non-maintenance drugs can also be purchased through the extended supply pharmacy service up to a 90-day supply with a copay for each 30-day supply <p>Diabetic Supplies (copays apply)</p> <ul style="list-style-type: none"> • Diabetic Supplies are covered only through the Prescription Drug Card Program. • Copays are combined for some products if purchased on the same day. 	<p>Participating Pharmacy: Prescription drugs will be covered as follows:</p> <p>Tier 1 preventive drugs: 100% of the allowed amount, no copay or deductible</p> <p>Tier 1 non-preventive drugs: 80% subject to the calendar year deductible</p> <p>Tier 2 drugs: 80% subject to the calendar year deductible</p> <p>Tier 3 drugs: 80% subject to the calendar year deductible</p> <p>Note: Non-sedating antihistamines and Proton Pump Inhibitors (PPIs) will require a 100% copay from the member which does not apply to the out-of-pocket maximum.</p> <ul style="list-style-type: none"> • Insulin, insulin needles and syringes purchased on the same day will require only one copay • Blood glucose strips and lancets purchased on the same day will require only one copay • Glucose monitor will always require a separate copay 	<p>Non-Participating Pharmacy: There are no benefits available for prescription drugs purchased from a non-Participating Pharmacy.</p>
<p>Mail Order Pharmacy Benefits</p> <ul style="list-style-type: none"> • 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 • Specialty Drugs are not available through mail order <p>Diabetic Supplies Some Diabetic Supplies are covered at 100%; no copay or deductible when purchased through the Prescription Drug Card Program.</p>	<p>Participating Pharmacy: Prescription drugs will be covered at 100% after the following copays.</p> <p>Tier 1 preventive drugs: 100% of the allowed amount, no copay or deductible</p> <p>Tier 1 non-preventive drugs: 80% subject to the calendar year deductible</p> <p>Tier 2 drugs: 80% subject to the calendar year deductible</p> <p>Tier 3 drugs: 80% subject to the calendar year deductible</p> <p>Note: Non-sedating antihistamines and Proton Pump Inhibitors (PPIs) will require a 100% copay from the member which does not apply to the out-of-pocket maximum.</p>	

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse)		
Allergy Testing & Treatment	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Ambulance Service	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Participating Chiropractic Services Limited to 13 visits per member per calendar year and then subject to medical review	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Acupuncture	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Biofeedback	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Durable Medical Equipment (DME)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Rehabilitative and Habilitative Physical, Speech and Occupational Therapy	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Occupational, Physical and Speech Therapy for Autism Spectrum Disorders (Age and visit limits do not apply) Note: This plan follows the State of Utah's EHB benefits package.	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Hospice Precertification is required. Call 1-800-821-7231 Services must be authorized by physician	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Home Health Precertification is required. Call 1-800-821-7231	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Home Infusion	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Skilled Nursing Facility Precertification is required. Call 1-800-821-7231	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Medical Nutrition Therapy Services For adults and children, limited to 6 hours per member per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible

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, 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 .	
Contraceptive Management	Covers contraceptive methods and counseling. FDA approved contraceptive devices are covered under the Preventive Care Services benefits. Oral contraceptives are covered under the Prescription Drugs benefits. Both 1) Generic oral contraceptives and 2) Preferred Brand name oral contraceptives when Generic is not available do not require a copay. Both 1) Non-Preferred Brand name oral contraceptives and 2) Preferred Brand name oral contraceptives when a Generic is available are subject to the prescription drug copays.	

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.
- Teladoc Health is an independent company that Blue Cross and Blue Shield of Alabama has contracted with to provide you with teleconsultation services. Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.
- 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.

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.