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BlueCard[®] PPO Plan Benefits

Nidec Motor Corporation

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BlueCard[®] PPO

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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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>		
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.		
Calendar Year Deductible The in-network and out-of-network calendar year deductibles are separate and do not apply to each other	\$1,200 individual; \$2,400 family	\$2,400 individual; \$4,800 family Does not include the in-network deductible.
Calendar Year Out-of-Pocket Maximum After you reach your individual Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year	\$5,450 individual; \$12,800 family 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. 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.	There is no out-of-pocket maximum for out-of-network services.
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
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.		
Inpatient Hospital (including maternity) and Residential Treatment Facilities	Covered at 80% of the allowed amount, after \$250.00 hospital copay and subject to calendar year deductible for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries	Covered at 50% of the allowed amount, after \$250.00 hospital copay subject to calendar year deductible for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries
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, after \$200.00 per visit copay (copay waived if admitted) and subject to calendar year deductible. (50% if medical emergency criteria is not met)	Covered at 80% of the allowed amount, after \$200.00 per visit copay (copay waived if admitted) and 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

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Accident)	Covered at 80% of the allowed amount, after \$200.00 per visit copay (copay waived if admitted) and subject to calendar year deductible	Covered at 80% of the allowed amount, after \$200.00 per visit copay (copay waived if admitted) and subject to in-network calendar year deductible
Emergency Room (Physician)	Covered at 80% of the allowance subject to the in-network calendar year deductible. (50% if medical emergency criteria is not met).	Covered at 80% of the allowance subject to the 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 and Consultations Includes: > diagnosis for obesity	Covered at 100% of the allowance after \$30.00 copay, no deductible with general practitioner, family practitioner, internist, OB/GYN, pediatrician, nurse practitioner, physician's assistant under the direction of above listed providers	Covered at 50% of the allowed amount, subject to calendar year deductible
Office Visits and Consultations-Specialist Includes: > diagnosis for obesity	Covered at 100% of the allowed amount, after \$50.00 specialist physician copay	Covered at 50% of the allowed amount, subject to calendar year deductible
Urgent Care Clinic	Covered at 100% of the allowed amount, after \$50.00 copay	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 100% of the allowed amount, no copay or deductible	Not Covered
Second Surgical Opinions	Covered at 100% of the allowed amount, no copay or deductible	Covered at 100% of the allowed amount, no copay or deductible
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 (100% no deductible or copay for routine prenatal services)	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

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Applied Behavioral Analysis (ABA) Therapy Note: Preadmission Certification is required. Call 1-800-248-2342	Covered at 100% of the allowance after \$30.00 copay, no 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
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>Retail Prescription Drug Card Benefits</p> <p>The retail pharmacy network for the plan is 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/SourceRx1DrugList4T • Retail drugs may be dispensed up to a 30-day supply <p>The only in-network pharmacy for specialty drugs is the Pharmacy Select Network</p> <ul style="list-style-type: none"> • Certain Specialty Drugs can only be dispensed by a Participating Specialty Pharmacy • Specialty Drugs, or biotech drugs, are generally high cost self-administered drugs • View the Specialty Drug Lists at AlabamaBlue.com/SelfAdministeredSpecialtyDrugList and AlabamaBlue.com/ProviderAdministeredSpecialtyDrugList • Value Based drugs are covered 100% of the allowed amount; no copay or deductible. View the Value Based Drugs that apply to the plan at AlabamaBlue.com/SourceRxVBDDrugList <p>Drugs on the Specialty Drug Coupon Program List are subject to the greater of the applicable Tier copay or the full manufacturer cost share assistance program payments</p> <ul style="list-style-type: none"> • Certain specialty drugs are listed on the Specialty Drug Coupon Program List at AlabamaBlue.com/specialtycouponprogramdruglist <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>Covered at 100% of the allowed amount after 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: \$60 copay per prescription</p> <p>Tier 4 (Specialty) Drugs: \$120 copay per prescription</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>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>Extended Supply Prescription Prepaid Benefits</p> <ul style="list-style-type: none"> The extended supply pharmacy network for the plan is the ValueONE ESN Network Locate a ValueONE ESN Network Pharmacy at AlabamaBlue.com/ValueONEESNPharmacyLocator Prescription drugs can be purchased through this extended supply pharmacy service - Maintenance prescription drugs can be dispensed for up to a 90-day supply but the copayment is applicable for each 30-day supply View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList View the SourceRx 1.0 drug list that applies to the plan at AlabamaBlue.com/SourceRx1DrugList4T Specialty drugs are not available through extended supply pharmacy service Value Based drugs are covered 100% of the allowed amount; no coinsurance or deductible. View the Value Based Drugs that apply to the plan at AlabamaBlue.com/StandardVBDDrugList <p>Diabetic Supplies:</p> <ul style="list-style-type: none"> Preferred Brand and Generic Diabetic Supplies/Insulin are covered with no coinsurance or deductible 		
<p>Mail Order Pharmacy Benefits</p> <ul style="list-style-type: none"> 90-day supply with one copay Mail Order Drugs are available through Home Delivery Network (Enroll online at AlabamaBlue.com/HomeDeliveryNetwork or call 1-855-793-5326 Specialty Drugs are not available through mail order <p>Note: If you have less than a 90-day supply, you will pay the same copay as a 90-day supply when using this mail order program</p>	<p>Participating Pharmacy: Covered at 100% of the allowed amount after the following copays:</p> <p>Tier 1 Drugs: \$25 copay per prescription</p> <p>Tier 2 Drugs: \$87.50 copay per prescription</p> <p>Tier 3 Drugs: \$150 copay per prescription</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>	
<p>BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse)</p>		
<p>Allergy Testing & Treatment</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% 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>
<p>Participating Chiropractic Services Limited to 13 visits per person each calendar year and then subject to medical review</p>	<p>Covered at 80% of the allowed amount, no copay or deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>
<p>Acupuncture</p>	<p>Covered at 80% of the allowed amount, subject to calendar year deductible</p>	<p>Covered at 50% of the allowed amount, subject to calendar year deductible</p>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
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), Oxygen, Orthotics, Prosthetics and Medical Supplies	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, no copay or deductible	Covered at 50% of the allowed amount, no copay or 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 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
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 100% of the allowed amount, after \$30.00 copay	Covered at 50% of the allowed amount, subject to calendar year deductible
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.