

ALVMA Health Plan Overview

ALVMA is please to offer its members medical coverage through BlueCross BlueShield, secondary medical coverage through OptiMed, dental coverage through Delta Dental, and vision coverage through VSP. As a member of the association, you have the opportunity to purchase health insurance for you and your family. Coverage begins on January 1, 2024 and renews January 1, 20245

MEDICAL PLAN OPTIONS

BLUE CROSS BLUE SHIELD

	PREMIER PLAN	VALUE PLUS PLAN	VALUE PLAN
	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible			
Individual	\$1,000	\$1,000	\$4,000
Family	\$2,000	\$2,000	\$8,000
Out-of-Pocket Max.			
Individual	\$6,000	\$1,800	\$6,800
Family	\$20,000	\$3,600	\$13,600
Inpatient Services			
Inpatient Facility	Covered at 100% after \$250 per day copay (days 1-5)	20% Coinsurance	20% Coinsurance
Physician Office Visits			
Primary Care	\$40 Copay	\$45 Copay	\$45 Copay
Specialist Office	\$60 Copay	\$65 Copay	\$65 Copay
Outpatient Services			
Outpatient Surgical	Covered at 100% after \$250 copay	20% Coinsurance	20% Coinsurance
MEDICAL INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS			
Single	\$691.49	\$602.22	\$531.32
Employee + Spouse	\$1,442.36	\$1,259.85	\$1,102.80
Employee + Child	\$1,171.15	\$1,034.55	\$897.26
Family	\$2,034.47	\$1,759.60	\$1,553.96

DENTAL PLAN OPTIONS

DELTA DENTAL

	DENTAL ENHANCED PLAN	DENTAL BASIC PLAN
Annual Deductible	\$50 single / \$150 family	\$50 single / \$150 family
Annual Maximum per Individual	\$1,500	\$1,000
Diagnostic & Preventive	100%	100%
Cleanings, Space Maintainers, Sealants		
Basic Services		
Fillings, Simple Extractions, Oral Surgery, Endodontics, Periodontics	80%	80%
Major Services		
Fixed and removable prosthodontics	50%	50%
Type IV – Orthodontic Services	50% (Child)	Not Covered

DENTAL INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS

Single	\$29.10	\$24.25
Employee + Spouse	\$58.23	\$48.51
Employee + Child	\$75.90	\$62.64
Family	\$110.71	\$91.45

ALVMA Health Plan, Continued

VISION PLAN

VSP

	IN-NETWORK
Exam Copy	\$10 Copay
Contact Lens	
Elective	\$130 Allowance
Medically Necessary	Covered in full
Lenses	\$25 Copay
Frame Allowance	\$130 Allowance + 20% off balance
Lens Upgrades	
PolyCarbonate (single vision/multi-vision)	\$31 / \$35
Anti-Reflective (single vision/multi-vision)	\$41 / \$41
Scratch Resistant (single vision/multi-vision)	\$17 / \$17
Transitions / Photochromic (single vision/multi-vision)	\$75 / \$75
VISION INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS	
Employee Only	\$11.35
Employee + Spouse	\$16.37
Employee + Child(ren)	\$16.65
Employee + Family	\$25.00

FAQ

WHO IS ELIGIBLE FOR THE ALVMA HEALTH PLAN?

Active ALVMA members must have at least one common law employee to be eligible for the ALVMA Health Plan. Sole proprietors without at least one common law employee are not eligible to participate in the plan. Please contact Cobbs Allen with questions.

WHAT IF I'M ALREADY OFFERING A GROUP HEALTH PLAN TO MY EMPLOYEES?

You may transfer to the ALVMA Plan by submitting a Current Health Census to ALVMA@cobbsallen.com. Please note that you must notify all impacted employees of this change and allow them the option to opt out. Employees who wish to change their benefit election must do so by scheduling an appointment with a Benefits Educator during Open Enrollment.

WHEN AND HOW DO I ENROLL?

Open Enrollment is October 18– November 7

ALVMABENEFITS.COM
205-874-1268
ALVMA@COBBSALLEN.COM



ALVMA HEALTH TRUST