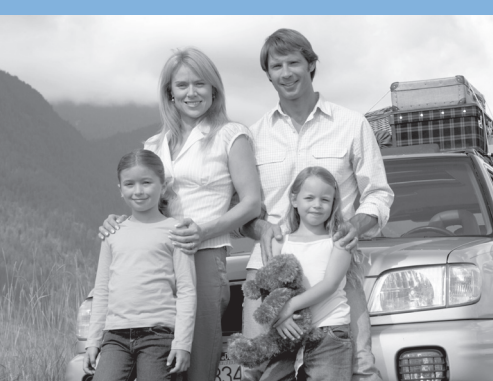


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BlueCard[®] PPO Plan Benefits

**Kato Engineering Union
Actives and Retirees**
75942 Div. 001, 01S, 79450 R01,
BlueCard[®] PPO

Effective January 01, 2025



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

Kato Engineering Union Actives and Retirees Effective January 01, 2025

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
GENERAL PROVISIONS		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with Federal law.		
Calendar Year Deductible	\$600 per person each calendar year; \$1,200 maximum per family. Deductible amounts met in-network will not apply to the out-of-network deductible.	\$1,200 per person each calendar year. Does not include the in-network deductible. Deductible amounts met out-of-network will not apply to the in-network deductible.
Annual 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.	\$5,200 individual; \$12,700 family out-of-pocket maximum each calendar year 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. Out-of-pocket amounts met in-network will not apply to the out-of-network out-of-pocket maximum	\$13,275 individual out-of-pocket maximum each calendar year All deductibles, copays and coinsurance for out-of-network services (excluding out-of-network mental health disorders and substance abuse emergency services) apply to the out-of-network out-of-pocket maximum, including prescription drugs. Out-of-pocket amounts met out-of-network will not apply to the in-network out-of-pocket maximum
INPATIENT HOSPITAL FACILITY SERVICES		
Inpatient Facility Coverage (including maternity)	Covered at 80% 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.	Covered at 60% 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.
Preadmission Certification	All hospital admissions require preadmission certification, except maternity admissions as required by Federal law. Emergency admissions require certification within 48 hours of admission. For preadmission certification, call 1-800-248-2342. If preadmission certification is not obtained, a \$500 penalty will apply.	
OUTPATIENT HOSPITAL FACILITY SERVICES		
Precertification is required for physician-administered drugs; please see your benefit booklet. If precertification is not obtained, no benefits are available.		
Surgery	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 60% of the allowance subject to the calendar year deductible.
Medical Emergency (Illness)	Covered at 80% of the allowance subject to a \$200 copay and the in-network calendar year deductible.	
Accidental Injury	Covered at 80% of the allowance subject to a \$200 copay and the in-network calendar year deductible.	
Diagnostic Lab, X-ray and Pathology	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 60% of the allowance subject to the calendar year deductible.
Hemodialysis, IV Therapy, Chemotherapy and Radiation Therapy	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 60% of the allowance subject to the calendar year deductible.
PHYSICIAN SERVICES (Copays do not apply to deductible)		
Precertification is required for physician-administered drugs; please see your benefit booklet. If precertification is not obtained, no benefits are available. For provider-administered drugs listed on AlabamaBlue.com/Providers/HealthSmartRx, cost share may vary based on available manufacturer assistance. Upon enrollment, cost share will be lowered or reduced to zero.		
Office Visits, Outpatient Consultations by a Primary Care Physician (PCP) and Urgent Care Clinics (Includes General Practitioner, Family Practitioner, Internist, OB/GYN, Pediatrician, Nurse Practitioner, Physician Assistant) Includes: > diagnosis for obesity	Covered at 100% of the allowance after \$35 copay.	Covered at 60% of the allowance subject to the calendar year deductible.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
Office Visits and Outpatient Consultations rendered by a Specialist	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 60% of the allowance subject to the calendar year deductible.
Emergency Room Physician Fees	Covered at 80% of the allowance subject to the in-network calendar year deductible.	
Surgery and Anesthesia	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 60% of the allowance subject to the calendar year deductible.
Second Surgical Opinion	Covered at 100% of the allowance no deductible or copay.	
Inpatient Visits and Inpatient Consultations	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 60% of the allowance subject to the calendar year deductible.
Maternity (includes dependents)	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 60% of the allowance subject to the calendar year deductible.
Diagnostic X-rays and Lab Exams	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 60% of the allowance subject to the calendar year deductible.
Applied Behavioral Analysis (ABA) Therapy	Covered at 100% of the allowance after \$35 copay for Behavioral Therapy services.	Covered at 60% of the allowance subject to the calendar year deductible.
Note: Preadmission Certification is required. Call 1-800-248-2342		
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 SERVICES		
Routine Immunizations and Preventive Services	Covered at 100% of the allowance with no deductible or copay. See AlabamaBlue.com/PreventiveServices for a listing of the specific immunizations and preventive services or call our Customer Service Department for a printed copy.	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 allowance with no deductible or copay.	Not covered
Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.		
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		
Inpatient Facility Services	Inpatient facility covered at 80% of the allowance subject to the calendar year deductible.	Inpatient facility covered at 60% of the allowance subject to the calendar year deductible.
Inpatient Physician Services	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 60% of the allowance subject to the calendar year deductible.
Outpatient Physician Services	Covered at 100% of the allowance after \$35 copay.	Covered at 60% of the allowance subject to the calendar year deductible.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
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.	
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.	
OTHER COVERED SERVICES		
For provider-administered drugs listed on AlabamaBlue.com/Providers/HealthSmartRx, cost share may vary based on available manufacturer assistance. Upon enrollment, cost share will be lowered or reduced to zero.		
Participating Chiropractor Services	Covered at 100% of the allowance after \$35 copay.	Covered at 60% of the allowance subject to the calendar year deductible.
Allergy Testing and Treatment	Covered at 80% of the allowance subject to the	in-network calendar year deductible.
Occupational Therapy	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 60% of the allowance subject to the calendar year deductible.
Physical Therapy	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 60% of the allowance subject to the calendar year deductible.
Speech Therapy	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 60% of the allowance subject to the calendar year deductible.
Occupational, Physical and Speech Therapy for Autism Spectrum Disorders	Covered at 80% of the allowance subject to the calendar year deductible.	Covered at 60% of the allowance subject to the calendar year deductible.
Durable Medical Equipment	Covered at 80% of the allowance subject to the in-network calendar year deductible.	Covered at 60% of the allowance subject to the calendar year deductible.
Biofeedback	Covered at 80% of the allowance subject to the	in-network calendar year deductible.
Acupuncture	Covered at 80% of the allowance subject to the	in-network calendar year deductible.
Ambulance Services	Covered at 80% of the allowance subject to the	in-network calendar year deductible.
Skilled Nursing Facility	Covered at 80% of the allowance subject to the calendar year deductible. Precertification required. Call 1-800-821-7231.	Covered at 60% of the allowance subject to the calendar year deductible. Precertification required. Call 1-800-821-7231.
HOME HEALTH AND HOSPICE		
Home Health	Covered at 80% of the allowance subject to the calendar year deductible. Precertification required. Call 1-800-821-7231.	Covered at 60% of the allowance subject to the calendar year deductible. Precertification required. Call 1-800-821-7231.
Home Infusion	Covered at 80% of the allowance subject to the calendar year deductible. Precertification required. Call 1-800-821-7231.	Covered at 60% of the allowance subject to the calendar year deductible. Precertification required. Call 1-800-821-7231.
Hospice	Covered at 80% of the allowance subject to the calendar year deductible. Precertification required. Call 1-800-821-7231. Services must be authorized by physician.	Covered at 60% of the allowance subject to the calendar year deductible. Precertification required. Call 1-800-821-7231. Services must be authorized by physician.
PRESCRIPTION DRUGS		
Prescription Drugs are not administered by Blue Cross and Blue Shield of Alabama.		

Please note: Providers/Specialists may be listed in a PPO directory or on the provider finder web site (www.bcbs.com), but not covered as PPO benefits by this group health plan (i.e., DME, Ambulance, Midwives, Allergists). Please check your benefit matrix or benefit booklet to determine coverage.

In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network.

This is not a contract. Benefits are subject to the terms, limitations, and conditions of the group contract.

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 Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described in 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-216-3144 (TTY: 711) or call Customer Service.

Arabic: انتباه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات الإضافية المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم 1-855-216-3144 (الهاتف النصي: 711) أو الاتصال بخدمة العملاء.

Chinese: 请注意: 如果您说普通话, 我们可免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以易读格式向您提供信息。请拨打 1-855-216-3144 (TTY 用户请拨打 711) 或致电客户服务部。

French: À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1 855 216 3144 (TTY : 711) ou contactez le service client.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos erhältlich. Rufen Sie +1 855 216 3144 (Durchwahl: 711) oder den Kundendienst an.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટેની યોગ્ય સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-216-3144 (TTY: 711) પર અથવા ગ્રાહક સેવા પર કોલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें या ग्राहक सेवा को कॉल करें।

Japanese: ご案内: 日本語を話される方には、無料の言語アシスタントサービスをご用意しております。アクセシブルな形式で情報を提供するため、補助器具や支援サービスも無料で提供しております。1-855-216-3144 (TTY: 711) もしくは、カスタマーサービスにお電話でお問合せください。

Korean: 주의: 한국어(를) 하시면 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 제공됩니다. 1-855-216-3144(TTY: 711)로 전화하거나 고객 서비스에 문의하세요.

Lao: ເຂົາໃຈໃສ່: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີຣີແມ່ນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົາເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ສະຍາຄ່າ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທທາງຟາກສໂທການລູກຄ້າ.

Portuguese: ATENÇÃO: Se você falar português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-216-3144 (TTY: 711) ou ligue para o Atendimento ao Cliente.

Russian: ВНИМАНИЕ. Если ваш язык русский язык, к вашим услугам бесплатная языковая помощь. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-216-3144 (TTY: 711) или обратитесь в службу поддержки клиентов.

Spanish: ATENCIÓN: Si usted habla español, hay disponibles servicios gratuitos de asistencia lingüística. También hay disponibles, de forma gratuita, ayudas y servicios auxiliares adecuados para dar información en formatos accesibles. Llame al 1-855-216-3144 (TTY: 711) o llame a Servicio al cliente.

Tagalog: ATTENTION: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga libreng serbisyo sa tulong sa wika. Available rin ang naaangkop na mga pantulong na tulong at serbisyo nang walang bayad para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-216-3144 (TTY: 711) o tumawag sa Serbisyo sa Customer.

Turkish: DİKKAT! Konuşmanız durumunda Türkçe, ücretsiz dil yardımı hizmetlerinden yararlanabilirsiniz. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak sunulmaktadır. 1-855-216-3144 (TTY: 711) nolu telefonu veya Müşteri Hizmetlerini arayın.

Vietnamese: CHÚ Ý: Nếu quý vị nói tiếng việt thì dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Chúng tôi cũng có các hỗ trợ và dịch vụ phụ trợ miễn phí phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận. Vui lòng gọi số 1-855-216-3144 (TTY: 711) hoặc gọi Dịch Vụ Khách Hàng.