

BENEFIT

BENEFIT	IN-NETWORK	OUT-OF-NETWORK		
PHYSICIAN BENEFITS				
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(Includes Mental Health Disorders and Substance Abuse)

Precertification is required for some physician benefits and provider-administered drugs; please see your benefit booklet. If

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BENEFIT IN-NETWORK

BENEFIT IN-NETWORK OUT-OF-NETWORK

PREVENTIVE CARE BENEFITS

(Includes Mental Health Disorders and Substance Abuse)

Routine Immunizations and Preventive Services

See AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/
NetResultsACAPreventiveDrugList for a

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Extended Supply Prescription Drug Card Benefits The extended supply pharmacy network for the plan is the Prime Participating Network ESN Network Prescription drugs-up to 31 day supply Maintenance only – one copay per 31 days up to a 90 day supply Tier 4 (specialty) drugs are not available through extended supply pharmacy service View the NetResults 1.0 (Up to 4 Tier) and maintenance drug lists that apply to the plan at AlabamaBlue.com/Net Results1DrugList4T Locate a Prime Participating Network ESN Network pharmacy at AlabamaBlue.com/ PrimeParticipatingPharmacyLocator	Covered at 100% of the allowed amount after calendar year deductible, subject to the following copays: Tier 1 Drugs: \$15 copay per prescription Tier 2 Drugs: \$45 copay per prescription Tier 3 Drugs: \$65 copay per prescription Tier 4 (specialty) Drugs: Not Covered	Not Covered
 Mail Order Pharmacy Benefits Prescription drugs-up to 31 day supply Maintenance only- one copay per 31 days 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 View the maintenance drug list that applies to the plan at AlabamaBlue.com/Maintenance DrugList View the NetResults 1.0 (Up to 4 Tier) drug lists that apply to the plan at AlabamaBlue.com/NetResults 1DrugList4T 	Covered at 100% of the allowed amount after calendar year deductible, subject to the following copays: Tier 1 Drugs: \$10 copay per prescription Tier 2 Drugs: \$35 copay per prescription Tier 3 Drugs: \$55 copay per prescription Tier 4 (specialty) Drugs: Not covered	Not Covered

BENEFITS FOR OTHER COVERED SERVICES

(Includes Mental Health Disorders and Substance Abuse)

Precertification is required for some other covered services; 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.

Allergy Testing & Treatment

Covered at 100% of the allowed amount,

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