

# AGA Benefits Overview

AGA is pleased to offer its members medical coverage through BlueCross BlueShield, Secondary Medical through MedPlus, dental coverage through Delta Dental and vision coverage through VSP. As a member of the association, you have the opportunity to purchase health insurance for you and your family.



## Medical - BlueCrossBlueShield

	Premier Plan	Silver Plan
Calendar Year Deductibles	\$500 single / \$1,000 family	\$4,000 single / \$8,000 family
Out of Pocket Maximum	\$2,800 single / \$5,600 family	\$6,800 single / \$13,600 family
Primary Care	\$45 copay	\$45 copay
Specialist	\$65 copay	\$65 copay
In-Network Coinsurance	80% after deductible	80% after deductible
Monthly Rates		
EE Only	\$663.80	\$599.67
EE + Spouse	\$1,325.38	\$1,184.30
EE + Children	\$1,216.74	\$1,098.10
Family	\$1,878.35	\$1,682.76

## Dental - Delta Dental

	Enhanced Plan	Basic Plan
Annual Deductible	\$50 single / \$150 family	\$50 single / \$150 family
Annual Maximum per Individual	\$1,500	\$750
Lifetime Orthodontia Maximum	\$1,000	Not Covered
Diagnostic and Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontics (19 and under)	50%	Not Covered
Monthly Rates		
EE Only	\$32.09	\$29.74
EE + Spouse	\$61.79	\$57.31
EE + Children	\$60.38	\$57.23
Family	\$111.51	\$105.68

# Vision - VSP

	In-Network	Out-of-Network
Eye Exam	\$10 copay	\$45 Allowance
Contact Lens Evaluation and Fitting	Up to \$60 copay	Not Covered
Single Vision Eyeglasses Lenses	\$25 Copay	\$30 Allowance
Standard Frames	\$130 Allowance	\$70 Allowance
Frequency (Exams, Lenses, Frames, & Contact Lenses)	12 Months	
Monthly Rates		
EE Only	\$11.41	
EE + Spouse	\$15.86	
EE + Children	\$16.11	
Family	\$23.52	

## AGA Health Plan FAQs

### Can I elect Dental and/or Vision coverage without electing Medical coverage?

Yes, you may elect Medical coverage or Dental coverage on a standalone basis. You may elect Vision coverage if you also elect either Dental coverage or Medical coverage.

### When and how do I enroll?

Open enrollment will be February 21- March 13, for coverage starting April 1, 2024. Each member company must complete a Participating Employer Agreement prior to open enrollment. Please visit [www.AGABenefits.com](http://www.AGABenefits.com) (Step 3) for the agreement, or contact Patrick Pittman at 205-874-1268.

### What if I'm already enrolled in another health plan?

Open enrollment is a Qualifying Life Event. If your company already offers another health plan, you are still eligible to enroll in the AGA Health Plan. Credit may be given for the deductible that you have reached on your current health plan. You may discuss credit for your deductible with the Benefits Educator during your scheduled appointment.