



**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
<b>Annual Deductible</b>				
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
<b>Annual Out-of-Pocket Max (OOP with MedPlus does not include Office Copays and Prescription Drug Copays)**</b>				
Employee Only	\$250	\$500	\$750	\$6,800
Employee and Family	\$500	\$1,000	\$1,500	\$13,600
<b>Physician and Hospital Services</b>				
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%
<b>Prescription Drug Copays</b>				
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
<b>Monthly Premium Rates</b>				
	<b>Rates</b>	<b>Rates</b>	<b>Rates</b>	<b>Rates</b>
Employee	\$580.17	\$570.25	\$560.85	\$483.37
Employee + Spouse	\$1,193.31	\$1,171.52	\$1,150.79	\$974.35
Employee + Children	\$977.95	\$959.59	\$942.21	\$794.61
Family	\$1,665.60	\$1,635.34	\$1,606.66	\$1,360.10

\*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.