

ALABAMA DENTAL ASSOCIATION 2023 SUMMARY OF BENEFITS



Effective April 1, 2023, your health insurance benefits will include a Blue Cross Blue Shield of Alabama primary plan and a MedPlus supplemental gap plan provided by Gulf Guaranty Health. MedPlus supplemental coverage is offered to enhance benefits provided by the major medical plan by lowering your deductible and reducing your out-of-pocket exposure. The combination of your Blue Cross Blue Shield of Alabama plan and our supplemental MedPlus plan results in the following overall benefits:

BCBSAL - BS 4000

MEDPLUS

Member Cost Share		SILVER		
Calendar Year Deductible (CYD)	Single \$4,000 / Family \$8,000	Single \$750 / Family \$1,500		
Coinsurance after Deductible	BCBSAL 80% / Member 20%	Medplus 100% / Member 0%		
Out of Pocket Maximum (OPM)	Single \$6,800 / Family \$13,600	Single \$750 / Family \$1,500 *		
Cost after Deductible and OPM have been met	BCBSAL covers 100%	BCBSAL covers 100%		
Inpatient Services				
Inpatient Hospital	\$4,000 CYD then 80%	MedPlus pays up to \$6,050		
Inpatient Hospital Physician Services	\$4,000 CYD then 80%	MedPlus pays up to \$6,050		
Outpatient Services				
Emergency Room + Physician	\$4,000 CYD then 80%	MedPlus pays up to \$6,050		
Outpatient Facility & Ambulatory Centers	\$4,000 CYD then 80%	MedPlus pays up to \$6,050		
Outpatient Physician (surgery and anesthesia)	\$4,000 CYD then 80%	MedPlus pays up to \$6,050		
Outpatient Diagnostic	\$4,000 CYD then 80%	MedPlus pays up to \$6,050		
Ambulance	\$4,000 CYD then 80%	MedPlus pays up to \$6,050		
Other Covered Services - PT, Chiro, DME	\$4,000 CYD then 80%	MedPlus pays up to \$6,050		
Physician and Rx Copays				
Preventative/Wellness	BCBSAL covers at 100%	Covered under BCBSAL		
Primary/Specialist Physician Copay	\$45 PCP / \$65 Specialist	Covered under BCBSAL		
Prescription Drug Benefits: Tier 1,2,3,4	\$0 ded \$15/\$60/\$100/\$425	Covered under BCBSAL		

RENEWAL - SILVER - IODC Effective Date: April 1, 2023



Only eligible charges allowed by the Primary Plan will be applied to Gap benefits. No more than 100% of charges will be paid by both plans.

^{*} The Out of Pocket with Medplus does NOT include Doctor Copays or Pharmacy deductibles or Copays.

Certificate of Insurance



Gulf Guaranty Life Insurance Company

Alabama Dental Association

Policy# LICG231561 Effective Date: April 01, 2023

The following benefits apply to covered employees subject to all provisions of this Policy/Certificate of Insurance.

SCHEDULE OF BENEFITS

Annual MedPlus Policy Deductible	Single	\$750
	Family	\$1,500
Annual MedPlus Policy Benefit	Single	\$6,050
	Family	\$12,100
MedPlus Policy Coinsurance		100%
Primary Health Plan: BCBSAL - BS 4000		
Deductible		\$4,000
Out of Pocket		\$6,800
Coinsurance		80%

This plan pays 100% of eligible charges¹ which are consistent with the Primary Health Plan deductible and coinsurance. The maximum benefit is limited to \$6,050 per person per calendar year for all services combined.

¹Eligible charges refer to any charges which are eligible under the Primary Health Plan. Charges which are not covered under the Primary Health Plan will not be covered by this plan. No more than 100% of eligible charges will be paid by both plans.

Plan changes/renewals made off calendar year may affect benefits and deductible accruals. If we do not receive confirmation/termination, the stated renewal rates and benefits will be effective on your renewal date



Sample MedPlus ID Card



JASON BARNES

Supplemental Health Plan ID: Refer to your member ID Card Group Number: 1561 Alabama Dental Association

Gulf Guaranty Health P.O. Box 14977 Jackson, MS 39236-4977

Customer Service: 601-981-9505



Mail Claims to: Gulf Guaranty Claims Department

P.O. Box 14977

Jackson, MS 39236-4977

Fax Claims to: 601-981-6805

EDI Payor ID: 99943

Email Claims to: claims@gulfguaranty.com

Eligibility and Verification of Benefits: 601-981-9505

Note: Services excluded under the primary health plan are not covered

Front

Back

Alabama Dental Association



MedPlus Claim Process



Member goes to the Doctor/Facility/Hospital and presents ID cards to the Provider



MedPlus Processes claim and sends out provider payments and Final EOB



Provider verifies benefits with Primary Health Insurance and Secondary MedPlus Insurance



Provider files Claim and **EOB** with MedPlus



Underwritten and Administered by Gulf Guaranty



Provider Files Claim with Primary Health Insurance



Primary Health Insurance processes claim, returns Voucher and EOB to provider and member



Definition of Terms:

EOB: Explanation of Benefits

Primary Insurance:

Blue Cross Blue Shield of Alabama

Secondary Insurance:

Gulf Guaranty/MedPlus

In the event you receive a billing statement from your Provider requesting payment and you have not received an EOB from Gulf Guaranty:

- 1. Call 601-981-9505 or email all claim information to claims@gulfguaranty.com
- 2. Information can also be faxed to: 601-981-6805

Alabama Dental Association



Ensure Your Claims are Filed with MedPlus Correctly

- MedPlus is known by your provider as your "Secondary Insurance".
- When possible, call your provider prior to your appointment to update plan information.
- Upon arrival to Doctor/Hospital, submit both your BCBSAL & MedPlus ID cards
- If you should have any issues with providers refusing to file your secondary insurance, please notify Gulf Guaranty Employee Benefits and we will contact the provider for you.

601-981-9505

SAMPLE PATIENT REGISTRATION FORM		
PATIENT NAME:		
PRIMARY INSURANCE Blue Cross Blue Shield of Ala	bama	
Insured's Name:	Relation to Patient:	
Group Number:	Insured's Policy ID Number:	
Insured's Date of Birth:	Insurance Company Phone:	
Insured's Employer	Insured's Work Number:	
Effective Date of Policy:	Is there a Deductible?	
Co-Payment or Co-Insurance:	If yes, how much?	
Maximum number of visits per year:	Dollar amount per year:	
Are Exams, Physical Therapy, Modalities and Manipula	ation covered?	
Is Doctor in Network?		
What is the claims' address?		
SECONDARY INSURANCE MedPlus , Gulf Guaranty , F	P.O. Box 14977, Jackson, MS 39236-4977	
Insured's Name:	Relation to Patient:	
Group Number: 1561	Insured's Policy ID Number:	
Insured's Date of Birth:	Insurance Company Phone: 601-981-9505	
Insured's Employer: Alabama Dental Association	Insured's Work Number:	





P.O. Box 14977 Jackson, MS 39236 1-601-981-9505

This booklet is provided solely as a reference overview of current medical benefits and is not intended to replace comprehensive primary plan summary, group policy or individual certificates of coverage.