

ALABAMA GROCERS ASSOCIATION

Employee Benefits Summary

2026 AGA HEALTH PLAN SUMMARY

AGA provides a comprehensive benefits package to all eligible employees, including group medical coverage through Blue Cross Blue Shield (BCBS) and MedPlus. Additional benefits such as dental and vision are offered through Canopy. As a member of the association, you can purchase health insurance for you and your family. Coverage begins on April 1, 2026, and renews April 1, 2027.

MEDICAL PLAN OPTIONS

BLUE CROSS BLUE SHIELD

	PREMIER (INCLUDES SECONDARY)	VALUE PLUS (INCLUDES SECONDARY)	SILVER
	IN-NETWORK	IN-NETWORK	IN-NETWORK
<i>Deductible</i>			
<i>Individual</i>	\$500	\$2,000	\$5,000
<i>Family</i>	\$1,000	\$4,000	\$10,000
<i>Coinsurance</i>	20%	20%	20%
<i>Out-of-Pocket Max.</i>			
<i>Individual</i>	2,500	\$4,000	\$7,000
<i>Family</i>	\$5,000	\$8,000	\$14,000
<i>Inpatient Services</i>			
<i>Inpatient Facility</i>	\$500 CYD, then GAP pays up to \$4,500	\$2,000 CYD, then GAP pays up to \$3,000	20% coinsurance
<i>Physician Office Visits</i>			
<i>Preventive Care</i>	100% covered	100% covered	100% covered
<i>Primary Care</i>	\$35	\$35	\$35
<i>Specialist Office</i>	\$50	\$50	\$50
Diagnostic X-Ray Lab	\$500 CYD, then GAP pays up to \$4,500	\$2,000 CYD, then GAP pays up to \$3,000	20% coinsurance
<i>Prescription Drug</i>			
<i>Tier 1</i>	\$15	\$15	\$15
<i>Tier 2</i>	\$60	\$50	\$60
<i>Tier 3</i>	\$100	\$100	\$100
<i>Tier 4</i>	\$425	\$395	\$425
	PREMIER	VALUE PLUS	SILVER
Single	\$775.75	\$740.19	\$693.54
Employee + Spouse	\$1,552.90	\$1,476.23	\$1,372.03
Employee + Child	\$1,423.85	\$1,359.38	\$1,271.75
Family	\$2,201.04	\$2,094.74	\$1,950.28



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DENTAL PLAN OPTIONS

CANOPY

AGA offers dental coverage to you through Canopy. 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 DENTAL		
BENEFITS	ENHANCED	BASIC
	IN-NETWORK	IN-NETWORK
Annual Deductible	\$25 Single / \$75 Family	\$50 Single / \$150 Family
Annual Maximum per Individual	\$2,000	\$1,500
Type I – Diagnostic & Preventive Exams, Cleanings, Flouride Treatment, Space Maintainers, X-Rays, Sealants	100%	100%
Type II – Basic Services Fillings, Simple Extractions, General Anesthesia, Oral Surgery, Endodontics	90%	80%
Type III – Major Services Crowns, Inlays, Onlays, Bridges, Dentures, Periodontic, TMJ	60%	50%
Type IV – Orthodontic Services	50%	50%
Lifetime Orthodontia Maximum	\$2,000	\$1,000

DENTAL INSURANCE MONTHLY PREMIUMS

COVERAGE TIER	ENHANCED	BASIC
Single	\$38.00	\$31.00
Employee + Spouse	\$75.00	\$60.00
Employee + Child	\$94.00	\$58.00
Family	\$142.00	\$108.00



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VISION PLAN OPTIONS

CANOPY

AGA offers vision coverage to you through VSP. 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 (VSP) VISION	
BENEFITS	IN-NETWORK
Eye examination Comprehensive exam of visual function and prescription of corrective eye wear.	\$10 Copay
Contact Lens Evaluation and Fitting Elective Medically Necessary	Up to \$60 copay \$130 Allowance Covered in full
Materials / Eye wear Single Vision Eyeglass Lenses Lined Bifocal Eyeglass Lenses Lined Trifocal Eyeglass Lenses Lenticular Eyeglass Lenses	\$10 copay \$10 copay \$10 copay \$10 copay
Frame Allowance Standard Frame Allowance	\$130 Allowance + 20% off balance
Standard Progressive Lenses	Covered in full
Laser Vision Correction	15% off Laser Correction

VISION INSURANCE MONTHLY PREMIUMS

COVERAGE TIER	VSP VISION
Employee Only	\$11.23
Employee + Spouse	\$15.56
Employee + Child(ren)	\$15.80
Employee + Family	\$23.03



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FREQUENTLY ASKED QUESTIONS (FAQ)

CAN I ELECT DENTAL AND/OR VISION COVERAGE WITHOUT ELECTING MEDICAL COVERAGE?

Yes, you may elect Medical coverage or Dental coverage on a standalone basis. You may elect Vision coverage if you also elect either Dental coverage or Medical coverage. Please contact Southview for more information at patrick@southviewbenefits.com

WHAT IF I'M ALREADY ENROLLED IN ANOTHER HEALTH PLAN?

You may transfer to the AGA at your current plan's renewal or at AGA's open enrollment period. 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 Optix portal.

WHEN AND HOW DO I ENROLL?

The AGA Plan renews April 1, and Open Enrollment is held in February 23 to March 13, 2026. 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 Optix portal at <https://admin.optixenroll.com>.

CONTACT INFORMATION

BENEFIT	PROVIDER	PHONE	WEBSITE/EMAIL
Medical	Blue Cross Blue Shield of Alabama	800.292.8868	bcbsal.org
Doctor on Demand	Blue Cross Blue Shield of Alabama	800.997.6196	Doctorondemand.com/Alabama
Secondary	MedPlus	205.388.5732	Medplusplan.com
Dental & Vision	Canopy	205.451.0451	Canopyinsurancecorp.com
Medicare Services	HTA	610.430.6650	HTA-insurance.com
Benefits	Southview Benefits	205.215.8152	patrick@southviewbenefits.com



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