

Tuskegee University
Student Health Plan
BlueCard® PPO

Effective August 1, 2024

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BENEFIT

IN-NETWORK

OUT-OF-NETWORK

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
<p>Precertification is required for some outpatient hospital benefits; please see benefit booklet. Precertification is also required for provider administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList. If precertification is not obtained, no benefits are available.</p>		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 90% of the allowed amount, subject to plan year deductible	Covered at 70% of the allowed amount, subject to plan year deductible In Alabama, not covered

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BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Maternity Care	Covered at 90% of the allowed amount, subject to plan year deductible	Covered at 70% of the allowed amount, subject to plan year deductible In Alabama, covered at 50% of the allowed amount, subject to plan year deductible
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy & X -ray	Covered at 90% of the allowed amount, subject to plan year deductible	Covered at 70% of the allowed amount, subject to plan year deductible In Alabama, covered at 50% of the allowed amount, subject to plan year deductible
Applied Behavioral Analysis (ABA) Therapy Limited to ages 0-18 for autism spectrum disorders	Covered at 90% of the allowed amount, subject to plan year deductible	Covered at 70% of the allowed amount, subject to plan year deductible

PREVENTIVE CARE BENEFITS

Routine Immunizations and Preventive

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>Mail Order Pharmacy Benefits</p> <ul style="list-style-type: none"> x Up to a 90-day supply with one copay • Mail Order Drugs are available through Home Delivery Network (Enroll online at AlabamaBlue.com/HomeDeliveryNetwork) <p>Only maintenance drugs can be purchased through this mail order pharmacy service</p> <ul style="list-style-type: none"> • View the maintenance drug list that applies to the plan at AlabamaBlue.com/MaintenanceDrugList • View the 2024 Source+Rx 1.0 drug list that applies to the plan at AlabamaBlue.com/2024SourcePlusRx1DrugList <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>Covered at 100% of the allowed amount, subject to the following copays:</p> <p>Tier 1 Drugs: \$12.50 copay per prescription</p> <p>Tier 2 Drugs: \$12.50 copay per prescription</p> <p>Tier 3 Drugs: \$62.50 copay per prescription</p> <p>Tier 4 Drugs: \$100 copay per prescription</p> <p>Tier 5 (Preferred specialty) Drugs: Not covered</p> <p>Tier 6 (Non -Preferred specialty) Drugs: Not covered</p> <p>Covered Insulin Products: \$99 maximum cost share per 30-day supply</p>	

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>Pediatric Eye Glass Frames</p> <p>Limited to one pair of prescription glasses per member per plan year with a retail cost up to \$160-\$200.</p> <p>Note: Member can select either frames or contact lenses</p>	<p>Covered at 100% of the allbf the alllllf the a co38 9 158.52 733.445915725 (r)0.7 (i286.7 co770 – S• @wy'XRy7R (g&gD wi9hGc~â•</p>	

BENEFIT

IN-NETWORK

OUT-OF-NETWORK

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
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 prescription contraceptives, which include: birth control pills, injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance.	
Air Medical Transport	Air medical transportation to a network hospital near home if hospitalized while traveling more than 150 miles from home; to arrange transportation, call AirMed at 1-877-872-8624.	

Useful Information to Maximize Benefits	
x	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).
x	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.
x	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 or the average charge for care in the area.
x	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.
x	Bariatric Surgery, Gastric Restrictive procedures and complications arising from these procedures are not covered under this plan. Please see your benefit booklet for more detail and for a complete listing of all plan exclusions.
x	As a participant in the student health plan, you have access to the following services and benefits when you are traveling over 100 miles from home or outside your community: Emergency Medical Evacuation, Repatriation and Emergency Family Assistance Services, Medical, Travel, Safety, and Legal Assistance and additional benefits. Please visit aes.myahpcare.com for more information.
x	AHP Live Care is an independent company that Blue Cross and Blue Shield of Alabama has contracted with to allow you to see board certified professionals discreetly and on your terms at no additional cost. To access these services, please visit ahplivecare.com and use the service key and coupon code AHPFREE.
x	Student Assistance Program allows 24/7 access, life and wellbeing resources, online and mobile tools are that are free, if you referred to outside resources, you will be responsible for any costs. For more information, please call 1(855)850-4301.
x	Please refer to your benefit book or contact Blue Cross directly about coverage for your hospital charges and other related medical services. Approval for air medical transportation services does not mean that hospitalization and other medical expenses will be covered. All coverage determinations for medical benefits are subject to the terms, conditions, limitations and exclusions of the health plan. Air medical transportation services are provided through a contract with AirMed International, LLC, an independent company that does not provide Blue Cross and Blue Shield of Alabama products. Blue Cross is not responsible for any mistakes, errors or omissions that AirMed, its employees or staff members make. Air medical transportation services terminate if coverage by your health plan ends.

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.

Notice of Nondiscrimination

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. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- x Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language