



## **BENEFIT GUIDE 2022**

**To Enroll Click the Link Below**

**<https://aldabenefits.org/>**



**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 Co-Pays)**</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	\$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.



**ALDA**  
ALABAMA DENTAL ASSOCIATION  
**Association Benefit Program**  
Dental Comparison

Plan	Low Option	High Option with Implant Coverage
	In-Network	In-Network
	<b>Annual Deductible</b>	
	\$50	\$25
	\$150	\$75
	<b>Calendar Year Maximum</b>	
	\$1,000	\$1,500
	<b>Diagnostic and Preventative Services</b>	
Diagnostic & Preventative Services	100%	100%
	<b>Basic Services</b>	
Basic Services - Restorative	100% subject to deductible	100% subject to deductible
Basic Services - Supplemental	80% subject to deductible	100% subject to deductible
	<b>Major Services</b>	
	<b>Waiting Period - No benefits for late enrollees until the member has been covered for a continuous 365 days</b>	
Periodontic Services	50% subject to deductible	80% subject to deductible
Prosthetic Services	50% subject to deductible	50% subject to deductible
	<b>Orthodontic Services</b>	
	<b>Waiting Period - No benefits for late enrollees until the member has been covered for a continuous 365 days</b>	
Calendar Year Ortho Deductible	No Deductible	No Deductible
Lifetime Orthodontic Maximum	\$1,500	\$1,500
Orthodontic Services*	50%	50%
	<b>Monthly Premium Rates</b>	
	<b>Rates</b>	<b>Rates</b>
	\$26.68	\$33.23
	\$50.35	\$63.20
	\$66.90	\$81.79
	\$96.05	\$118.60

\* Ortho Services for dependent children up to age 26.



**ALDA**  
ALABAMA DENTAL ASSOCIATION  
**Basic & Voluntary Life Programs**

### Basic Life AD&D

Employer paid Basic Life and Accidental Death & Dismemberment is provided to all full time employees working a minimum of 30 hours per week.

\$10,000	\$3.10 per employee
\$15,000	\$4.65 per employee
\$25,000	\$7.75 per employee

**NOTE: Rates are based on 10 plus employees; 2-9 employees - call for price**

### Voluntary Term Life & AD&D

In addition to the Basic Life & AD&D, employees may purchase additional life insurance for themselves and family members. All coverage amounts are offered on a Guaranteed Issue basis which means no medical questions or underwriting is required.

Employee Benefit Amount	\$50,000 - pricing based on age
Spouse Benefit Amount	\$25,000 - pricing based on employee age
Child Benefit Amount	\$5,000 - \$2.00; \$10,000 - \$4.00 up to age 19 OR 26 if FT student

Coverage will reduce for employees beginning at age 70; coverage terminates on spouse at age 70



## ALDA Information Page and Frequently Asked Questions

### Plan Design Information:

- BCBS of Alabama will be the primary medical carrier for all 4 plan options offered (Platinum/Gold/Silver/Bronze). MedPlus will supplement the BCBS plans on the Platinum/Gold/Silver plans. Employees will have the option to choose from the 4 plans available.
- Members that enroll in Platinum/Gold/Silver will receive 2 cards (BCBS & MedPlus). Members will need to present both cards at point of service. Pharmacy will only need the BCBS card to fill prescriptions.
- BCBS of Alabama will administer the 2 dental plans. Employees will have the option to enroll in either plan available.

### Plan Guidelines:

- Only employers with common law employees can participate. Only members who have at least one other employee can participate in the Association plan.

### Enrollment/Eligibility:

- Employees must work 30 hours a week to be eligible.
- For coverage to be effective by the 1<sup>st</sup>, member groups will need to enroll by the 20<sup>th</sup> of the prior month. Example: Enroll by May 20<sup>th</sup> for June 1<sup>st</sup> effective date.
- Member office will be responsible for enrolling the employees/dependents into the system.

### Payments:

- Only ACH or credit card payments will be allowed.
- Will draft 2 charges each month, one for premium payments, and one for administrative charges.
- Invoices will be generated by the 20<sup>th</sup> of the month, and payment will be due on the 1<sup>st</sup>.
- Upon termination of a member group, there will be a settlement period the month following the term date to ensure premium payments are satisfied. With the invoices being generated on the 20<sup>th</sup>, group may have additions/deletions that occurred after the invoice was generated. Member group may be due a refund or payment during this period.

### Renewal/Open Enrollment:

- Premium rates are guaranteed from 4/1/22 – 3/31/23. Groups that enroll on 4/1 will have a 12-month rate guarantee. If you enroll after April, your office will be on a short plan year. The plan will renew in April 1<sup>st</sup> each year.
- Member groups will be allowed to enroll any month if they are losing current group coverage.



## Important Contacts

### Blue Cross Blue Shield of Alabama (ALDA Group #40583)

#### **Customer Service**

800-292-8868

#### **Pharmacy Locator**

[www.AlabamaBlue.com/ ValueONEPharmacyLocator](http://www.AlabamaBlue.com/ValueONEPharmacyLocator)

#### **Pharmacy Formulary**

[www.AlabamaBlue.com/ SourceRx1DrugList4T](http://www.AlabamaBlue.com/SourceRx1DrugList4T)

#### **Provider Directory**

800-810-2583

[www.AlabamaBlue.com](http://www.AlabamaBlue.com)

#### **Group Number**

40583

### Teledoc

855-477-4549

### Med Plus

#### **Customer Service**

800-890-7337

[claims@gulfguaranty.com](mailto:claims@gulfguaranty.com)

### One America

#### **Customer Service**

800-553-3522

### General Information

[aldagrouphealth@aldaonline.org](mailto:aldagrouphealth@aldaonline.org)