
State Employees' Supplemental Plan



State of Alabama
Effective January 1, 2022



An Independent Licensee of the Blue Cross and Blue Shield Association



Important Information Regarding Your State Employees' Supplemental Plan:

- The State Employees' Supplemental Plan will not supplement your primary health plan if it is a high deductible plan (i.e. a plan with in-network deductibles of \$1,400 or more for single coverage or \$2,800 or more for family coverage).
- The Supplemental Plan only **supplements** your primary insurance plan by covering the copay, deductible and/or coinsurance of your primary insurance plan **or** the preferred/participating allowance, whichever is less.
- The Supplemental Plan will not duplicate any charges or expenses previously paid by another employer's health reimbursement account.
- To be eligible for reimbursement under the Supplemental Plan, the primary insurance plan must have either **1)** applied the eligible charges to the deductible, or **2)** made primary payment for the services rendered.
- For hospital admissions, a daily copay may be required under the Supplemental Plan and there is a combined maximum allowance (Medical, Mental Health and Substance Abuse) of 90 days each benefit period.
- The Supplemental Plan will not pay for amounts in excess of the allowed amount for services rendered by a non-preferred provider, amounts in excess of the maximums provided under the primary insurance plan, any services denied by the primary insurance plan, or any penalties or sanctions imposed by the primary insurance plan.
- When services are rendered by a Blue Cross and Blue Shield preferred provider in Alabama, the provider should file the claim for you and payment will be made to the provider. If your primary insurance plan requires an office copay, this means the Supplemental Plan will reimburse that office copay to the preferred provider.
- In some cases, when a non-preferred Blue Cross and Blue Shield provider in Alabama is used, the subscriber may be required to file the claim. For claims filed by subscribers, an Explanation of Benefits (EOB) from the primary insurance plan must be submitted along with your claim for consideration of benefits under the Supplemental Plan.
- The annual maximum amount paid under the Supplemental Plan is \$8,700 for individual coverage and \$17,400 for family coverage.
- Remember to show your health care provider **both** your primary insurance plan ID card and your Supplemental Plan ID card so that they can verify your benefits and make a copy of your ID cards for their office file.
- If you have questions regarding your Supplemental Plan benefits, please call **1-800-824-0435**.
- If your health care provider needs to verify your Supplemental Plan benefits, they should call **1-800-517-6425**.

State of Alabama State Employees' Supplemental Plan Health

SERVICES	BENEFIT
Inpatient Facility Charges for Medical Services	The coinsurance, deductible and/or copays of the primary insurance <u>or</u> the preferred/participating allowance, whichever is less; limited to \$300 per day for days 1 – 10 and \$150 per day for days 11 – 90*
Inpatient Facility Charges for Mental Health and Substance Abuse Services	The coinsurance, deductible and/or copays of the primary insurance <u>or</u> the preferred/participating allowance, whichever is less; limited to \$150 per day for days 1 – 10 and \$75 per day for days 11 – 90*
All Other Covered Services (inpatient physician visits, outpatient facility charges, office visits, laboratory expenses, drugs, etc.)	The coinsurance, deductible and/or copays of the primary insurance <u>or</u> the preferred/participating allowance, whichever is less

*There is a combined 90-day inpatient facility maximum for medical and mental health/substance abuse every 365 days

The annual maximum amount paid under this plan is \$8,700 for individual coverage and \$17,400 for family coverage.

All benefit payments are based on the amount of the provider's charge that Blue Cross recognizes for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.

The actual payment under the plan will be limited to the lesser of the plan benefit or allowed amount.

This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.

Group 60913
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