

## Medical Benefits

You have three medical plan options: the Premier Plan, the Value Plus Plan and the Value Plan. All plans are administered by BlueCross BlueShield (BCBS) and provide the maximum benefits when a BCBS provider is used for services.

The ALVMA Value Plus Plan includes both primary and secondary insurance. The secondary plan does not cover office visits or prescription drug copays or home health services.

**NOTE:** The out-of-pocket maximum excludes office visits and prescription drug co-pays.

	Premier Plan	Value PLUS Plan (Includes Secondary)	Value Plan
Medical Benefits	In-Network Individual / Family	In-Network Individual / Family	In-Network Individual / Family
Office Copay (PCP / SPC)	\$35 / \$50	\$35 / \$50	\$35 / \$50
<b>Deductible</b> Individual / Family Coinsurance	<b>\$1,000 / \$2,000</b> 100%	<b>\$1,000 / \$2,000</b> 80%	<b>\$4,000 / \$8,000</b> 80%
<b>Out-of-Pocket Maximum</b> Individual / Family	<b>\$6,000 / \$12,000</b>	<b>\$1,800 / \$3,600</b>	<b>\$6,800 / \$13,600</b>
<b>Inpatient Services</b> Inpatient Facility	Covered at 100% after \$250 per day copay (days 1-5)	20% Coinsurance	20% Coinsurance
Emergency Room	Covered at 100% after \$250 copay	20% Coinsurance	20% Coinsurance
<b>Physician Office Visits</b> Preventative Care Primary Care Specialist Office	100% Covered \$40 Copay \$60 Copay	100% Covered \$45 Copay \$65 Copay	100% Covered \$45 Copay \$65 Copay
<b>Outpatient Services</b> Outpatient Facility	Covered at 100% after \$250 copay	20% Coinsurance	20% Coinsurance
<b>Diagnostics (X-ray / Lab)</b>	Covered at 100% after \$250 copay	20% Coinsurance	20% Coinsurance
<b>Mental Health / Substance Abuse</b>	Covered at 100% after \$250 copay	20% Coinsurance	20% Coinsurance
<b>Prescription Drugs</b> Tier 1 Tier 2 Tier 3 Tier 4	\$15 Copay \$50 Copay \$100 Copay \$395 Copay	\$15 Copay \$60 Copay \$100 Copay \$425 Copay	\$15 Copay \$60 Copay \$100 Copay \$425 Copay

Monthly Medical Premiums

Coverage Tier	Premier Plan	Value Plus Plan	Value Plan
Employee Only	\$691.49	\$606.85	\$531.32
Employee + Spouse	\$1,442.36	\$1,264.48	\$1,102.80
Employee + Child(ren)	\$1,171.15	\$1,039.18	\$897.26
Family	\$2,034.47	\$1,764.23	\$1,553.96