ALABAMA VETERINARY MEDICAL ASSOCIATION

Employee Benefits Summary

2026 ALVMA HEALTH PLAN SUMMARY

ALVMA 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 January 1, 2026, and renews January 1, 2027.

MEDICAL PLAN OPTIONS

BLUE CROSS BLUE SHIELD

	PLATINUM (INCLUDES SECONDARY)	GOLD	SILVER (INCLUDES SECONDARY)	BRONZE
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible *Individual* *Family* *Coinsurance*	$500 $1,000 80%	$1,000 $2,000 100%	$2,000 $4,000 80%	$4,000 $8,000 80%
Out-of-Pocket Max. *Individual* *Family*	$3,300 $6,600	$6,000 $12,000	$4,800 $9,600	$6,800 $13,600
Inpatient Services *Inpatient Facility*	$500 CYD, then GAP pays up to $3,500	$250 copay (days 1-5)	$2,000 CYD, then GAP pays up to $2,000	80% coinsurance subject to deductible
Physician Office Visits *Preventive Care* *Primary Care* *Specialist Office*	100% covered $45 $65	100% $40 $60	100% covered $45 $65	100% covered $45 $65
Diagnostic X-Ray Lab	$500 CYD, then GAP pays up to $3,500	$250 copay	$2,000 CYD, then GAP pays up to $2,000	80% coinsurance subject to deductible
Prescription Drug *Tier 1* *Tier 2* *Tier 3* *Tier 4*	$15 $60 $100 $425	$15 $50 $100 $395	$15 $60 $100 $425	$15 $60 $100 $425

MEDICAL INSURANCE MONTHLY PREMIUMS				
	PLATINUM	GOLD	SILVER	BRONZE
Single	$618.65	$696.49	$580.88	$536.32
Employee + Spouse	$1,248.03	$1,447.36	$1,203.19	$1,107.80
Employee + Child	$1,056.95	$1,176.15	$985.99	$902.26
Family	$1,788.15	$2,039.47	$1,683.02	$1,558.96

ALVMA HEALTH TRUST

ALABAMA VETERINARY MEDICAL ASSOCIATION

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DENTAL PLAN OPTIONS

CANOPY

ALVMA 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	$1,500	$1,000
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	80%	80%
Type III – Major Services Crowns, Inlays, Onlays, Bridges, Dentures, Periodontic, TMJ	50%	50%
Type IV – Orthodontic Services	50% (Child)	N/A
Lifetime Orthodontia Maximum	$1,000	N/A

DENTAL INSURANCE MONTHLY PREMIUMS		
COVERAGE TIER	ENHANCED	BASIC
Single	$27.41	$23.29
Employee + Spouse	$54.85	$46.58
Employee + Child	$71.29	$60.01
Family	$103.51	$87.63

ALVMA HEALTH TRUST

ALABAMA VETERINARY MEDICAL ASSOCIATION

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VISION PLAN OPTIONS

CANOPY

ALVMA 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 Covered in full
Materials / Eye wear Single Vision Eyeglass Lenses Lined Bifocal Eyeglass Lenses Lined Trifocal Eyeglass Lenses Lenticular Eyeglass Lenses	 $15 copay $15 copay $15 copay $15 copay
Frame Allowance Standard Frame Allowance	$130 Allowance + 20% off balance
Standard Progressive Lenses	Covered in full
Lense Enhancements	All lens enhancements are covered with a copay, saving an average of 30%

VISION INSURANCE MONTHLY PREMIUMS	
COVERAGE TIER	**VSP VISION**
Employee Only	$11.35
Employee + Spouse	$16.37
Employee + Child(ren)	$16.65
Employee + Family	$25.00

ALVMA HEALTH TRUST

ALABAMA VETERINARY MEDICAL ASSOCIATION

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FREQUENTLY ASKED QUESTIONS (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 Southview for more information at patrick@southviewbenefits.com

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

You may transfer to the ALVMA at your current plan's renewal or at ALVMA'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 ALVMA Plan renews January 1, and Open Enrollment is held in October to 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 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