

2026



ALVMA HEALTH TRUST

ALVMA Health Plan

EMPLOYEE BENEFITS GUIDE

Enclosed in this book you will find a brief overview of your ALVMA Health Trust benefits for the upcoming year. Please reach out to your HR Manager, for additional information.

TABLE OF CONTENTS

03	INTRODUCTION
04	ELIGIBILITY & ENROLLMENT
06	MEDICAL INSURANCE
09	DENTAL INSURANCE
10	VISION INSURANCE
11	VALUE ADDED PROGRAMS
13	MEDICARE SERVICES
15	CONTACT INFORMATION
16	NOTES

This Benefit Enrollment Guide highlights recent plan design changes and is intended to fully comply with the requirement under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description(s). Copies of the summary plan descriptions are available free of charge by contacting the HR department. The information in this benefit guide is presented for illustrative purposes. The text contained in this guide was taken from various summary plan descriptions and benefit materials. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this guide and the actual plan documents, the actual plan documents will prevail. Nothing contained in this guide should be construed as a contract for employment.



ALVMA is committed to providing employees with a benefit program that is both comprehensive and competitive. Our program offers a broad range of plan options to meet the needs of our diverse workforce. We know that your benefits are important to you and your family. This program is designed to assist you in providing for the health, well-being and financial security of you and your covered dependents. Helping you understand the benefits ALVMA offers is important to us and that is why we have created this Employee Benefits Guide.

We encourage you to review each section and to discuss your benefits with your family members. This guide is not an employee/employer contract. It is not intended to cover all provisions of all plans but rather is a quick reference to help answer most of your questions. Information presented here does not cover all details and limitations for the plans. Additional information is found in Summary Plan Booklets. The legal plan documents and master insurance policies are the final authority in determining benefits. ALVMA reserves the right to amend its plans from time to time and has the right at any time to terminate any plan or benefit. Participation in the plan described does not constitute any contract of employment.

Please see your Summary Plan Description for complete details. We hope this guide will give you a clear explanation of your benefits and help you be better prepared for the enrollment process.

Alabama Veterinary Medical Association

ELIGIBILITY & ENROLLMENT

WELCOME TO YOUR NEW EMPLOYEE BENEFITS



WHO IS ELIGIBLE

You are eligible for benefits if:

- You are a full-time associate working at least 30 hours per week or 130 hours per month.



EFFECTIVE DATE OF COVERAGE

During the plan year, eligible new hires will be subject to a waiting period determined by the applicable benefit. Your plans will become effective the first of the month following the waiting period. If you enroll in benefits during Open Enrollment, your benefits will be effective January 1, 2026.



WHEN TO ENROLL

Benefit eligible associates have the two following opportunities to enroll in the associate benefits program:

NEW HIRE ENROLLMENT. New hires have thirty days from their date of hire to enroll in ALVMA's benefit coverage. The plans become effective first of the month following 30 days. Associates not enrolling during this period must wait until the next open enrollment to elect coverage. If you have questions, please contact your manager.

OPEN ENROLLMENT. For the 2026 plan year, ALVMA's annual open enrollment period will take place October to November 2025. No action is required for existing enrollees unless you want to make new plan elections or changes to existing elections. Benefits will rollover if no changes are made. All changes and elections will be effective January 1, 2026.

HOW TO ENROLL



You may complete your employee enrollments online through www.ALVMAHealthTrust.com or contact your HR Department



We are here to help!
To learn about your plan offerings
please visit
www.ALVMAHealthTrust.com

If you need support with Optix system,
email patrick@southviewbenefits.com

ELIGIBILITY & ENROLLMENT

WELCOME TO YOUR NEW EMPLOYEE BENEFITS

WHEN YOU CAN MAKE CHANGES

ALVMA benefits plan year is from January 1 to December 31. Generally, you can only change your benefit choices during the annual Benefits Open Enrollment period.

You are also allowed to make benefit changes if you have an IRS “Qualifying Life Event” during the plan year, which includes:

- Marriage or Divorce
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse’s work status results in cancellation of your benefits
- Your dependent child is no longer eligible
- Loss of coverage through a parent’s plan
- Becoming eligible for Medicare or Medicaid during the year

If you have a qualifying life event (QLE) change, you must submit notification to your HR team within 30 days of the QLE.

Depending on the type of change, you may need to provide proof documentation (for example, a marriage license or birth certificate). If you do not submit notification within 30 days, you will have to wait until the next annual Open Enrollment period to make benefit changes.

WHEN COVERAGE ENDS

Benefits end on the last day of the month in which your employment ends, or when you cease to meet eligibility guidelines.



MEDICAL INSURANCE

MEDICAL PLAN OVERVIEW

MEDICAL INSURANCE BASICS

DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay.

CO-INSURANCE

The percentage of costs of a covered health care service you pay after you have paid your deductible (20% for example).

OUT-OF-POCKET MAXIMUM

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits for the remainder of the year.

WHICH PLAN IS RIGHT FOR ME?

PLATINUM PLAN

The Platinum plan provides a mid-level of benefit coverage designed to minimize your healthcare expenses. When you elect the Platinum Plan, you are automatically enrolled in secondary medical coverage through MedPlus, which acts as an additional layer of financial protection. This secondary coverage helps offset costs such as deductibles and copays, significantly reducing your overall out-of-pocket expenses.

GOLD PLAN

The Gold plan provides a higher level of benefit coverage. Gold plan offers solid coverage for individuals and families who want dependable benefits at a moderate cost. With predictable copays and comprehensive preventive care, this plan is ideal for those who expect occasional medical visits and want peace of mind without high premiums.

SILVER PLAN

The Silver plan provides a mid-level of benefit coverage. When you elect Silver plan you are automatically enrolled in secondary medical coverage through MedPlus. Secondary medical coverage provides a layer of additional insurance protection designed to significantly lower your overall out of pocket costs. This plan may be the best fit for you and your family if you anticipate regularly using the plan or historically have various medical expenses throughout the year.

BRONZE PLAN

The Bronze plan provides a basic level of insurance coverage. The cost of the plan is less because the overall benefit has much higher deductible and overall out of pocket costs. This plan may be the best fit for you and your family if your goal is to have protection against a catastrophic and unexpected medical expense and do not historically have medical expenses.



MEDICAL INSURANCE

BLUE CROSS BLUE SHIELD OF ALABAMA

ALVMA offers Four medical plan options administered by Blue Cross Blue Shield of Alabama. All plans are Preferred Provider Organization (PPO) 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 BCBS 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.

	PLATINUM (INCLUDES SECONDARY)	GOLD	SILVER (INCLUDES SECONDARY)	BRONZE
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
<i>Deductible</i>				
Individual	\$500	\$1,000	\$2,000	\$4,000
Family	\$1,000	\$2,000	\$4,000	\$8,000
Coinsurance	80%	100%	80%	80%
<i>Out-of-Pocket Max.</i>				
Individual	\$3,300	\$6,000	\$4,800	\$6,800
Family	\$6,600	\$12,000	\$9,600	\$13,600
<i>Inpatient Services</i>				
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
Emergency Room	\$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
<i>Physician Office Visits</i>				
Preventive Care	100% covered	100%	100% covered	100% covered
Primary Care	\$45	\$40	\$45	\$45
Specialist Office	\$65	\$60	\$65	\$65
<i>Outpatient Services</i>				
Outpatient Surgical	\$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
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
<i>Prescription Drug</i>				
Tier 1	\$15	\$15	\$15	\$15
Tier 2	\$60	\$50	\$60	\$60
Tier 3	\$100	\$100	\$100	\$100
Tier 4	\$425	\$395	\$425	\$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

MEDICAL INSURANCE

SECONDARY MEDICAL PLAN OVERVIEW

WHAT IS SECONDARY MEDICAL?

Eligible Secondary Medical Expenses include (but are not limited to):

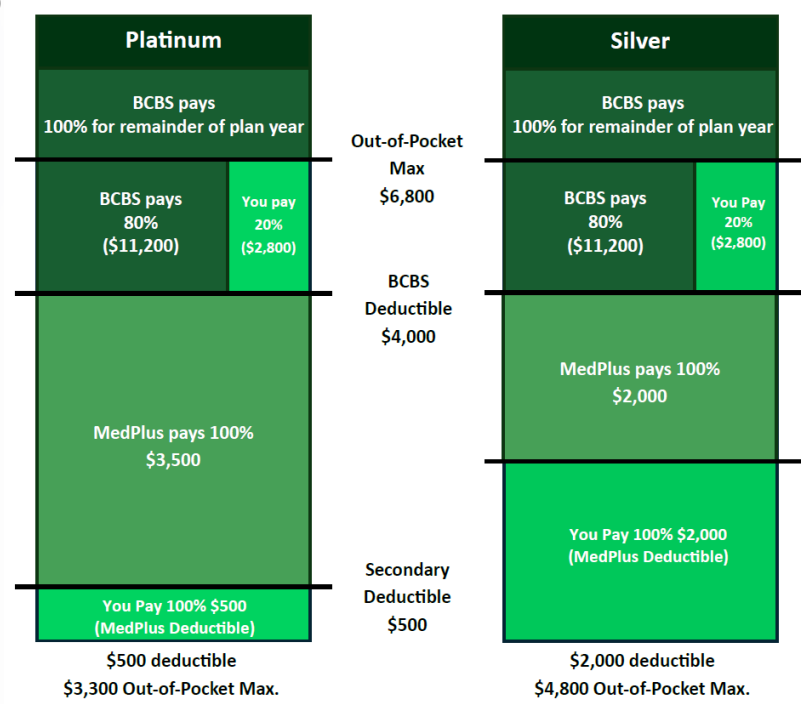
- Diagnostic tests (such as lab work)
- Hospital charges (facility & physician)
- MRI's, X-rays, Chemotherapy, Radiation, etc.
- Ambulance transportation
- Emergency Room expenses
- Procedures performed at an outpatient facility
- Other covered services (Physical Therapy, Chiropractic care, etc.)
- Mental, Nervous & Substance Abuse

HOW THE PLATINUM AND SILVER PLAN WORKS

- Platinum Plan**
- The Platinum plan includes a **\$500 deductible** and a **\$3,500 MedPlus secondary benefit**.
 - Members are responsible for the first **\$500** in eligible medical expenses.
 - After meeting the \$500 secondary deductible, **MedPlus** begins paying the next **\$3,500** in eligible expenses directly to the provider on the member's behalf.
 - When the \$3,500 MedPlus benefit is applied against the \$6,800 BCBS out-of-pocket maximum, the member's **maximum out-of-pocket exposure** in a given year is **\$3,300**.

- Silver Plan**
- The Silver plan includes a **\$2,000 deductible** and a **\$2,000 MedPlus secondary benefit**.
 - Members are responsible for the first **\$2,000** in eligible medical expenses.
 - After meeting the \$2,000 secondary deductible, **MedPlus** begins paying the next **\$2,000** in eligible expenses directly to the provider on the member's behalf.
 - When the \$2,000 MedPlus benefit is applied against the \$6,800 BCBS out-of-pocket maximum, the member's **maximum out-of-pocket exposure** in a given year is **\$4,800**.

Please Note: Secondary coverage does not cover office visits, prescription drug co-pays or home-health services. *Example shown reflects single coverage.



USING YOUR BENEFITS

Members will receive ID cards for both Blue Cross Blue Shield of Alabama and MedPlus. When visiting a medical provider or any other healthcare facility, you will provide both insurance cards for proper claims processing.



DENTAL INSURANCE

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 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
Calendar Year Deductible Applies to: Individual Family	\$25 single \$75 family	\$50 single \$150 family
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

VISION INSURANCE

CANOPY (VSP)

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

VALUE ADDED PROGRAMS

BLUE CROSS BLUE SHIELD OF ALABAMA

Blue Cross members have access to electronic newsletters and personalized health tools such as health trackers and assessments. Additionally, Blue Cross offers a number of support tools and resources to help you and dependents take charge of your healthcare. Login to your myBlueCross portal to learn more.

BLUECARE HEALTH ADVOCACY

Your BlueCare Health Advocate serves as a coach and advisor to you and your covered dependents. Find out what your Health Advocate can do for you by calling 1-888-759-2764 today!

MY HEALTH ASSISTANT PROGRAMS

These web-based health courses offer step-by-step assistance to help you change unhealthy behaviors and make better choices. Areas of focus include nutrition, exercise, weight management, tobacco cessation, emotional health and stress management.

PERSONAL HEALTH RECORD

The Personal Health Record allows you to keep your health information in one secure, central location. Information can be entered manually, and automatically added from two years of processed claims. Health Trackers allow you to chart your personal health over time.

CHRONIC CONDITION MANAGEMENT

Chronic Condition Management incorporates a holistic, personalized approach to managing your healthcare. This telephone-based program assists members with Asthma, Coronary Artery Disease, COPD, Diabetes and Heart Failure. The main goal is to help you stay healthy. Talk to a Chronic Condition Management health professional at 888-841-5741.

BABY YOURSELF® MATERNITY PROGRAM

Expecting mothers can receive telephone or e-mail support from an experienced registered nurse throughout pregnancy. The Baby Yourself app provides additional information, trackers and easy access to your nurse through one-button dialing. Once your baby arrives, the Lactation Program provides encouragement and information designed to improve the well-being of infants and their families. You can enroll once you learn you are pregnant. Call 1-800-222-4379 to enroll or visit www.bcbsal.org/web/health/baby.html.

To access your wellness tools, visit AlabamaBlue.com/mybluewellness.

BLUE365 DISCOUNT PROGRAM

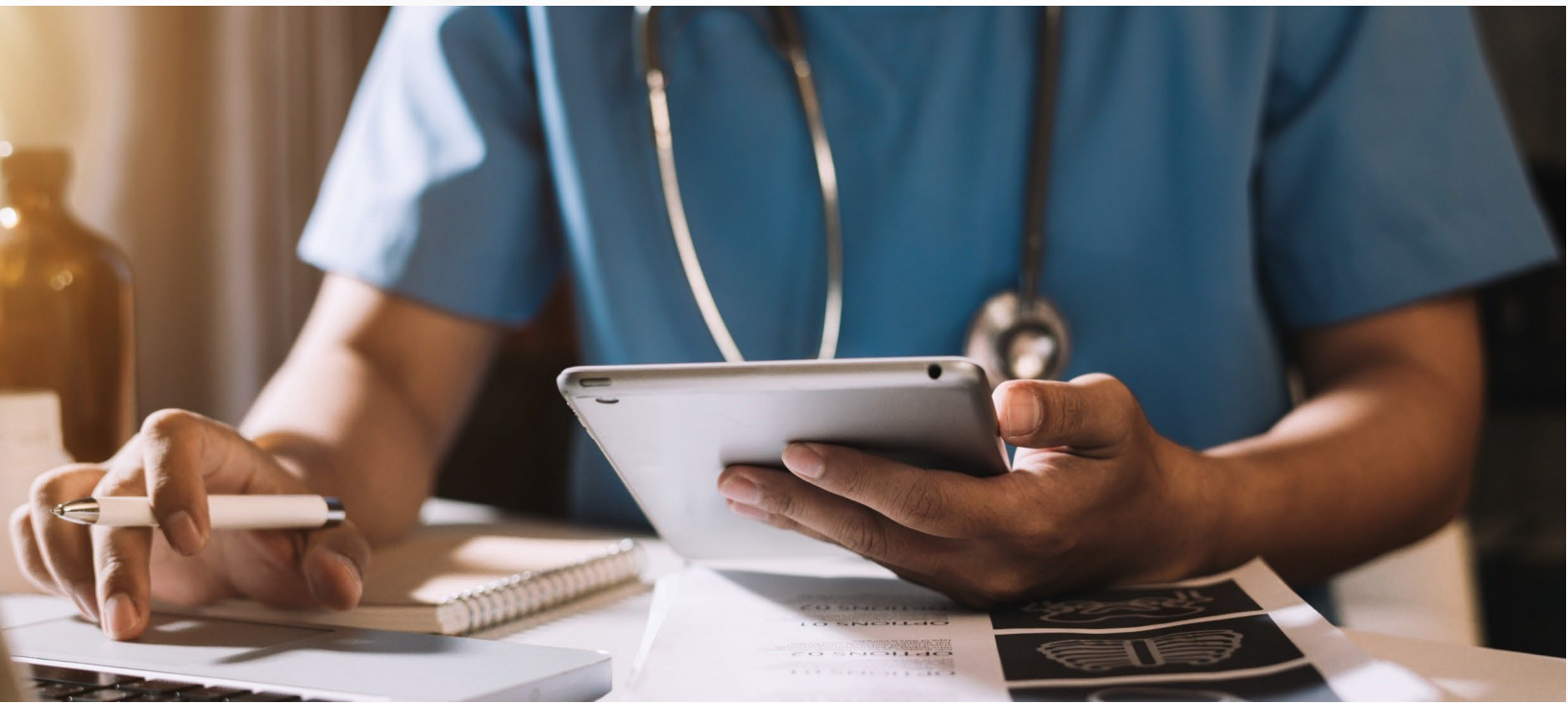
Take advantage of healthy deals and discounts exclusively for BlueCross members. With discounts on fitness gear, healthy eating options, personal care and more saving is easy. Visit AlabamaBlue.com/Blue365 to learn more.

FITNESS YOUR WAY

Whether your goals are physical, such as losing weight and maximizing energy, or emotional like dealing with stress and improving your mood, Fitness Your Way can help you meet your goals, on your budget. Sign up with a \$29 enrollment fee and pay just \$29 per month, plus local tax. You can visit any participating fitness location—anytime, anywhere — as often as you like. To sign up, visit AlabamaBlue.com/Blue365.

TELEMEDICINE

DOCTOR ON DEMAND



Telephone and online video consultations are available for all associates & family members enrolled in medical coverage.

You've got access to top doctors and therapists 24/7/365 with Doctor on Demand by Included Health. Get treatment for 90% of all common ER complaints, from common colds to uncommon rashes. Plus, connect with a therapist or psychiatrist whenever and wherever you're comfortable. To enroll in Doctor on Demand, download the app and activate your account. Once active choose a doctor and connect face-to-face to get help with all your health needs, mental and physical. You can also call 800-997-6196 to schedule an appointment!

Doctor on Demand only charges an office visit copay of \$45 per visit!



WHAT DOCTOR ON DEMAND TREATS:

*Allergies and asthma
Urinary tract infections
Sinus Infections
Depression and anxiety
Flu / cold / cough / ear infection
Prescriptions and refills*



WHEN TO USE DOCTOR ON DEMAND:

*Non-emergency medical assistance
Physician unavailable
After normal hours of operation
On vacation / out-of-town
Short-term prescription refill
Second medical opinions*

Medicare Services

for Individuals & Employees

Don't wait — during Open Enrollment, connect with HTA for a free, no-pressure consultation to review your Medicare and insurance options and see if switching is right for you. Guidance is available to employees, their friends, and family members.

- ✓ **Free Consultations**
- ✓ **Enrollment Assistance**
- ✓ **Personalized Plan Recommendations**
- ✓ **Licensed Experts Ready to Help**
- ✓ **Holistic Approach**
- ✓ **Ongoing Support**



Call us +610-430-6650



🌐 HTA-insurance.com

✉ Medicare@HTA-insurance.com

HTA Insurance offers **FREE expert guidance** to help you navigate enrollment, choose the right Medicare coverage, and ensure everything is in place for a smooth transition into post-work life.



Comparing Group Health Plans to Medicare:

Helping Employees Choose

HTA has developed tools to make the decision easier — including:

- ✓ A cost comparison worksheet
- ✓ Medicare cost info by income and plan
- ✓ Short, clear guidance videos
- ✓ One-on-one consultations with HTA experts

VISIT: HTA-insurance.com/medicare-cost-analysis/

**Cost Free
Side-by-Side Comparison**

 HTA-insurance.com  610-430-6650 (opt. 1)

 Medicare@HTA-insurance.com

VALUE ADDED PROGRAMS

BLUE CROSS BLUE SHIELD OF ALABAMA - MY BLUE REWARDS

Taking steps toward a healthy lifestyle provides many rewards.

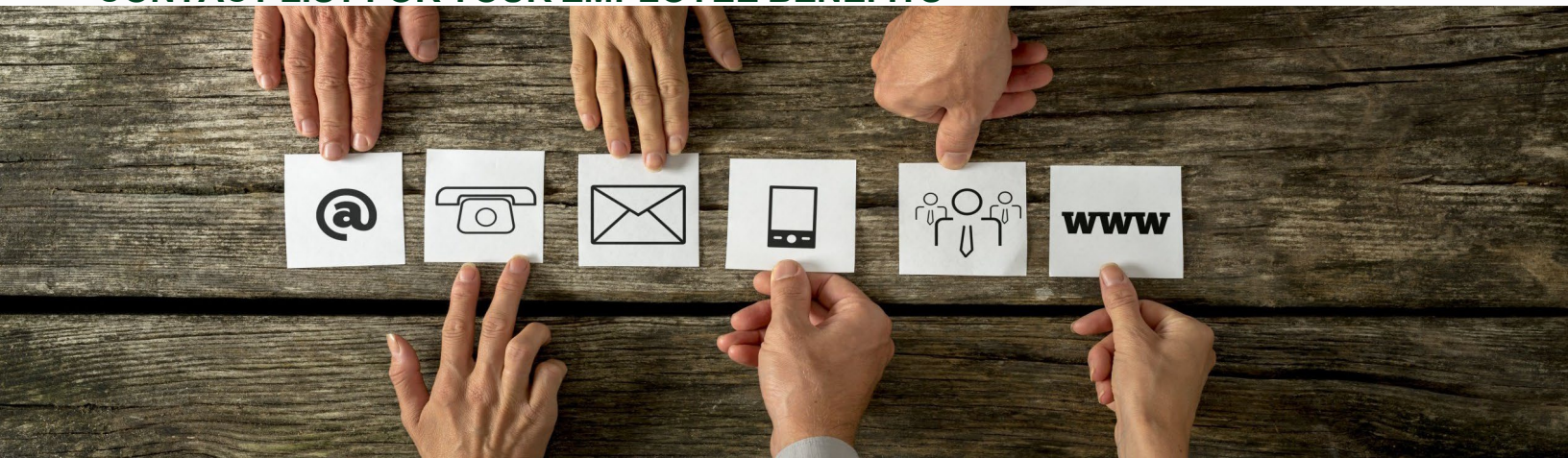
By taking charge of your health, you can increase your energy, decrease your chance of developing several preventable illnesses, and – best of all – you simply feel better! Because Blue Cross and Blue Shield of Alabama cares about you and your health, we want to encourage healthier choices through the *myBlueRewards* program. This program offers you a \$50 gift card and other health benefits that come with a healthy lifestyle.

What is the *myBlueRewards* program?

All covered members and dependents age 18 and over can participate in the *myBlueRewards* program through their health plan(s). Participants will be rewarded with a \$50 gift card when they complete a preventive office visit and the Health Assessment. To access the Health Assessment online, participants must register or log in to *myBlueCross* at AlabamaBlue.com and select “Health Assessment” under *myHealth* in the main navigation. Participants must complete the activities within the current calendar year to be eligible for a gift card.

CONTACT INFORMATION

CONTACT LIST FOR YOUR EMPLOYEE BENEFITS



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

NOTES

USE THIS PAGE FOR INFORMATION YOU FIND HELPFUL

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