Medical Benefits

Overview

You have four 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.

For rate inquiries, please contact **Patrick Pittman** at **205-215-8152** or via email at **patrick@southviewbenefits.com**

	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**
Deductible Individual / Family Coinsurance	**$500 / $1,000** 70%	**$1,000 / $2,000** 80%	**$2,000 / $4,000** 70%	**$5,000 / $10,000** 70%
Out-of-Pocket Maximum Individual / Family	**$3,000 / $6,000**	**$7,000 / $14,000**	**$4,500 / $9,000**	**$7,500 / $15,000**
Inpatient Services Inpatient Facility	$500 CYD, then GAP pays up to $4,500	20% coinsurance subject to CYD	$2,000 CYD, then GAP pays up to $3,000	30% coinsurance subject to CYD
Emergency Room	$500 CYD, then GAP pays up to $4,500	20% coinsurance subject to CYD	$2,000 CYD, then GAP pays up to $3,000	30% 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 $4,500	20% coinsurance subject to CYD	$2,000 CYD, then GAP pays up to $3,000	30% coinsurance subject to CYD
Diagnostics (X-ray / Lab)	$500 CYD, then GAP pays up to $4,500	20% coinsurance subject to CYD	$2,000 CYD, then GAP pays up to $3,000	30% coinsurance subject to CYD
Prescription Drugs Tier 1 Tier 2 Tier 3 Tier 4	$15 Copay $60 Copay $125 Copay $450 Copay	$15 Copay $50 Copay $100 Copay $395 Copay	$15 Copay $60 Copay $125 Copay $450 Copay	$15 Copay $60 Copay $125 Copay $450 Copay