

# ARHA HEALTH PLAN OVERVIEW

Alabama Restaurant & Hospitality Association is pleased to offer its members dental and medical coverage through blue cross blue shield of Alabama. As a member of ARHA, you have the opportunity to purchase coverage for you and your family. Please see plan highlights below:

## MEDICAL INSURANCE — BLUECROSS BLUESHIELD OF ALABAMA

BENEFITS OVERVIEW	PREMIER PLAN	VALUE PLAN	BRONZE PLAN
Deductible - Individual/Family	\$1,000/\$2,000	\$5,000/10,000	\$4,000/\$8,000
Out-of-Pocket Max. - Individual/Family	\$3,000/\$6,000	\$7,000/\$14,000	\$6,000/\$12,000
Inpatient Service	Covered 80% Subject to deductible	Covered 80% Subject to deductible	Covered 60% Subject to deductible
Office Visit Copays - Primary/Specialists	\$35/\$50	\$35/\$50	Covered 60% Subject to deductible
Outpatient Services	Covered 80% Subject to deductible	Covered 80% Subject to deductible	Covered 60% Subject to deductible
Prescription Drug Copays			
Tier 1	\$15	\$15	\$15
Tier 2	\$60	\$60	\$50
Tier 3	\$100	\$100	\$75
Tier 4	\$425	\$425	\$395
MONTHLY RATES			
Employee	\$630.73	\$588.13	\$555.66
Employee + Spouse	\$1,237.73	\$1,148.27	\$1,083.32
Employee + Children	\$1,144.90	\$1,066.49	\$1,006.43
Family	\$1,758.77	\$1,626.63	\$1,534.09

## HOW IT WORKS: TRANSAMERICA SECONDARY



## DATES TO KNOW

- Open Enrollment - March 18th - April 12th
- Coverage Starts - May 1, 2024
- Participating Agreements to be submitted prior to Open Enrollment Appointment (submit [tosaugustson@cobbsallen.com](mailto:tosaugustson@cobbsallen.com))



## DENTAL — DELTA DENTAL

BENEFITS OVERVIEW	ENHANCED PLAN	BASIC PLAN
Annual Deductible - (per member/per family)	\$25 / \$75	\$50 single / \$150 family
Annual Maximum per Individual	\$2,500	\$1,000
Lifetime Orthodontia Maximum (26 and under)	\$1,500	\$1,500
<b>Diagnostic and Preventive Services</b> <i>Exams, Cleanings, Fluoride Treatment, Space Maintainers, X-Rays, Sealants</i>	Covered 100%	Covered 100%
<b>Basic Services</b> <i>Fillings, Simple Extractions, General Anesthesia, Oral Surgery, Endodontics, Periodontics</i>	Covered 100% Subject to deductible	Covered 80% Subject to deductible
<b>Major Services</b> <i>Crowns, Inlays, Onlays, Bridges, Dentures</i>	80% Subject to deductible	50% Subject to deductible
<b>Orthodontics Service</b>	Covered 50%	Covered 50%
MONTHLY RATES		
Employee Only	\$30.90	\$25.74
Employee + Spouse	\$59.54	\$49.65
Employee + Children	\$73.62	\$55.76
Family	\$110.42	\$85.10

## VISION — VSP

BENEFITS OVERVIEW	IN-NETWORK
Eye Exam	\$20 Copay
Lens	
Contact Lens Evaluation & Fitting	Up to \$60 copay
Contact Lens Medically Necessary	Covered in full
Contact Lens Elective	Up to \$130
Single Vision Lenses	\$20 copay
Bifocal Lenses	\$20 copay
Trifocal Lenses	\$20 copay
Lenticular Lenses	\$20 copay
Standard Frame	Up to \$130
Monthly Rates	
Employee	\$13.34
Employee + Spouse	\$18.94
Employee + Children	\$19.25
Family	\$28.59

## ON-GOING ADMINISTRATION

- New Hire have a 30 days to enroll from their coverage start date. To enroll new hires, schedule a new hire enrollment call via [www.ARHACares.com](http://www.ARHACares.com)
- Qualifying Life Events ,If an employee has a qualifying life event (e.g. marriage, divorce, birth/adoption, loss of coverage elsewhere, etc.) complete the ARHA Change Form located on Step 4 of the landing page. Executed forms can be emailed to the [saugustson@cobbsallen.com](mailto:saugustson@cobbsallen.com).
- Participating Agreements to be submitted prior to Open Enrollment Appointment (submit to [saugustson@cobbsallen.com](mailto:saugustson@cobbsallen.com))

## BILLING

- Each month BCBS sends one invoice to ARHA for all participating member companies. The invoice is then broken out into company specific invoices.
- Each participating employer will be assigned a login to: [www.simon365.com](http://www.simon365.com)
- Invoices generate on the 5th of each month during coverage, due on the 15th, and late on the 20th.
- Billing questions? Email: [saugustson@cobbsallen.com](mailto:saugustson@cobbsallen.com)

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**ARHA**  
HEALTH TRUST PLAN  
*Care*