

*We cover what matters.*

# BlueCard<sup>®</sup> PPO Plan Benefits

**USA Consumer Plan**  
and

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An Independent Licensee of the Blue Cross and Blue Shield Association

**USA Health Plan- HSA-Qualified HDHP  
BlueCard® PPO  
Effective January 1, 2025**

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
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**HEALTH SAVINGS ACCOUNT (HSA)**

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). This plan is designed to be an HSA-qualified HDHP. Enrolling in an HDHP allows you the opportunity to make contributions to an HSA on a pre-tax basis. Maximum Contribution: The maximum contribution amount is indexed each year by the U.S. Treasury. The 2025 maximum contribution is: **\$4,300** for self-only coverage and **\$8,550** for family coverage. If you have any questions about the benefits of an HSA, please consult your tax accountant.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
<b>OUTPATIENT HOSPITAL FACILITY SERVICES</b> (Includes Mental Health Disorders and Substance Abuse)		

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
<b>Dialysis, IV Therapy Chemotherapy and Radiation Therapy</b>	<b>USA Health Network Facility:</b> Covered at 80% of the allowed amount subject to calendar year deductible.  <b>Other PPO Facilities:</b> Covered at 75% of the allowed amount subject to calendar year deductible.	Not covered.
<b>Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services</b>	Covered at 80% of the allowed amount subject to calendar year deductible.	Covered at 70% of the allowed amount subject to calendar year deductible.
<b>Note:</b> In Alabama, outpatient benefits for non-member hospitals are available <b>only</b> in cases of medical emergency or accidental injury.		

**PHYSICIAN SERVICES**

(Includes Mental Health Disorders and Substance Abuse)

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
<p><b>Bariatric Surgery (Surgeon, Assistant Surgeon &amp; Anesthesia)</b> Limited to a lifetime max of one procedure per person.</p> <p><b>Note:</b> Bariatric Services in Alabama must be performed by Bariatric Surgery Network Provider</p>	<p><b>USA Health Network Physician:</b> Covered at 80% of the allowed amount subject to the calendar year deductible.</p> <p><b>Other PPO Physician:</b> Covered at 75% of the allowed amount subject to the calendar year deductible.</p>	<p>Not covered</p>
<p><b>Anesthesia</b></p>	<p><b>USA Health Network Physician:</b> Covered at 80% of the allowed amount subject to the calendar year deductible.</p> <p><b>Other PPO Physician:</b> Covered at 75% of the allowed amount subject to the calendar year deductible.</p>	<p><b>Non-PPO Provider Outside Alabama:</b> Covered at 70% of the allowed amount, subject to the calendar year deductible. Covered same as in-network Other PPO Physician for medical emergency or accidental injury.</p> <p><b>Non-PPO Provider In Alabama:</b> Covered same as in-network Other PPO Physician only for medical emergency or accidental injury; otherwise, not covered.</p>
<p><b>Second Surgical Opinions</b></p>	<p><b>USA Health Network Physician:</b> Covered at 80% of the allowed amount subject to the calendar year deductible.</p> <p><b>Other PPO Physician:</b> Covered at 75% of the allowed amount subject to the calendar year deductible.</p>	<p>Not covered.</p>
<p><b>Inpatient Visits and Inpatient Consultations</b></p>	<p><b>USA Health Network Physician:</b> Covered at 80% of the allowed amount subject to the calendar year deductible.</p> <p><b>Other PPO Physician:</b> Covered at 75% of the allowed amount subject to the calendar year deductible.</p> <p><b>Other PPO Mental Health Disorders and Substance Abuse services</b> covered at 80% of the allowed amount subject to the calendar year deductible.</p>	<p><b>Non-PPO Provider Outside Alabama:</b> Covered at 70% of the allowed amount, subject to the calendar year deductible. Covered same as in-network Other PPO Physician for medical emergency or accidental injury.</p> <p><b>Non-PPO Provider In Alabama:</b> Covered same as in-network Other PPO Physician only for medical emergency or accidental injury; otherwise, not covered.</p> <p><b>Mental Health Disorders and Substance Abuse services</b> covered at 80% of the allowed amount subject to the calendar year deductible.</p>
<p><b>Maternity</b></p>	<p><b>USA Health Network Physician:</b> Covered at 80% of the allowed amount subject to the calendar year deductible.</p> <p><b>Other PPO Physician:</b> Covered at 75% of the allowed amount subject to the calendar year deductible.</p>	<p><b>Non-PPO Provider Outside Alabama:</b> Covered at 70% of the allowed amount, subject to the calendar year deductible. Covered same as in-network Other PPO Physician for medical emergency drg0iref(rg)-3 (en)5 (cy d)5 (rg0iref(r</p>

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
<b>Dialysis, IV Therapy Chemotherapy and Radiation Therapy</b>	<b>USA Health Network Physician:</b> Covered at 80% of the allowed amount subject to the calendar year deductible.  <b>Other PPO Physician:</b> Covered at 75% of the allowed amount subject to the calendar year deductible.	<b>Non-PPO Provider Outside Alabama:</b> Covered at 70% of the allowed amount, subject to the calendar year deductible. Covered same as in-network Other PPO Physician for medical emergency or accidental injury.  <b>Non-PPO Provider In Alabama:</b> Covered same as in-network Other PPO Physician only for medical emergency or accidental injury; otherwise, not covered.
<b>TMJ Phase I</b>	<b>USA Health Network Physician:</b> Covered at 80% of the allowed amount subject to the calendar year deductible.  <b>Other PPO Facilities:</b> Covered at 75% of the allowed amount subject to calendar year deductible.	<b>Non-PPO Provider Outside Alabama:</b> Covered at 70% of the allowed amount subject to calendar year deductible. Covered same as in-network Other PPO Physician for medical emergency or accidental injury.  <b>Non-PPO Provider In Alabama:</b> Not covered.

**Note:** In Alabama, physician benefits for non-member hospitals are available **only** in cases of medical emergency or accidental injury.

### 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 Preventive Services and Immunizations

100% of the allowed amount, no deducti

See [AlabamaBlue.com/PreventiveServices](http://AlabamaBlue.com/PreventiveServices) and [AlabamaBlue.com/SourceRxACAPreventiveDrugList](http://AlabamaBlue.com/SourceRxACAPreventiveDrugList) and Additional [SourceRx HSA Preventive Drug List](http://AlabamaBlue.com/AdditionalSourceRxHSAPreventiveDrugList) at [AlabamaBlue.com/AdditionalSourceRxHSAPreventiveDrugList](http://AlabamaBlue.com/AdditionalSourceRxHSAPreventiveDrugList) for listing of 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](http://AlabamaBlue.com/VaccineNetworkDrugList) for more information.

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**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.**

**Retail Prescription Prepaid Benefits**

The retail pharmacy network for the plan is **Prime Participating Network**

Locate a Prime Participating Retail Network pharmacy at [AlabamaBlue.com/ Prime Participating Pharmacy Locator](http://AlabamaBlue.com/PrimeParticipatingPharmacyLocator)

Maintenance drugs - up to 90-day supply

View the maintenance drug list that applies to the plan at [AlabamaBlue.com/ Maintenance Drug List](http://AlabamaBlue.com/MaintenanceDrugList)

Prescription drugs (other than maintenance drugs) - up to a 31-day supply with one copay

View the **SourceRx 1.0** drug list that applies to the plan at [AlabamaBlue.com/ SourceRx1 Drug List 6T](http://AlabamaBlue.com/SourceRx1DrugList6T)

The only in-network pharmacy for some Tier 5 and 6 (specialty) drugs is the **Pharmacy Select Network and MCI (Mitchell Cancer Institute in-house pharmacy)**

Tier 5 and 6 (specialty) drugs can be dispensed for up to a 30-day supply

View the Specialty Drug List at [AlabamaBlue.com/SelfAdministered Specialty Drug List](http://AlabamaBlue.com/SelfAdministeredSpecialtyDrugList)

Fertility, weight loss, cosmetic alteration, and over the counter drugs are not covered

Some immunizations may be received from an in-network pharmacy that participates in the Pharmacy Vaccine Network. A list of the eligible vaccines these pharmacies may provide can be found at: [AlabamaBlue.com/ Vaccine Network Drug List](http://AlabamaBlue.com/VaccineNetworkDrugList).

**Tier 1 (preferred generic):** Covered at 80% of the allowed amount, subject to calendar year deductible per prescription

**Tier 2 (non-preferred generic):** Covered at 80% of the allowed amount, subject to calendar year deductible per prescription

**Tier 3 (preferred brand):** Covered at 80% of the allowed amount, subject to calendar year deductible per prescription

**Tier 4 (non-preferred brand):** Covered at 80% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
<p><b>Select Generic Specialty and Biosimilar drugs</b></p> <p>Generic specialty and biosimilar drugs can be dispensed for up to a 30-day supply. The only in-network pharmacy for some generic specialty and biosimilar drugs is the Pharmacy Select Network.</p> <p>View the Select Generic Specialty and Biosimilar Drug List that applies to the plan at <a href="http://AlabamaBlue.com/SelectGenericSpecialtyandBiosimilarDrugList">AlabamaBlue.com/SelectGenericSpecialtyandBiosimilarDrugList</a>.</p> <p>Generic specialty and biosimilar drugs are not available through the Home Delivery Network.</p>	<p>Covered at 100% of the allowed amount subject to the calendar year deductible.</p>	<p>Not covered.</p>

**Mail Order Pharmacy Benefits (Voluntary program)**

Up to a 90-day supply

Mail Order Drugs are available through **Home Delivery Network** (Enroll online at [AlabamaBlue.com/HomeDeliveryNetwork](http://AlabamaBlue.com/HomeDeliveryNetwork))

Only maintenance drugs can be purchased through this mail order pharmacy service

View the maintenance drug list that applies to the plan at [AlabamaBlue.com/MaintenanceDrugList](http://AlabamaBlue.com/MaintenanceDrugList)

View the SourceRx 1.0 drug list that applies to the plan at [AlabamaBlue.com/NetResults1DrugList6T](http://AlabamaBlue.com/NetResults1DrugList6T)

**Tier 1 (preferred generic):** Covered at 80% of the allowed amount, subject to calendar year deductible



BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)
<p><b>Autism Spectrum Disorder Benefit</b> Prior authorization required</p> <p>Care as determined to be medically necessary including:</p> <ul style="list-style-type: none"> <li>Evaluation and assessment services;</li> <li>Habilitative and Rehabilitative outpatient services including speech, physical and occupational therapy;</li> <li>Behavior training and management and Applied Behavior Analysis;</li> <li>Psychiatric care;</li> <li>Psychological care including family counseling;</li> <li>Therapeutic Care</li> </ul>	<p><b>USA Health Network Provider:</b> Covered at 80% of the allowed amount, subject to the calendar year deductible.</p> <p><b>Other PPO Provider:</b> Covered at 75% of the allowed amount, subject to the calendar year deductible.</p>	<p>Covered at 70% of the allowed amount, subject to the calendar year deductible.</p>
<p><b>Durable Medical Equipment (DME)</b> <i>Orthotic devices are limited to a maximum benefit of two pair every 12 consecutive months</i></p>	<p><b>USA Health Network Provider:</b> Covered at 80% of the allowed amount subject to the calendar year deductible.</p> <p><b>Other PPO Provider:</b> Covered at 75% of the allowed amount subject to the calendar year deductible.</p>	<p>Not covered.</p>
<p><b>Home Health</b> <i>Precertification is only required for home health care services when services are rendered by a provider outside of the state of Alabama. Call 1-800-821-7231</i></p>	<p>Covered at 75% of the allowed amount subject to the calendar year deductible for services rendered by a Participating Home Health Agency in Alabama.</p>	<p>Not covered.</p>
<p><b>Hospice</b> Limited to a lifetime maximum of 180 days</p>	<p>Covered at 75% of the allowed amount subject to the calendar year deductible.</p>	<p>Not covered.</p>
<p><b>Home Infusion Services</b></p>	<p>Covered at 75% of the allowed amount subject to the calendar year deductible.</p>	<p>Not covered.</p>
<p><b>Skilled Nursing Facility</b> Up to 60 days per member each benefit period (combined in and out-of-network) Precertification required call 1-800-821-7321 Admission occurs within 14 days of hospital discharge Medicare approved facility Must be engaged in providing skilled care under supervision of physicians and R.N.; maintain clinical records; provide 24-hr nursing services; dispense and administer drugs</p>	<p>Covered at 75% of the allowed amount subject to the calendar year deductible.</p>	
<p><b>Ambulance Services</b></p>	<p>Covered at 75% of the allowed amount, subject to the calendar year deductible.</p>	
<p><b>Allergy Testing</b></p>	<p><b>USA Health Network Provider:</b> Covered at 80% of the allowed amount subject to the calendar year deductible.</p> <p><b>Other PPO Provider:</b> Covered at 75% of the allowed amount, subject to the calendar year deductible.</p>	<p>Not covered.</p>
<p><b>Allergy Treatment</b></p>	<p><b>USA Health Network Provider:</b> Covered at 80% of the allowed amount, subject to the calendar year deductible.</p> <p><b>Other PPO Provider:</b> Covered at 75% of the allowed amount, subject to the calendar year deductible.</p>	<p>Not covered.</p>

**Medical Nutrition Therapy**  
For Adults and Children, 6 hours per member per calendar year

Covered at 75% of the allowed amount subject to the calendar year deductible.

BENEFIT	IN-NETWORK (PPO)	OUT-OF-NETWORK (NON-PPO)



## Notice of Nondiscrimination

### **Discrimination is Against the Law**

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue