



ALDA
ALABAMA DENTAL ASSOCIATION
Association Benefit Program
Medical Plan Comparison

Plan Options	Platinum	Gold	Silver	Bronze
Benefit	BCBS + MedPlus	BCBS + MedPlus	BCBS + MedPlus	In-Network
Annual Deductible				
Employee Only	\$250	\$500	\$750	\$4,000
Employee and Family	\$500	\$1,000	\$1,500	\$8,000
MedPlus Benefit*	\$6,550	\$6,300	\$6,050	N / A
Annual Out-of-Pocket Max (OOP with MedPlus does not include Office Copays and Prescription Drug Copays)**				
Employee Only	\$250	\$500	\$750	\$6,800
Employee and Family	\$500	\$1,000	\$1,500	\$13,600
Physician and Hospital Services				
Coinsurance	100%	100%	100%	80%
Office Visit(Primary/Specialist)	\$45 Copay / \$65 Copay	\$45 Copay / \$65 Copay	\$45 Copay / \$65 Copay	\$45/\$65 Copay
Telemedicine	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay
Hospital Inpatient	100% after deductible	100% after deductible	100% after deductible	80% after CYD
Outpatient Surgery	100% after deductible	100% after deductible	100% after deductible	80% after CYD
Outpatient Lab/X-Ray	100% after deductible	100% after deductible	100% after deductible	80% after CYD
Physician Surgery, Anesthesia & Maternity Care	100% after deductible	100% after deductible	100% after deductible	80% after CYD
Outpatient Diagnostics	100% after deductible	100% after deductible	100% after deductible	80% after CYD
Emergency Room (Emergency Use Only)	100% after deductible	100% after deductible	100% after deductible	80% after CYD
Routine/Preventative	100%	100%	100%	100%
Prescription Drug Copays				
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Tier 2	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay
Tier 3	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Tier 4 (Specialty)	\$425 Copay	\$425 Copay	\$425 Copay	\$425 Copay
Monthly Premium Rates				
	Rates	Rates	Rates	Rates
Employee	\$562.26	\$552.74	\$543.34	\$465.86
Employee + Spouse	\$1,156.19	\$1,134.40	\$1,113.67	\$937.23
Employee + Children	\$948.01	\$929.65	\$912.27	\$764.67
Family	\$1,613.08	\$1,582.82	\$1,554.14	\$1,307.58

*Med Plus Benefit does not include physician office visit copays or prescription drug copays.

**This is summary of plan descriptions. Please see full plan docs in complinace section for full benefit descriptions.