

# 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, 2025 and renews January 1, 2026.

## MEDICAL PLAN OPTIONS

### BLUE CROSS BLUE SHIELD

	PREMIER PLAN	VALUE PLUS PLAN	VALUE PLAN
	IN-NETWORK	IN-NETWORK	IN-NETWORK
<b>Deductible</b>			
Individual	\$1,000	\$1,000	\$4,000
Family	\$2,000	\$2,000	\$8,000
<b>Out-of-Pocket Max.</b>			
Individual	\$6,000	\$1,800	\$6,800
Family	\$20,000	\$3,600	\$13,600
<b>Inpatient Services</b>			
Inpatient Facility	Covered at 100% after \$250 per day copay (days 1-5)	20% Coinsurance	20% Coinsurance
<b>Physician Office Visits</b>			
Primary Care	\$40 Copay	\$45 Copay	\$45 Copay
Specialist Office	\$60 Copay	\$65 Copay	\$65 Copay
<b>Outpatient Services</b>			
Outpatient Surgical	Covered at 100% after \$250 copay	20% Coinsurance	20% Coinsurance
MEDICAL INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS			
Single	\$691.49	\$606.85	\$531.32
Employee + Spouse	\$1,442.36	\$1,264.48	\$1,102.80
Employee + Child	\$1,171.15	\$1,039.18	\$897.26
Family	\$2,034.47	\$1,764.23	\$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?

ALVMA members who are directly involved in a veterinary medicine practice are eligible for the ALVMA Health Plan. 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 CAC group for more information at [alvma@cacgroup.com](mailto:alvma@cacgroup.com).

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

You may transfer to the ALVMA at your current plans renewal or at ALVMAs open enrollment period. To begin this process please reach out to CAC group at [alvma@cacgroup.com](mailto:alvma@cacgroup.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 elections must do so through the Simon portal.

### WHEN AND HOW DO I ENROLL?

The ALVMA Health Plan renews January 1, and our Open Enrollment is held in November each year. Open Enrollment is the one time per year we are allowed to onboard new members to the plan. If your company is an existing plan member and has a new hire, you have the ability to enroll them in the SIMON portal at [alvma.simon365.com](http://alvma.simon365.com).

**ALVMABENEFITS.COM**  
**205-874-1226**  
**ALVMA@CACGROUP.COM**



ALVMA HEALTH TRUST