

Medical Benefits

Overview

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

The ALVMA Platinum Plan and Silver 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.

	Platinum (Includes Secondary)	Gold	Silver (Includes Secondary)	Bronze
Medical Benefits	In-Network Individual / Family	In-Network Individual / Family	In-Network Individual / Family	In-Network Individual / Family
Office Copay (PCP / SPC)	\$45 / \$65	\$40 / \$60	\$45 / \$65	\$45 / \$65
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 Maximum Individual / Family	\$3,300 / \$6,600	\$6,000 / \$12,000	\$4,800 / \$3,600	\$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	20% Coinsurance Subject to CYD
Emergency Room	\$500 CYD, then GAP pays up to \$3,500	\$250 Copay	\$2,000 CYD, then GAP pays up to \$2,000	20% Coinsurance Subject to CYD
Physician Office Visits Preventative Care Primary Care Specialist Office	100% Covered \$45 Copay \$65 Copay	100% Covered \$40 Copay \$60 Copay	100% Covered \$45 Copay \$65 Copay	100% Covered \$45 Copay \$65 Copay
Outpatient Services Outpatient Facility	\$500 CYD, then GAP pays up to \$3,500	\$250 Copay	\$2,000 CYD, then GAP pays up to \$2,000	20% Coinsurance Subject to CYD
Diagnostics (X-ray / Lab)	\$500 CYD, then GAP pays up to \$3,500	\$250 Copay	\$2,000 CYD, then GAP pays up to \$2,000	20% Coinsurance Subject to CYD
Mental Health / Substance Abuse	\$500 CYD, then GAP pays up to \$3,500	\$250 Copay	\$2,000 CYD, then GAP pays up to \$2,000	20% Coinsurance Subject to CYD
Prescription Drugs Tier 1 Tier 2 Tier 3 Tier 4	\$15 Copay \$60 Copay \$100 Copay \$425 Copay	\$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	Platinum (Includes Secondary)	Gold	Silver (Includes Secondary)	Bronze
Employee Only	\$618.65	\$696.49	\$580.88	\$536.32
Employee + Spouse	\$1,284.03	\$1,447.36	\$1,203.19	\$1,107.80
Employee + Child(ren)	\$1,056.95	\$1,176.15	\$985.99	\$902.26
Family	\$1,788.15	\$2,039.47	\$1,683.02	\$1,558.96