

Medical Benefits

Overview

AGA offers three medical plan options administered by Blue Cross Blue Shield of Alabama. All plans are Preferred Provider Organization plans.

All plans use the same network of providers who have agreed to charge discounted rates to plan members. The amount you pay for health care will vary depending on whether or not you use in-network providers and facilities. You always have the choice to go to any provider, but you'll pay less if you stay within the Blue Cross Blue Shield of Alabama network.

	Premier	Value PLUS	Silver
	Custom 5000 w/ MedPlus \$500 ded \$4,500 IP/OP Bucket	Custom 5000 w/ MedPlus \$2,000 ded \$3,000 IP/OP Bucket	Blue Custom 5000
Medical Benefits	In-Network Single/Family	In-Network Single/Family	In-Network Single/Family
Office Copay (PCP / SPC)	\$35 / \$50	\$35 / \$50	\$35 / \$50
Calendar Year Deductible (Individual / Family)	\$500 / \$1,000	\$2,000 / \$4,000	\$5,000 / \$10,000
Out-of-Pocket Maximum	\$2,500 / \$5,000	\$4,000 / \$8,000	\$7,000 / \$14,000
Emergency Room	\$500 CYD, then GAP Pays Up to \$4,500	\$2,000 CYD, then GAP Pays Up to \$3,000	80% coinsurance subject to CYD
Urgent Care	\$35 Copay	\$35 Copay	\$35 Copay
Inpatient Facility	\$500 CYD, then GAP Pays Up to \$4,500	\$2,000 CYD, then GAP Pays Up to \$3,000	80% coinsurance subject to CYD
Outpatient Facility	\$500 CYD, then GAP Pays Up to \$4,500	\$2,000 CYD, then GAP Pays Up to \$3,000	80% coinsurance subject to CYD
Outpatient Diagnostics (X-ray/Lab)	\$500 CYD, then GAP Pays Up to \$4,500	\$2,000 CYD, then GAP Pays Up to \$3,000	80% coinsurance subject to CYD
Outpatient Imaging (MRI, CAT, PET)	\$500 CYD, then GAP Pays Up to \$4,500	\$2,000 CYD, then GAP Pays Up to \$3,000	80% coinsurance subject to CYD
Prescription Drugs	\$15 / \$60 / \$100 / \$425	\$15 / \$60 / \$100 / \$425	\$15 / \$60 / \$100 / \$425

Monthly Medical Premiums

Rates and Enrollment	Premier	Value PLUS	Value
Employee Only	\$733.67	\$701.99	\$658.93
Employee + Spouse	\$1,467.24	\$1,397.54	\$1,302.81
Employee + Child(ren)	\$1345.99	\$1,287.38	\$1,207.72
Family	\$2,079.60	\$1,982.97	\$1,851.64

Dental Benefits

Overview

AGA offers dental coverage to you through Canopy Dental. Your dental plan provides coverage to help with the cost of many dental services including routine cleanings, x-rays, restorative and prosthetic services. The plan includes an extensive network of dental providers. Maximize your benefits by selecting an in-network dentist to save more on all covered services and avoid balance billing.

	Canopy (Enhanced)	Canopy (Basic)
Out of Network Reimbursement	MAC	MAC
Deductible	In-Network	In-Network
Individual Deductible	\$25 single	\$50 single
Family Deductible	\$75 family	\$150 family
Maximums		
Plan Maximum	\$2,000	\$1,500
Orthodontia Lifetime Maximum	\$2,000	\$1,000
Type I - Diagnostics & Preventatives		
Exams, X-Rays, Fluoride, Routine Cleanings, Space Maintainers, Restoration	100%	100%
Waiting Period	None	None
Type II - Basic Services		
Filings, Sealants, Simple Extractions, Emergency Treatment, Oral Surgery, Endo/Perio	90%	80%
Waiting Period	None	None
Type III - Major Services		
Crowns, On-lays, Surgical Extractions, General Anesthesia	60%	50%
Waiting Period	None	None
Type IV - Orthodontic Services		
Children Ages 8-19	50%	50%

Monthly Dental Premiums

Rates and Enrollmen	Enhanced	Basic
Employee Only	\$38.00	\$31.00
Employee + Spouse	\$75.00	\$60.00
Employee + Child(ren)	\$94.00	\$58.00
Family	\$142.00	\$108.00

Vision Benefits

Overview

AGA offers vision coverage to you through Canopy (VSP Network). Receive the maximum benefits and pay less out-of-pocket by visiting an in-network provider. The network includes provider access points nationwide. A comprehensive vision exam is available every 12 months and you may purchase eyewear in the form of an eyeglass frame and lenses, or contact lenses.

	Canopy
Benefits	In-Network
Exams - Once every 12 Months	
Eye Exam	VSP \$10 Copay
Contact Lens Fit & Follow-Up (Standard Fit)	Covered in Full
Lenses - Once Every 12 Months	
Single	\$10 Copay
Bifocal	\$10 Copay
Trifocal	\$10 Copay
Lenticular	\$10 Copay
Elective	\$130 Allowance
Frames	
Standard Frames	\$130 Retail Allowance
Contacts - Once Every 12 Months	
Medically Necessary	Covered in Full
Elective	\$130 Retail Allowance

Monthly Vision Premiums

Rates and Enrollment	Rate
Employee Only	\$11.23
Employee + Spouse	\$15.56
Employee + Child(ren)	\$15.80
Employee + Family	\$23.03