

BENEFIT COMPARISON – 2024
Blue Secure 1000 vs Blue Saver® 3000
Blue Cross and Blue Shield of Alabama

Please note the following compares key differences between the plans and does not include all benefits. For a more detailed listing of benefits, refer to the benefit matrix or benefit booklet.

Benefit	Blue Secure 1000 BlueCard® PPO	Blue Saver® 3000 BlueCard® PPO
SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal Law.		
Calendar Year Deductible The in-network and out-of-network calendar year deductibles are separate and do not apply to each other.	In-Network: \$1,000 individual; \$2,000 family Out-of-Network: \$2,000 individual; \$4,000 family	In-Network: \$3,000 individual; \$6,000 family Out-of-Network: \$6,000 individual; \$12,000 family
Calendar Year Out-of-Pocket Maximum All deductibles, copays and coinsurance for in-network services and all deductibles, copays and coinsurance for out-of-network mental health disorders and substance abuse emergency services apply to the out-of-pocket maximum The dollar amount of any specialty drug financial assistance provided by providers or manufacturers will not apply to the in-network out-of-pocket maximum	In-Network: \$6,000 individual; \$12,000 family Out-of-Network: There is no out-of-pocket maximum for out-of-network services After you reach your individual Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year	In-Network: \$6,000 individual; \$12,000 family Out-of-Network: There is no out-of-pocket maximum for out-of-network services After you reach your individual Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for inpatient admissions (except medical emergency services, maternity and as required by Federal law); notification within 48 hours for medical emergencies. Generally, if precertification is not obtained, no benefits are available. Call 1-800-248-2342 (toll free) for precertification.		
Inpatient Hospital Note: In Alabama, available only for medical emergency services and accidental injury	In-Network: 100% of the allowed amount after \$250 daily hospital copay days 1-5 for each admission Out-of-Network: 50% of the allowed amount after \$1,200 per admission deductible	In-Network: 80% of the allowed amount subject to calendar year deductible Out-of-Network: 50% of the allowed amount subject to calendar year deductible
OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some outpatient hospital benefits and provider-administered drugs; please see your benefit booklet. If precertification is not obtained, no benefits are available.		
Outpatient Surgery (including Ambulatory Surgical Centers)	In-Network: 100% of the allowed amount after \$250 hospital copay Out-of-Network: 50% of the allowed amount subject to calendar year deductible; in Alabama, not covered	In-Network: 80% of the allowed amount subject to calendar year deductible Out-of-Network: 50% of the allowed amount subject to calendar year deductible; in Alabama, not covered
Emergency Room (Medical Emergency)	In-Network: 100% of the allowed amount after \$250 hospital copay Out-of-Network: 100% of the allowed amount after \$250 hospital copay Mental Health Disorders and Substance Abuse Services 100% of the allowed amount after \$250 hospital copay	In-Network: 80% of the allowed amount subject to calendar year deductible Out-of-Network: 80% of the allowed amount subject to calendar year deductible Mental Health Disorders and Substance Abuse Services 80% of the allowed amount subject to in-network calendar year deductible

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Emergency Room (Accident) Note: If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to Emergency Room (Medical Emergency) above.	In-Network: 100% of the allowed amount after \$250 hospital copay Out-of-Network: 100% of the allowed amount after \$250 hospital copay for services within 72 hours; 50% of the allowed amount subject to calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan	In-Network: 80% of the allowed amount subject to calendar year deductible Out-of-Network: 80% of the allowed amount subject to calendar year deductible for services rendered within 72 hours; 50% of the allowed amount subject to calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan
Emergency Room Physician	In-Network: 100% of the allowed amount after \$60 physician copay Out-of-Network: 100% of the allowed amount after \$60 physician copay Mental Health Disorders and Substance Abuse Services 100% of the allowed amount after \$60 physician copay	In-Network: 80% of the allowed amount subject to calendar year deductible Out-of-Network: 80% of the allowed amount subject to calendar year deductible Mental Health Disorders and Substance Abuse Services 80% of the allowed amount subject to in-network calendar year deductible
PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some physician 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.		
Office Visits & Consultations	In-Network: 100% of the allowed amount after \$40 primary physician copay or \$60 specialist physician copay Out-of-Network: 50% of the allowed amount subject to calendar year deductible	In-Network: 100% of the allowed amount after \$30 physician copay Out-of-Network: 50% of the allowed amount subject to calendar year deductible

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PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Retail Prescription Prepaid Benefits	<p>100% of the allowed amount subject to the following copays for a 30-day supply for each prescription:</p> <p>Tier 1 drugs: \$15 copay per prescription</p> <p>Tier 2 drugs: \$50 copay per prescription</p> <p>Tier 3 drugs: \$100 copay per prescription</p> <p>Tier 4 (specialty) drugs: \$395 copay per prescription</p> <p>Covered Insulin Products: \$99 maximum cost share per 30-day supply</p> <ul style="list-style-type: none"> • The pharmacy network for the plan is the ValueONE Retail Network • Some copays combined for diabetic supplies • Prescription drugs (other than maintenance drugs) - up to a 30-day supply • Maintenance drugs - up to a 30-day supply • The only in-network pharmacy for some Tier 4 (specialty) drugs is the Pharmacy Select Network; visit AlabamaBlue.com/SelfAdministeredSpecialtyDrugList for a list of these Tier 4 (specialty) drugs • View the SourceRx 2.0 drug lists that apply to the plan at AlabamaBlue.com/SourceRx2DrugList4t • Locate a ValueONE Retail Network pharmacy at AlabamaBlue.com/ValueONERetailPharmacyLocator <p>Non-Participating Pharmacy: Not covered</p>	<p>100% of the allowed amount subject to the following copays for a 30-day supply for each prescription:</p> <p>Tier 1 drugs: \$15 copay per prescription</p> <p>Tier 2 drugs: \$50 copay per prescription</p> <p>Tier 3 drugs: \$70 copay per prescription</p> <p>Tier 4 (specialty) drugs: \$395 copay per prescription</p> <p>Covered Insulin Products: \$99 maximum cost share per 30-day supply</p> <ul style="list-style-type: none"> • The pharmacy network for the plan is the ValueONE Retail Network • Some copays combined for diabetic supplies • Prescription drugs (other than maintenance drugs) - up to a 30-day supply • Maintenance drugs - up to a 30-day supply • The only in-network pharmacy for some Tier 4 (specialty) drugs is the Pharmacy Select Network; visit AlabamaBlue.com/SelfAdministeredSpecialtyDrugList for a list of these Tier 4 (specialty) drugs • View the SourceRx 1.0 drug lists that apply to the plan at AlabamaBlue.com/SourceRx1DrugList4t • Locate a ValueONE Retail Network pharmacy at AlabamaBlue.com/ValueONERetailPharmacyLocator <p>Non-participating Pharmacy: Not covered</p>

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<p>Extended Supply Prescription Prepaid Benefits</p>	<p>100% of the allowed amount subject to the following copays for a 30-day supply for each prescription:</p> <p>Tier 1 drugs: \$15 copay per prescription</p> <p>Tier 2 drugs: \$50 copay per prescription</p> <p>Tier 3 drugs: \$100 copay per prescription</p> <p>Tier 4 (specialty) drugs: Not covered</p> <p>Covered Insulin Products: \$99 maximum costshare per 30-day supply</p> <ul style="list-style-type: none"> The extended supply pharmacy network for the plan is the ValueONE ESN Network Some copays combined for diabetic supplies Prescription drugs can be purchased through this extended supply pharmacy service - Maintenance prescription drugs can be dispensed for up to a 90-day supply but the copayment is applicable for each 30-day supply Prescription drugs (other than maintenance prescription drugs) can be dispensed for up to a 30-day supply Tier 4 (specialty) drugs are not available through this extended supply pharmacy service View the SourceRx 2.0 drug lists that apply to the plan at AlabamaBlue.com/SourceRx2DrugList4t Locate a ValueONE ESN Network Pharmacy at AlabamaBlue.com/ValueONEESNPharmacyLocator <p>Non-Participating Pharmacy: Not covered</p>	<p>100% of the allowed amount subject to the following copays for a 30-day supply for each prescription:</p> <p>Tier 1 drugs: \$15 copay per prescription</p> <p>Tier 2 drugs: \$50 copay per prescription</p> <p>Tier 3 drugs: \$70 copay per prescription</p> <p>Tier 4 (specialty) drugs: Not Covered</p> <p>Covered Insulin Products: \$99 maximum cost share per 30-day supply</p> <ul style="list-style-type: none"> The extended supply pharmacy network for the plan is the ValueONE ESN Network Some copays combined for diabetic supplies Prescription drugs can be purchased through this extended supply pharmacy service - Maintenance prescription drugs can be dispensed for up to a 90-day supply but the copayment is applicable for each 30-day supply Prescription drugs (other than maintenance prescription drugs) can be dispensed for up to a 30-day supply Tier 4 (specialty) drugs are not available through this extended supply pharmacy service View the SourceRx 1.0 drug lists that apply to the plan at AlabamaBlue.com/SourceRx1DrugList4t Locate a ValueONE ESN Network Pharmacy at AlabamaBlue.com/ValueONEESNPharmacyLocator <p>Non-Participating Pharmacy: Not covered</p>
<p>Select Generic Specialty and Biosimilar Drugs</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> <ul style="list-style-type: none"> View the Select Generic Specialty and Biosimilar Drug List that applies to the plan at AlabamaBlue.com/SelectGenericSpecialtyandBiosimilarDrugList. <p>Generic specialty and biosimilar drugs are not available through the Home Delivery Network.</p>	<p>In-Network: 100% of the allowed amount, no deductible or copayment</p> <p>Non-Participating Pharmacy: Not covered</p>	<p>In-Network: 100% of the allowed amount, no deductible or copayment</p> <p>Non-Participating Pharmacy: Not covered</p>

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<p>Mail Order Pharmacy Benefits</p> <ul style="list-style-type: none"> • Up to 90-day supply with one copay • Mail Order drugs are available through Home Delivery Network (Enroll online at AlabamaBlue.com/HomeDeliveryNetwork) • Only maintenance drugs can be purchased through this mail order pharmacy service <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>100% of the allowed amount subject to the following copays:</p> <p>Tier 1 drugs: \$37.50 copay per prescription</p> <p>Tier 2 drugs: \$125 copay per prescription</p> <p>Tier 3 drugs: \$250 copay per prescription</p> <p>Tier 4 (specialty) drugs: Not covered</p> <p>Covered Insulin Products: \$99 maximum cost share per 30-day supply</p> <ul style="list-style-type: none"> • View the SourceRx 2.0 drug list that apply to the plan at AlabamaBlue.com/SourceRx2DrugList4t <p>Non-Participating Pharmacy: Not covered</p>	<p>100% of the allowed amount subject to the following copays:</p> <p>Tier 1 drugs: \$37.50 copay per prescription</p> <p>Tier 2 drugs: \$125 copay per prescription</p> <p>Tier 3 drugs: \$175 copay per prescription</p> <p>Tier 4 (specialty) drugs: Not covered</p> <p>Covered Insulin Products: \$99 maximum cost share per 30-day supply</p> <ul style="list-style-type: none"> • View the SourceRx 1.0 and maintenance drug lists at AlabamaBlue.com/SourceRx1DrugList4t <p>Non-Participating Pharmacy: Not covered</p>

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MENTAL HEALTH DISORDERS AND SUBSTANCE ABUSE NETWORK		
Blue Choice Behavioral Health Network	In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network. In most cases benefits will mirror medical benefits. See specific categories for more details.	
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.	
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.	

08/22/2023 NS

**Baldwin County Association of Realtors
2024 DENTAL BENEFIT COMPARISON**

Benefits	Dental Blue® Complete	Dental Blue® Complete with Orthodontic Services
Deductible	\$50 deductible per member per calendar year; \$150 family maximum.	\$50 deductible per member per calendar year; \$150 family maximum.
Maximum Benefit	\$1,500 per member each calendar year.	\$1,500 per member each calendar year.
Diagnostic and Preventative (Exams and Cleaning) <ul style="list-style-type: none"> • Dental exams up to twice per benefit period. • Full mouth x-rays, one set during any 36 consecutive months. • Bitewing x-rays, up to twice per benefit period. • Other dental x-rays, used to diagnose a specific condition. • Routine cleanings, twice per benefit period. • Tooth sealants on teeth numbers 3, 14, 19, and 30, limited to one application per tooth each 48 months. Benefits are limited to a maximum payment of \$20 per tooth. Limited to the first permanent molars of children through age 13. • Fluoride treatment for children through age 18 twice per benefit period. • Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18. 	Covered at 100%, not subject to the deductible.	Covered at 100%, not subject to the deductible.
Restorative (Fillings and Root Canals) <ul style="list-style-type: none"> • Fillings made of silver amalgam and synthetic tooth color materials. • Simple tooth extractions. • Direct pulp capping, removal of pulp and root canal treatment. • Repairs to removable dentures. • Emergency treatment for pain. 	Covered at 100%, subject to the deductible.	Covered at 100%, subject to the deductible.
Supplemental (Oral Surgery and Anesthesia) <ul style="list-style-type: none"> • Oral surgery for tooth extractions and impacted teeth. • General anesthesia given for oral or dental surgery. This means drugs injected or inhaled for relaxation or to lessen pain, or to make unconscious, but not analgesics, drugs given by local infiltration, or nitrous oxide. • Treatment of the root tip of the tooth including its removal. 	Covered at 100%, subject to the deductible.	Covered at 100%, subject to the deductible.
Prosthetic (Crowns and Dentures) <ul style="list-style-type: none"> • Full or partial dentures. • Fixed or removable bridges. • Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate. 	Covered at 50%, subject to the deductible.	Covered at 50%, subject to the deductible.

<p>Periodontic (Gum Disease)</p> <ul style="list-style-type: none"> • Periodontic exams twice each 12 months. • Removal of diseased gum tissue and reconstructing gums. • Removal of diseased bone. • Reconstruction of gums and mucous membranes by surgery. • Removing plaque and calculus below the gum line for periodontal disease. 	<p>Covered at 80%, subject to the deductible.</p>	<p>Covered at 80%, subject to the deductible.</p>
<p>Orthodontics</p> <ul style="list-style-type: none"> • Coverage for dependent children up to age 26. 	<p>Not covered</p>	<p>Covered at 50%, subject to the deductible.</p> <ul style="list-style-type: none"> • Limited to a lifetime maximum of \$1,500.