

2024



AGA Health Plan

EMPLOYEE BENEFITS GUIDE

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

www.AGABenefits.com

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The AGA is proud to provide our member companies and their employees with a comprehensive and competitive benefits program. 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 AGA 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. You can find these summaries and other plan documents at www.agabenefits.com. The legal plan documents and master insurance policies are the final authority in determining benefits. AGA 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.

AGA

ELIGIBILITY & ENROLLMENT

WELCOME TO YOUR NEW EMPLOYEE BENEFITS



WHO IS ELIGIBLE

You are eligible for benefits if:

- Your employer has completed an AGA participating employer agreement and
- 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. Most 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 April 1st.



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 AGA's benefit coverages. Most 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 2024 plan year, AGA's annual open enrollment period will take place beginning February 21, 2024 and will close March 13, 2024. All changes and elections will be effective April 1.

HOW TO ENROLL



We provide multiple options for enrollment based on the needs of each employer. Please contact your Human Resources team or Plan Administrator for more details.



If you need additional information on the plans please visit the benefits website at www.agabenefits.com

ELIGIBILITY & ENROLLMENT

WELCOME TO YOUR NEW EMPLOYEE BENEFITS

WHEN YOU CAN MAKE CHANGES

AGA benefits plan year is from April 1 to March 31. Generally, you can only change your benefit choices during the annual Benefits Enrollment period.

You are also allowed to make benefit changes if you have an IRS “Qualifying Event” during the 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 that 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 life event change, you must submit notification to your manager within 30 days of the qualifying event. Depending on the type of change, you may need to provide proof document-tation (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

BLUE CROSS BLUE SHIELD OF ALABAMA

The AGA offers two medical plan options, both utilizing the Blue Cross and Blue Shield of Alabama Blue Saver 4000 Plan. We call this our Silver Plan. We also offer a Premier Plan, which couples the Blue Saver 4000 with a Secondary Medical Plan. More details can be found below. Both plans utilize the full BCBS Preferred Provider Organization network.

Both 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 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.

	PREMIER PLAN	SILVER PLAN
	IN-NETWORK	IN-NETWORK
<i>Deductible</i>		
<i>Individual</i>	\$500	\$4,000
<i>Family</i>	\$1,000	\$8,000
<i>Coinsurance</i>	20%	20%
<i>Out-of-Pocket Max.</i>		
<i>Individual</i>	\$2,800	\$6,800
<i>Family</i>	\$5,600	\$13,000
<i>Inpatient Services</i>		
<i>Inpatient Facility</i>	20% Coinsurance	20% Coinsurance
Emergency Room	20% Coinsurance	20% Coinsurance
<i>Physician Office Visits</i>		
<i>Preventive Care</i>	100% Covered	100% Covered
<i>Primary Care</i>	\$45 Copay	\$45 Copay
<i>Specialist Office</i>	\$65 Copay	\$65 Copay
<i>Outpatient Services</i>		
<i>Outpatient Surgical</i>	20% Coinsurance	20% Coinsurance
Diagnostic X-Ray Lab	20% Coinsurance	20% Coinsurance
Mental Health / Substance Abuse	20% Coinsurance	20% Coinsurance
<i>Prescription Drug</i>		
<i>Tier 1</i>	\$15 Copay	\$15 Copay
<i>Tier 2</i>	\$60 Copay	\$60 Copay
<i>Tier 3</i>	\$100 Copay	\$100 Copay
<i>Tier 4</i>	\$425 Copay	\$425 Copay

MEDICAL INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS		
	PREMIER PLAN	SILVER PLAN
Single	\$663.80	\$599.67
Employee + Spouse	\$1,325.38	\$1,184.30
Employee + Child	\$1,216.74	\$1,098.10
Family	\$1,878.35	\$1,682.76

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?

PREMIER PLAN

The premier plan provides a higher level of benefit coverage. While the premium is also higher, it is for good reason. When you elect the premier plan you are automatically enrolled in secondary medical coverage. 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.

SILVER PLAN

The silver 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

SECONDARY MEDICAL PLAN OVERVIEW

WHAT IS SECONDARY MEDICAL?

You are automatically enrolled in secondary medical coverage when you elect the Premier Medical Plan coverage option through the AGA. Secondary medical coverage provides additional protection by allowing coverage for various eligible medical expenses that you would traditionally pay out of pocket for. There is no separate network or medical review for the Secondary Medical policy. You will have access to the same full network of BCBS providers

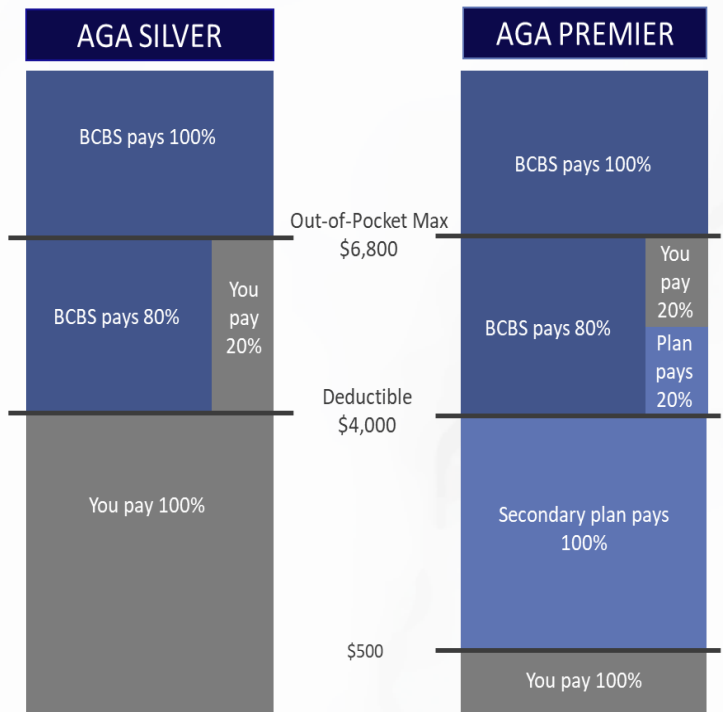
Eligible Secondary Medical Expenses include (but are not limited to):

- 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 PLAN WORKS

- By electing the Premium Medical Plan, you will be responsible for covering your first \$500 in eligible medical expenses.
- Your secondary coverage plan will then step-in to pay the next \$3,500 of you BCBS deductible. (Excluding copays - as they do not apply to the deductible) From there BCBS's coinsurance will pay 80% of all claims and your secondary coverage will pay 20% for the next \$2,500 of claims.
- Once your Secondary Medical plan has paid out the maximum \$4,000 benefit, you will only have responsibility for an additional out of pocket amount of \$2,300 in medical expenses. (Up to this point you will have only paid your \$500 deductible)
- Once you have met your total \$2,800 out-of-pocket maximum, your BCBSAL plan will pay 100% for covered medical expenses for the rest of the year!

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



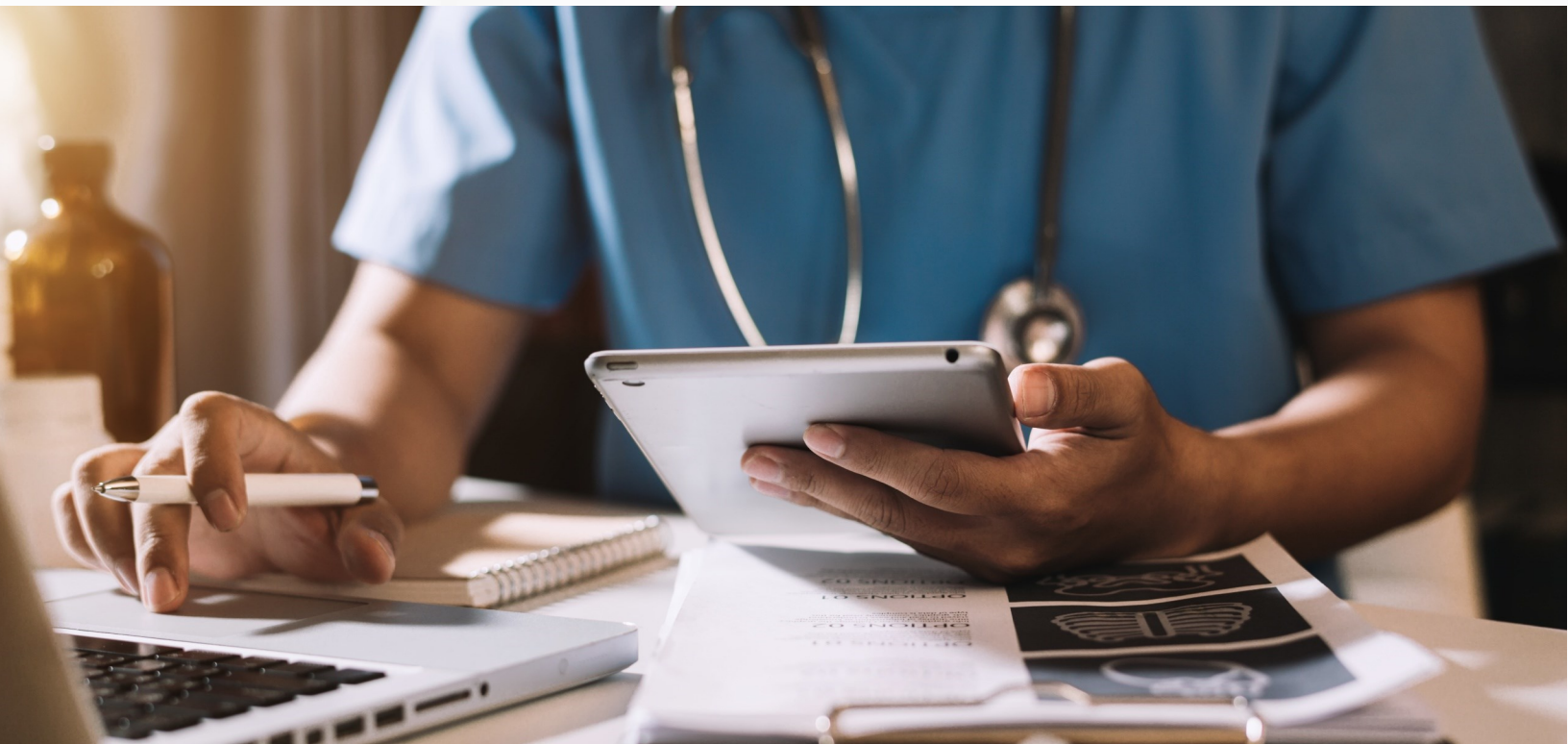
USING YOUR BENEFITS—NEW MEDPLUS ID CARD

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.



TELEMEDICINE

TELADOC



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

Unlimited services are available to members and provide a quick and easy service to diagnose, treat and prescribe medication (when necessary) for certain general medical issues. To enroll in Teladoc, visit www.Teledoc.com/Alabama or call 855.477.4549. You can activate your account, choose a doctor or resolve your issue.

Teladoc consultations are available subject to a \$45 payment per consultation.



COMMON TELEMEDICINE DIAGNOSES:

Sinus problems
Urinary tract infection
Pink eye
Allergies / congestion
Flu / cold / cough / ear infection



WHEN TO USE TELADOC:

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

DENTAL INSURANCE

DELTA DENTAL

AGA offers dental coverage to you through Delta Dental. 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.

DELTA DENTAL INSURANCE		
	DENTAL ENHANCED PLAN	DENTAL BASIC PLAN
BENEFITS	IN-NETWORK	IN-NETWORK
Annual Maximum per Individual	\$1,500	\$750
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, Implants, TMJ	50%	50%
Type IV – Orthodontic Services	50% (Child)	Not Covered
Calendar Year Deductible Applies to: Individual Family	\$50 single \$150 family	\$50 single \$150 family
Lifetime Orthodontia Maximum	\$1,000	Not Covered

DENTAL INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS		
COVERAGE TIER	ENHANCED PLAN	BASIC PLAN
Single	\$32.09	\$29.74
Employee + Spouse	\$61.79	\$57.31
Employee + Child	\$60.38	\$57.23
Family	\$111.51	\$105.68

VISION INSURANCE

VSP

AGA 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.

VISION INSURANCE		
CLASS DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK
Eye Examination Comprehensive exam of visual functions and prescription of corrective eye wear.	\$10 Copay	\$45 Allowance
Contact Lens Evaluation and Fitting Elective Medically Necessary	Up to \$60 Copay \$130 Allowance Covered in full	Not Covered \$105 Allowance \$210 Allowance
Materials / Eye wear Single Vision Eyeglass Lenses Lined Bifocal Eyeglass Lenses Lined Trifocal Eyeglass Lenses Lenticular Eyeglass Lenses	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	\$30 Allowance \$50 Allowance \$60 Allowance \$100 Allowance
Frame Allowance Standard Frame	\$130 Allowance + 20% off balance	\$70 Allowance
Lens Upgrades PolyCarbonate (single vision/multi-vision) Anti-Reflective (single vision/multi-vision) Scratch Resistant (single vision/multi-vision) Transitions / Photochromic (single vision/multi-vision)	\$31 / \$35 \$41 / \$41 \$17 / \$17 \$75 / \$75	Not Covered Not Covered Not Covered \$70 Allowance
Progressive Lens Standard Multi-Vision Premium Multi-Vision Custom Multi-Vision	No-Copay \$95-\$105 \$150-\$175	Not Covered
Laser Vision Correction	15% off Laser Correction	

VISION INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS	
COVERAGE TIER	RATE
Employee Only	\$11.41
Employee + Spouse	\$15.86
Employee + Child(ren)	\$16.11
Employee + Family	\$23.52

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

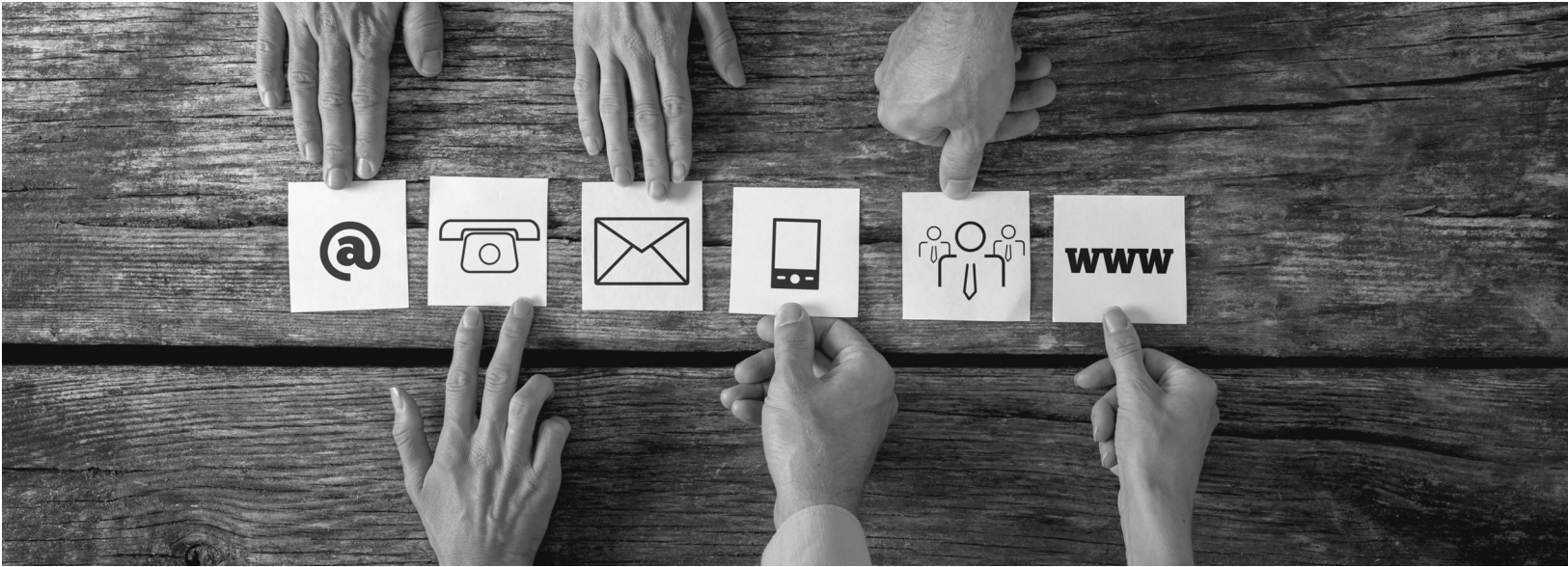
Take advantage of healthy deals and discounts exclusively for BlueCross members. With discounts on fitness gear, healthy eating options, personal care and more saving is easy. Visit AlabamaBlue.com/Blue365 to learn more.

FITNESS YOUR WAY

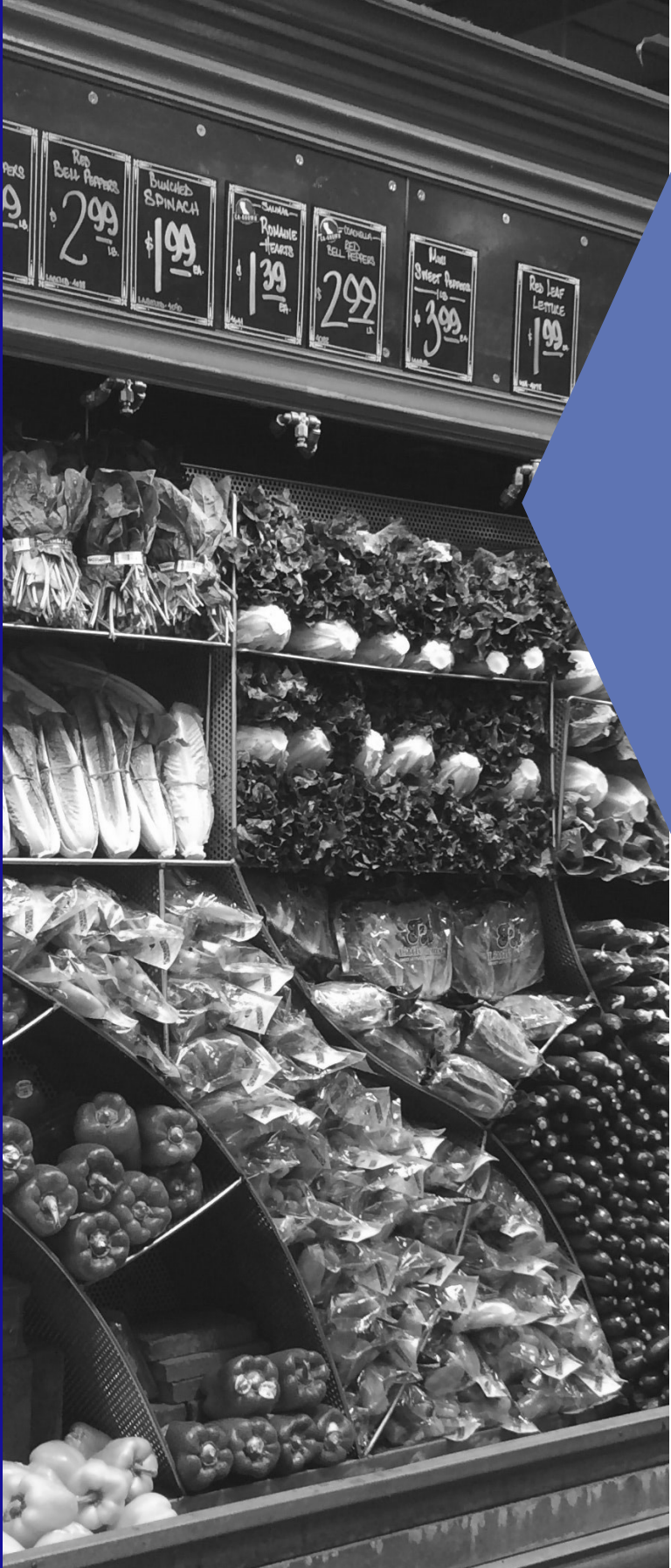
Whether your goals are physical, such as losing weight and maximizing energy, or emotional like dealing with stress and improving your mood, Fitness Your Way can help you meet your goals, on your budget. Sign up with a \$29 enrollment fee and pay just \$29 per month, plus local tax. You can visit any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

CONTACT INFORMATION

CONTACT LIST FOR YOUR EMPLOYEE BENEFITS



CONTACT INFORMATION			
BENEFIT	PROVIDER	PHONE	WEBSITE/EMAIL
Medical	Blue Cross Blue Shield of Alabama	800.292.8868	bcbsal.org
Secondary Medical	MedPlus	601-987-9505	Medplus.veriben.net
Dental	Delta Dental	800.521.2651	Deltadentalins.com
Vision	VSP	800.877.7195	vsp.com



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