

Mobile Forest Products & Biomass, Inc.
BlueCard PPO

Effective July 1, 2014

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| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|--|---|--|
| <p><i>Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.</i></p> <p><i>Some services require a copay, coinsurance, calendar year deductible or deductible for each admission, visit or service.</i></p> | | |
| SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse) | | |
| Calendar Year Deductible | \$3,000 per individual; \$6,000 aggregate amount per family Calendar year deductible amounts met in-network will not apply to the out-of-network calendar year deductible | \$3,000 per individual; \$6,000 aggregate amount per family Calendar year deductible amounts met out-of-network will not apply to the in-network calendar year deductible |
| Calendar Year Out-of-Pocket Maximum 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, excluding prescription drugs | \$6,000 individual (including calendar year deductible); \$12,000 aggregate amount per family (including calendar year deductible) After you reach the Calendar Year Out-of-Pocket Maximum, applicable expenses covered at 100% of the allowed amount for remainder of calendar year | There is no out-of-pocket maximum for out-of-network services |
| INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse) | | |
| <p>Preadmission certification is required for inpatient admissions (except medical emergency services and maternity); notification within 48 hours for emergencies. Call 1-800-248-2342 (toll free) for precertification.</p> | | |
| Inpatient Hospital | Covered at 80% of the allowed amount subject to calendar year deductible | Not covered |
| Inpatient Physician Visits and Consultations | Covered at 80% of the allowed amount subject to calendar year deductible | Not covered |
| OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse) | | |
| Outpatient Surgery (Including Ambulatory Surgical Centers) | Covered at 80% of the allowed amount subject to calendar year deductible | Not covered |
| Emergency Room (Medical Emergency) | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 80% of the allowed amount subject to calendar year deductible |
| Emergency Room (Accident) | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 80% of the allowed amount subject to calendar year deductible for services within 72 hours; thereafter not covered |
| Emergency Room Physician | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 80% of the allowed amount subject to calendar year deductible |
| Outpatient Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy Note: Precertification is required for certain services | Covered at 80% of the allowed amount subject to calendar year deductible | Not covered |
| Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP) Note: Preadmission Certification is required. Call 1-800-248-2342 (toll free). | Covered at 80% of the allowed amount subject to calendar year deductible | Not covered |
| PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse) | | |
| Office Visits, Consultations & Second Surgical Opinions | Covered at 100% of the allowed amount after \$30 physician copay for first three illness related office visits; thereafter, covered at 80% of the allowed amount subject to calendar year deductible | Not covered |
| Surgery & Anesthesia | Covered at 80% of the allowed amount subject to calendar year deductible | Not covered |

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| Maternity Care | Covered at 80% of the allowed amount subject to calendar year deductible | Not covered |
| Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy Note: Precertification is required for certain services | Covered at 80% of the allowed amount subject to calendar year deductible | Not covered |
| PREVENTIVE CARE BENEFITS | | |
| Routine Immunizations and Preventive Services <ul style="list-style-type: none"> See AlabamaBlue.com/preventiveservices for a listing of the specific immunizations and preventive services Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See AlabamaBlue.com/pharmacy for more information. | Covered at 100% of the allowed amount; no copay or deductible | Not covered |
| Note: In some cases, office visit copays or facility copays may apply | | |
| PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse) | | |
| Prescription Drug Card <ul style="list-style-type: none"> Some drugs require prior authorization Prescription drugs other than Specialty Drugs – 90-day supply may be purchased but copay applies for each 30-day supply; some copays combined for diabetic supplies Specialty Drugs - up to a 30-day supply Certain Specialty Drugs can only be dispensed by a Participating Specialty Pharmacy Specialty Drugs, or biotech drugs, are generally high cost self-administered drugs View the Standard Prescription Drug Guide at AlabamaBlue.com | Covered at 100% of the allowed amount after the following copays: Generic Drugs - mandatory when available: \$15 copay per prescription Preferred Brand Drugs: \$50 copay per prescription Other Brand Drugs: \$70 copay per prescription Specialty Drugs: \$395 copay per prescription | Not covered |
| BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse) | | |
| Allergy Testing & Treatment Limited to 6 visits per calendar year for allergy treatment | Covered at 80% of the allowed amount subject to calendar year deductible | Not covered |
| Ambulance Service | Covered at 80% of the allowed amount subject to calendar year deductible | Covered at 50% of the allowed amount subject to calendar year deductible |
| Chiropractic Services Limited to 15 visits per calendar year | Covered at 80% of the allowed amount subject to calendar year deductible | Not covered |
| Durable Medical Equipment (DME) | Covered at 80% of the allowed amount subject to calendar year deductible | Not covered |
| Occupational, Physical and Speech Therapy <ul style="list-style-type: none"> Occupational, physical and speech therapy limited to a combined maximum of 30 visits per year Children ages 0-9 with an autistic diagnosis are allowed unlimited visits for occupational and speech therapy | Covered at 80% of the allowed amount subject to calendar year deductible | Not covered |
| HOME HEALTH AND HOSPICE BENEFITS (Includes Mental Health Disorders and Substance Abuse) | | |
| 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% of the allowed amount subject to calendar year deductible | Not covered |

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| HEALTH MANAGEMENT AND ADDITIONAL 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. | |
| Disease Management | Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease. | |
| Baby Yourself | A prenatal wellness program; For more information, please call 1-800-222-4379. You can also enroll online at www.behealthy.com . | |
| Air Medical Services | Air ambulance service to a 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

- *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).*
- *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.*
- *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.*
- *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.*
- *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.*

This is not a contract or benefit booklet.

Benefits are subject to the terms, limitations and conditions of your contract with us (including your benefit booklet).

Check your benefit booklet for more detailed coverage information.

Please visit our website, AlabamaBlue.com.