

ALABAMA 2017 EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Small Group Market
Issuer Name	Blue Cross and Blue Shield of Alabama
Product Name	320 Plan
Plan Name	320 Plan
Supplemented Categories (Supplementary Plan Type)	Pediatric dental (FEDVIP) Pediatric vision (FEDVIP)

BENEFITS AND LIMITS

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Primary Care Visit to Treat an Injury or Illness	Yes	Covered	No				
Specialist Visit	Yes	Covered	No				One consult per specialist per day
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No				Billed as Primary Care Physician Office Visit.
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				
Hospice Services	Yes	Covered	No				
Routine Dental Services (Adult)	No	Covered	No				
Infertility Treatment	No	Not Covered	No				
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				
Private-Duty Nursing	No	Not Covered	No				
Routine Eye Exam (Adult)	No	Covered	No				
Urgent Care Centers or Facilities	Yes	Covered	No				
Home Health Care Services	Yes	Covered	No				
Emergency Room Services	Yes	Covered	No				
Emergency Transportation/Ambulance	Yes	Covered	No				
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				
Inpatient Physician and Surgical Services	Yes	Covered	No				
Bariatric Surgery	No	Not Covered	No				
Cosmetic Surgery	No	Not Covered	No				
Skilled Nursing Facility	Yes	Covered	No				
Prenatal and Postnatal Care	Yes	Covered	No				
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				
Mental/Behavioral Health Outpatient Services	Yes	Covered	Yes	20	Day(s) per Year	<p>For Members Whose Care is not Coordinated by an EPS Provider: Diagnosis or treatment of mental retardation; Rehabilitation of a temporary or permanent disability or for hearing or vision impairment; Treatment for chronic pain or solely for obesity; Services or supplies furnished by a substance abuse facility (including a substance abuse residential facility); Services provided by psychiatric specialty hospitals that do not participate with nor are considered members of any Blue Cross and/or Blue Shield plan.</p> <p>For Members Whose Care is Coordinated by an EPS Provider: Speech therapy; Diagnosis or treatment of mental retardation; Rehabilitation of a temporary or permanent disability or for hearing or vision impairment; Treatment for chronic pain or solely for obesity; Services related to narcotic maintenance therapy such as methadone maintenance therapy; Services related to nicotine addiction; Prescription drugs; and, Residential psychiatric facilities.</p>	If mental Health services provided through Expanded Psychiatric Service (EPS) provider, 30 days of outpatient care covered, if not through EPS 20 days.
Mental/Behavioral Health Inpatient Services	Yes	Covered	Yes	30	Day(s) per Year		30 day limit when not coordinated by EPS provider.

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Substance Abuse Disorder Outpatient Services	Yes	Covered	Yes	20	Day(s) per Year		If mental Health services provided through Expanded Psychiatric Service (EPS) provider, 30 days of outpatient care covered, if not through EPS 20 days.
Substance Abuse Disorder Inpatient Services	Yes	Covered	Yes	30	Day(s) per Year		
Generic Drugs	Yes	Covered	No				
Preferred Brand Drugs	Yes	Covered	No				
Non-Preferred Brand Drugs	Yes	Covered	No				
Specialty Drugs	Yes	Covered	No				A drug included in the Specialty Drug List may also be considered a generic, preferred brand name, or other brand name drug. If a drug falls into multiple categories, the drug will be considered a specialty drug, and not a generic drug or other type of drug, as long as it remains on the Specialty Drug List.
Outpatient Rehabilitation Services	Yes	Covered	No				While outpatient rehab is not mentioned, occupational, physical and speech therapy with combined limit (30 visits per year).
Habilitation Services	Yes	Covered	No				While habilitation services is not mentioned, for children aged 0-9 with autism only: 35 visits for speech therapy and 35 visits for occupational therapy per child each calendar year.
Chiropractic Care	Yes	Covered	Yes	600	Dollar(s) per Year		
Durable Medical Equipment	Yes	Covered	No				(1) artificial arms and other prosthetics, leg braces, and other orthopedic devices; (2) medical supplies such as oxygen, crutches, casts, catheters, colostomy bags and supplies, and splints.
Hearing Aids	No	Not Covered	No				
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				
Preventive Care/Screening/Immunization	Yes	Covered	No				
Routine Foot Care	No	Not Covered	No				
Acupuncture	No	Not Covered	No				
Weight Loss Programs	No	Not Covered	No				
Routine Eye Exam for Children	Yes	Covered	No				
Eye Glasses for Children	Yes	Covered	No				
Dental Check-Up for Children	Yes	Covered	No				
Rehabilitative Speech Therapy	Yes	Covered	Yes	30	Visit(s) per Year		
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	30	Visit(s) per Year		
Well Baby Visits and Care	Yes	Covered	Yes	9	Visit(s) per 2 Years		Well baby visits are covered for the child's first two years.
Laboratory Outpatient and Professional Services	Yes	Covered	No				
X-rays and Diagnostic Imaging	Yes	Covered	No				
Basic Dental Care - Child	Yes	Covered	No				
Orthodontia - Child	Yes	Covered	No				
Major Dental Care - Child	Yes	Covered	No				
Basic Dental Care - Adult	No	Covered	No				
Orthodontia - Adult	No	Not Covered	No				
Major Dental Care – Adult	No	Covered	No				
Abortion for Which Public Funding is Prohibited	No	Not Covered	No				
Transplant	Yes	Covered	No				
Accidental Dental	No	Covered	No				

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Dialysis	Yes	Covered	No				
Allergy Testing	Yes	Covered	Yes	200	Dollar(s) per Year		
Chemotherapy	Yes	Covered	No				Covered under, Inpatient, Outpatient, and Physician Services.
Radiation	Yes	Covered	No				Covered under, Inpatient, Outpatient, and Physician Services.
Diabetes Education	Yes	Covered	No				Covered under disease management, which includes education.
Prosthetic Devices	Yes	Covered	No				Artificial arms and other prosthetics, leg braces, and other orthopedic devices.
Infusion Therapy	Yes	Covered	No				Covered under the Home Health benefit.
Treatment for Temporomandibular Joint Disorders	No	Not Covered	No				
Nutritional Counseling	No	Not Covered	No				
Reconstructive Surgery	Yes	Covered	No				Requires member and doctor to prove surgery is reconstructive, not cosmetic by providing medical and photographic evidence prior to and after surgery.

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
Analgesics	Nonsteroidal Anti-inflammatory Drugs	25
Analgesics	Opioid Analgesics, Long-acting	10
Analgesics	Opioid Analgesics, Short-acting	24
Anesthetics	Local Anesthetics	3
Anti-Addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	3
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence	4
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	0
Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	3
Antibacterials	Aminoglycosides	2
Antibacterials	Antibacterials, Other	12
Antibacterials	Beta-lactam, Cephalosporins	8
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Carbapenems	0
Antibacterials	Macrolides	4
Antibacterials	Quinolones	5
Antibacterials	Sulfonamides	2
Antibacterials	Tetracyclines	4
Anticonvulsants	Anticonvulsants, Other	7
Anticonvulsants	Calcium Channel Modifying Agents	3
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	9
Anticonvulsants	Sodium Channel Agents	8
Antidementia Agents	Antidementia Agents, Other	1
Antidementia Agents	Cholinesterase Inhibitors	3
Antidementia Agents	N-methyl-D-aspartate (NMDA) Receptor Antagonist	1
Antidepressants	Antidepressants, Other	8
Antidepressants	Monoamine Oxidase Inhibitors	3
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	14
Antidepressants	Tricyclics	11
Antiemetics	Antiemetics, Other	9
Antiemetics	Emetogenic Therapy Adjuncts	5
Antifungals	No USP Class	12
Antigout Agents	No USP Class	6
Antimigraine Agents	Ergot Alkaloids	2
Antimigraine Agents	Prophylactic	4
Antimigraine Agents	Serotonin (5-HT) Receptor Agonist	8
Antimyasthenic Agents	Parasympathomimetics	2
Antimycobacterials	Antimycobacterials, Other	2

CATEGORY	CLASS	SUBMISSION COUNT
Antimycobacterials	Antituberculars	8
Antineoplastics	Alkylating Agents	4
Antineoplastics	Antiandrogens	4
Antineoplastics	Antiangiogenic Agents	3
Antineoplastics	Antiestrogens/Modifiers	4
Antineoplastics	Antimetabolites	4
Antineoplastics	Antineoplastics, Other	6
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	2
Antineoplastics	Molecular Target Inhibitors	22
Antineoplastics	Monoclonal Antibody/Antibody-Drug Conjugate	0
Antineoplastics	Retinoids	2
Antineoplastics	Treatment Adjuncts	9
Antiparasitics	Anthelmintics	3
Antiparasitics	Antiprotozoals	12
Antiparkinson Agents	Anticholinergics	2
Antiparkinson Agents	Antiparkinson Agents, Other	4
Antiparkinson Agents	Dopamine Agonists	5
Antiparkinson Agents	Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	3
Antiparkinson Agents	Monoamine Oxidase B (MAO-B) Inhibitors	2
Antipsychotics	1st Generation/Typical	11
Antipsychotics	2nd Generation/Atypical	9
Antipsychotics	Treatment-Resistant	1
Antispasticity Agents	No USP Class	3
Antivirals	Anti-cytomegalovirus (CMV) Agents	1
Antivirals	Anti-hepatitis B (HBV) Agents	4
Antivirals	Anti-hepatitis C (HCV) Agents	2
Antivirals	Antiherpetic Agents	3
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	3
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	7
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	14
Antivirals	Anti-HIV Agents, Other	3
Antivirals	Anti-HIV Agents, Protease Inhibitors (PI)	9
Antivirals	Anti-influenza Agents	4
Anxiolytics	Anxiolytics, Other	5
Anxiolytics	Benzodiazepines	8
Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	5
Bipolar Agents	Bipolar Agents, Other	7

CATEGORY	CLASS	SUBMISSION COUNT
Bipolar Agents	Mood Stabilizers	5
Blood Glucose Regulators	Antidiabetic Agents	20
Blood Glucose Regulators	Glycemic Agents	1
Blood Glucose Regulators	Insulins	8
Blood Products and Modifiers	Anticoagulants	6
Blood Products and Modifiers	Blood Products and Modifiers, Other	7
Blood Products and Modifiers	Hemostasis Agents	2
Blood Products and Modifiers	Platelet Modifying Agents	8
Cardiovascular Agents	Alpha-adrenergic Agonists	4
Cardiovascular Agents	Alpha-adrenergic Blocking Agents	4
Cardiovascular Agents	Angiotensin II Receptor Antagonists	7
Cardiovascular Agents	Angiotensin-converting Enzyme (ACE) Inhibitors	10
Cardiovascular Agents	Antiarrhythmics	14
Cardiovascular Agents	Beta-adrenergic Blocking Agents	12
Cardiovascular Agents	Calcium Channel Blocking Agents, Dihydropyridines	7
Cardiovascular Agents	Calcium Channel Blocking Agents, Nondihydropyridines	2
Cardiovascular Agents	Cardiovascular Agents, Other	6
Cardiovascular Agents	Diuretics, Loop	4
Cardiovascular Agents	Diuretics, Potassium-sparing	4
Cardiovascular Agents	Diuretics, Thiazide	6
Cardiovascular Agents	Dyslipidemics, Fibric Acid Derivatives	2
Cardiovascular Agents	Dyslipidemics, HMG CoA Reductase Inhibitors	7
Cardiovascular Agents	Dyslipidemics, Other	7
Cardiovascular Agents	Vasodilators, Direct-acting Arterial	3
Cardiovascular Agents	Vasodilators, Direct-acting Arterial/Venous	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	4
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	5
Central Nervous System Agents	Central Nervous System, Other	10
Central Nervous System Agents	Fibromyalgia Agents	3
Central Nervous System Agents	Multiple Sclerosis Agents	7
Dental and Oral Agents	No USP Class	7
Dermatological Agents	Acne and Rosacea Agents	11
Dermatological Agents	Dermatitis and Pruritus Agents	23
Dermatological Agents	Dermatological Agents, Other	15
Dermatological Agents	Pediculicides/Scabicides	6
Dermatological Agents	Topical Anti-infectives	18
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral Replacement	4
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral/Metal Modifiers	5

CATEGORY	CLASS	SUBMISSION COUNT
Electrolytes/ Minerals/ Metals/ Vitamins	Phosphate Binders	4
Electrolytes/ Minerals/ Metals/ Vitamins	Potassium Binders	1
Electrolytes/ Minerals/ Metals/ Vitamins	Vitamins	1
Gastrointestinal Agents	Anti-Constipation Agents	5
Gastrointestinal Agents	Anti-Diarrheal Agents	4
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	3
Gastrointestinal Agents	Gastrointestinal Agents, Other	8
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	4
Gastrointestinal Agents	Protectants	3
Gastrointestinal Agents	Proton Pump Inhibitors	8
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	No USP Class	6
Genitourinary Agents	Antispasmodics, Urinary	8
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	9
Genitourinary Agents	Genitourinary Agents, Other	10
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	8
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	No USP Class	4
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)	No USP Class	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Anabolic Steroids	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	14
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	14
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Selective Estrogen Receptor Modifying Agents	5
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	No USP Class	3
Hormonal Agents, Suppressant (Adrenal)	No USP Class	1
Hormonal Agents, Suppressant (Pituitary)	No USP Class	10
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema Agents	2
Immunological Agents	Immunoglobulins	0
Immunological Agents	Immunological Agents, Other	10
Immunological Agents	Immunostimulants	4
Immunological Agents	Immunosuppressants	14
Inflammatory Bowel Disease Agents	Aminosalicylates	3
Inflammatory Bowel Disease Agents	Glucocorticoids	6
Metabolic Bone Disease Agents	No USP Class	14
Ophthalmic Agents	Ophthalmic Agents, Other	5
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	8

CATEGORY	CLASS	SUBMISSION COUNT
Ophthalmic Agents	Ophthalmic Anti-Infectives	17
Ophthalmic Agents	Ophthalmic Anti-inflammatories	13
Ophthalmic Agents	Ophthalmic Beta-Adrenergic Blocking Agents	7
Ophthalmic Agents	Ophthalmic Intraocular Pressure Lowering Agents, Other	10
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostanoid Analogs	3
Otic Agents	No USP Class	9
Respiratory Tract/ Pulmonary Agents	Antihistamines	12
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	9
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	5
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	14
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	3
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	2
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	8
Respiratory Tract/ Pulmonary Agents	Pulmonary Fibrosis Agents	0
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	7
Skeletal Muscle Relaxants	No USP Class	8
Sleep Disorder Agents	Sleep Promoting Agents	10
Sleep Disorder Agents	Wakefulness Promoting Agents	3