

City of Montgomery
Active Employees

Effective October 1, 2014

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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 Blue Shield recognizes 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		
Calendar Year Deductible For family coverage, once an individual member reaches the individual deductible amount, benefits will begin for that member.	<u>Individual coverage:</u> \$1,500 <u>For family coverage:</u> \$3,000 Calendar year deductible amounts met in-network will not apply to the out-of-network calendar year deductible	<u>Individual coverage:</u> \$3,000 <u>For family coverage:</u> \$6,000 Calendar year deductible amounts met out-of-network will not apply to the in-network calendar year deductible
Calendar Year Out-of-Pocket Maximum All deductibles, copays and coinsurance for in-network services will apply to the in-network out-of-pocket maximum. For members up to age 19, deductibles and coinsurance for in-network dental services under the group dental benefits apply to the in-network out-of-pocket maximum.	<u>Individual coverage:</u> \$2,500 <u>For family coverage:</u> \$5,000 After you reach Calendar Year Out-of-Pocket Maximum, applicable expenses covered at 100% for remainder of calendar year.	There is no out-of-pocket maximum for out-of-network services.
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS		
Preadmission Certification required for all inpatient admissions (except emergency hospital admissions and maternity); notification within 48 hours for emergencies. Call 1-800-248-2342 for precertification.		
Inpatient Hospital	Covered at 100% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
Inpatient Physician Visits and Consultations	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
Note: In Alabama, inpatient benefits for non-member hospitals are available only in cases of accidental injury.		
OUTPATIENT HOSPITAL BENEFITS		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
Emergency Room (Medical Emergency)	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
Emergency Room (Accident)	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible for services rendered within 72 hours; thereafter covered at 60% subject to calendar year deductible
Emergency Room Physician	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
Outpatient Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy and Radiation Therapy	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
Note: In Alabama, outpatient benefits for non-member hospitals are available only in cases of accidental injury.		
PHYSICIAN BENEFITS		
Office Visits & Consultations	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
Second Surgical Opinions	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
Surgery & Anesthesia	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
Maternity Care	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy and Radiation Therapy	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE BENEFITS		
Routine Immunizations and Preventive Services	Covered at 100%; no copay or deductible See AlabamaBlue.com/preventiveservices for a listing of the specific immunizations and preventive services.	Not covered
Additional Routine Preventive Services	Covered at 100%; no copay or deductible <ul style="list-style-type: none"> • Urinalysis (when necessary) • CBC (when necessary) • TB skin test (when necessary) • Bone density test (one per calendar year for female employees and dependents age 50 and older) 	Not covered
BENEFITS FOR OTHER COVERED SERVICES		
Allergy Testing & Treatment	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
Ambulance Service	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
Participating Chiropractic Services	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
Durable Medical Equipment (DME)	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
Physical Therapy	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible
Occupational Therapy	Covered at 80% subject to calendar year deductible. Limited to certain services related to the hand and lymphedema.	Covered at 60% subject to calendar year deductible. Limited to certain services related to the hand and lymphedema.
HOME HEALTH AND HOSPICE BENEFITS		
Home Health and Hospice <ul style="list-style-type: none"> • Precertification required for visits by home health professionals outside Alabama • For precertification call 1-800-821-7231 	Covered at 80% subject to calendar year deductible	Covered at 60% subject to calendar year deductible; in Alabama, not covered
HEALTH MANAGEMENT BENEFITS		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury; For more information, please call 1-800-821-7231.	
Disease Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease	
Baby Yourself	Prenatal wellness program; For more information, please call 1- 800- 222-4379. You can also enroll online at www.behealthy.com .	

- Deductibles are applied to claims in the order in which they are processed regardless of the order in which they are received. Deductible is not applicable to all services (see specific categories).

*This is not a contract, benefit booklet or a Summary Plan Description.
Benefits are subject to the terms, limitations and conditions of the group contract.
Please visit our website, AlabamaBlue.com.*