



# Alabama State Bar



## ASSOCIATION HEALTH PLAN

2025-2026

Benefits and Financials



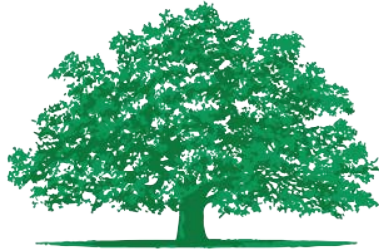
# Alabama State Bar

Rating Period: 8/1/2025- 7/31/2026

Rate Summary for GOLD+		BCBS +MedPlus
		Renewal Rates
Employee		\$ 819.00
Employee + Spouse		\$1,646.00
Employee + Children		\$1,492.00
Family		\$2,318.00
Rate Summary for Gold Plan		BCBS + Medplus
		Renewal Rates
Employee		\$ 751.00
Employee + Spouse		\$1,497.00
Employee + Children		\$1,367.00
Family		\$2,111.00
Rate Summary for Silver Plan		BCBS + Medplus
		Renewal Rates
Employee		\$ 719.00
Employee + Spouse		\$1,425.00
Employee + Children		\$1,307.00
Family		\$2,012.00
Rate Summary for Bronze Plan		BCBS-NO Secondary Insurance
		Renewal Rates
Employee		\$ 631.00
Employee + Spouse		\$1,240.00
Employee + Children		\$1,150.00
Family		\$1,758.00



# Alabama State Bar



**CANOPY  
INSURANCE**  
ROOTED IN ALABAMA

Rating Period: 8/1/2025 7/31/2026

New for 2025

We will be making a change to

**Canopy Insurance**

Dental and Vision

## Rate Summary for Dental Value

	<u>Renewal Rates</u>
Employee	\$22
Employee + Spouse	\$41
Employee + Children	\$47
Family	\$70

## Rate Summary for Dental Complete

	<u>Renewal Rates</u>
Employee	\$32
Employee + Spouse	\$60
Employee + Children	\$69
Family	\$102





## Rate Summary for VSP Vision

	<u>Renewal Rates</u>
Employee	\$8
Employee + Spouse	\$13
Employee + Children	\$13
Family	\$21

# MedPlus

Part of your health insurance package includes MedPlus, which is your secondary insurance carrier. The secondary coverage allows you to pay a lesser deductible (than your primary insurance) while still receiving credit toward your primary insurance deductible. It is extremely important to remember the facts below when visiting your providers, as they may overlook this information and expect payment from you!



-  When visiting ANY doctor, hospital, or facility where medical treatment is rendered, point out to the billing, insurance, or front desk coordinators that you have **two insurance companies** to file claims against.
-  Information about how to file claims with your MedPlus plan can be found on your MedPlus insurance card, or on the right side of your combined insurance card under MedPlus.
-  The Customer Service number is located on your card for benefit verification, claim status and other billing and benefit related matters. You can also call 800-890-7337 for questions about your plan.
-  **REMEMBER – THE SECONDARY INSURANCE IS TO BE USED IN CONJUNCTION WITH YOUR PRIMARY COVERAGE. ( PLEASE REFER TO YOUR HEALTH BOOKLET FOR ALL APPROVED AND ALLOWED SERVICES AS WELL AS DEDUCTIBLE AND COPAYS THAT MAY APPLY).**



MedPlus supplemental plans are provided by Gulf Guaranty Employee Benefit Services and underwritten by Gulf Guaranty Life Insurance Company.









Two cards, ONE benefit!  
Make sure you present both your BlueCross card and your MedPlus card when using your benefits.

Sample BCBS AL Card

Sample Medplus Card

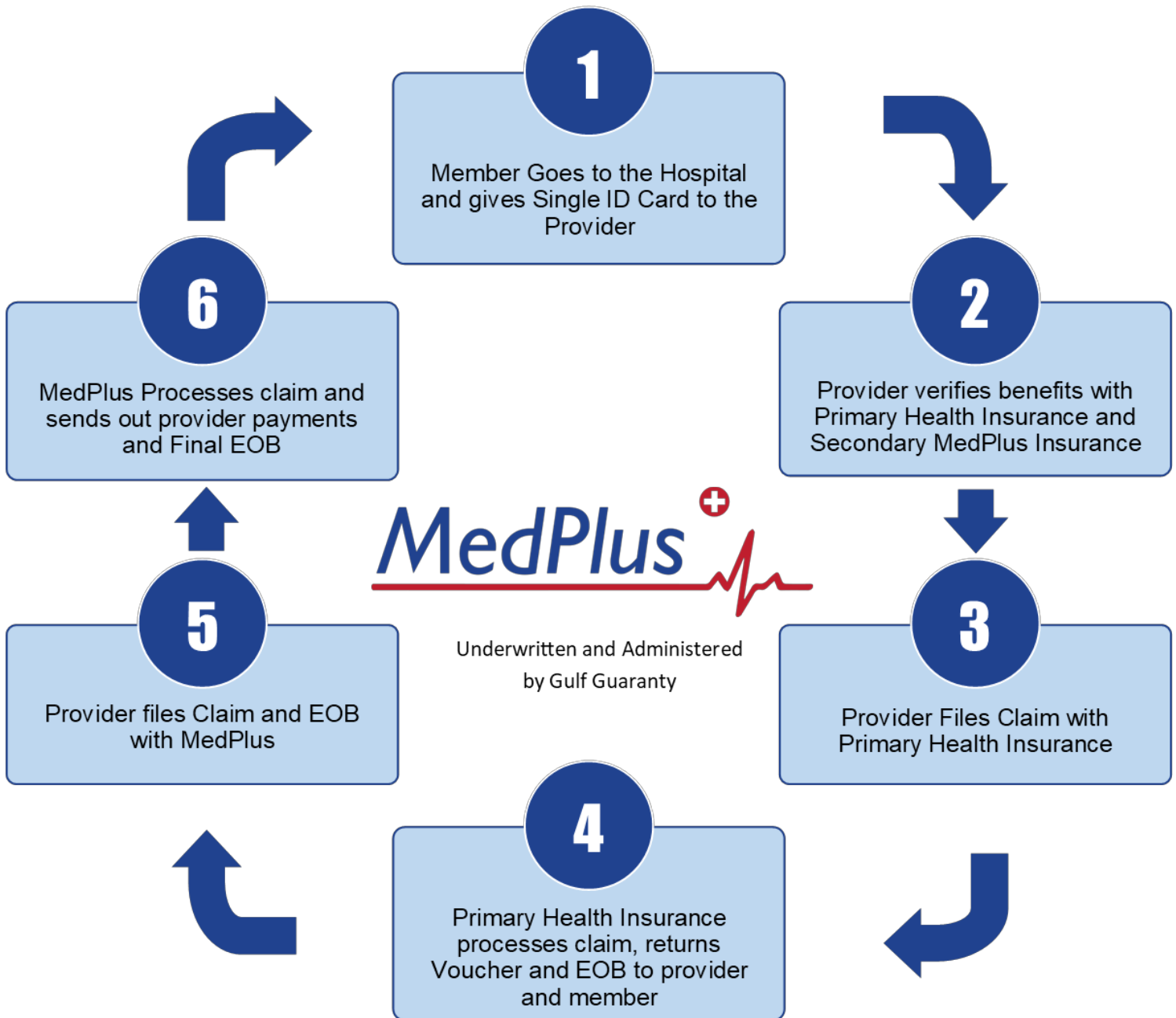
 <b>BlueCross BlueShield of Alabama</b>			
Subscriber Name _____			
Contract Number _____			
Group Number	59617		
Effective Date	01-01-2021		
Rx BIN Number	004915		
<b>HEALTH</b>	<b>PAC</b>	 	

<b>Primary Health Plan</b> Logo Here			
EMPLOYEE NAME HERE			
Primary Health Plan ID: <b>XYZ123456789</b> Plan Codes: 111 111		Supplemental Health Plan ID: <b>123456789</b> Group Plan #: 00123	
<b>XYZ Company</b>			
Primary Health Plan PO Box 123 Nowhere, USA 12345 CUST SRVC NBR HERE		Gulf Guaranty Health P.O. Box 14977 Jackson, MS 39236-4977 1-800-890-7337	

*\*\*The sample ID card shown is for illustrative purposes only and does not include valid plan information*



## MedPlus Claim Process



### Definition of Terms:

EOB = Explanation of Benefits

Primary Insurance = \*Other\*

Secondary Insurance = Gulf Guaranty MedPlus



Alabama State Bar  
Association  
**GOLD+**  
Group Supplemental  
Health Insurance Proposal

Effective Date:  
8/1/2025



Lower Employee Deductibles \* Reduce Out of Pocket Exposure \* Save Premium Cost



## Alabama State Bar Association

August 1, 2025

COMPOSITE SUMMARY	BCBSAL	MEDPLUS GOLD +
<b>DEDUCTIBLES &amp; OUT OF POCKET MAXIMUM</b>		
Calendar Year Deductible (CYD)	Single \$9,100 / Family \$18,200	Single \$500 / Family \$1,000
Coinsurance after Deductible	BCBSAL 60% / Member 40%	Medplus 100% / Member 0%
Out of Pocket Maximum (OPM)	Single \$9,100 / Family \$18,200	Single \$500 / Family \$1,000 *
Cost after Deductible and OPM have been met	BCBSAL covers 100%	BCBSAL covers 100%
<b>INPATIENT HOSPITAL FACILITY</b>		
Inpatient Hospital	\$9,100 CYD then 60%	MedPlus pays up to \$8,600
Inpatient Hospital Physician Services	\$9,100 CYD then 60%	MedPlus pays up to \$8,600
<b>OUTPATIENT FACILITY AND PHYSICIAN CHARGES</b>		
Emergency Room + Physician	\$9,100 CYD then 60%	MedPlus pays up to \$8,600
Outpatient Facility & Ambulatory Centers	\$9,100 CYD then 60%	MedPlus pays up to \$8,600
Outpatient Physician (surgery and anesthesia)	\$9,100 CYD then 60%	MedPlus pays up to \$8,600
Outpatient Diagnostic	\$9,100 CYD then 60%	MedPlus pays up to \$8,600
Ambulance	\$9,100 CYD then 60%	MedPlus pays up to \$8,600
Other Covered Services - PT, Chiro, DME	\$9,100 CYD then 60%	MedPlus pays up to \$8,600
<b>PHYSICIAN AND RX CO-PAYS</b>		
Preventative/Wellness	BCBSAL covers at 100%	Covered under BCBSAL
Primary/Specialist Physician Copay	\$45 PCP / \$65 Spec	Covered under BCBSAL
Prescription Drug Benefits: Tier 1,2,3,4	\$0 ded \$15/\$60/\$100/50%	Covered under BCBSAL

\* The Out of Pocket with Medplus does NOT include Doctor Copays or Pharmacy deductibles or Copays.





Alabama State Bar  
Association  
**Gold Plan**  
Group Supplemental  
Health Insurance  
Proposal

Effective Date:  
8/1/2025



Lower Employee Deductibles \* Reduce Out of Pocket Exposure \* Save Premium Cost



## Alabama State Bar Association

August 1, 2025

COMPOSITE SUMMARY	BCBSAL	MEDPLUS GOLD
<b>DEDUCTIBLES &amp; OUT OF POCKET MAXIMUM</b>		
Calendar Year Deductible (CYD)	Single \$9,100 / Family \$18,200	Single \$2,000 / Family \$4,000
Coinsurance after Deductible	BCBSAL 60% / Member 40%	Medplus 100% / Member 0%
Out of Pocket Maximum (OPM)	Single \$9,100 / Family \$18,200	Single \$2,000 / Family \$4,000 *
Cost after Deductible and OPM have been met	BCBSAL covers 100%	BCBSAL covers 100%
<b>INPATIENT HOSPITAL FACILITY</b>		
Inpatient Hospital	\$9,100 CYD then 60%	MedPlus pays up to \$7,100
Inpatient Hospital Physician Services	\$9,100 CYD then 60%	MedPlus pays up to \$7,100
<b>OUTPATIENT FACILITY AND PHYSICIAN CHARGES</b>		
Emergency Room + Physician	\$9,100 CYD then 60%	MedPlus pays up to \$7,100
Outpatient Facility & Ambulatory Centers	\$9,100 CYD then 60%	MedPlus pays up to \$7,100
Outpatient Physician (surgery and anesthesia)	\$9,100 CYD then 60%	MedPlus pays up to \$7,100
Outpatient Diagnostic	\$9,100 CYD then 60%	MedPlus pays up to \$7,100
Ambulance	\$9,100 CYD then 60%	MedPlus pays up to \$7,100
Other Covered Services - PT, Chiro, DME	\$9,100 CYD then 60%	MedPlus pays up to \$7,100
<b>PHYSICIAN AND RX CO-PAYS</b>		
Preventative/Wellness	BCBSAL covers at 100%	Covered under BCBSAL
Primary/Specialist Physician Copay	\$45 PCP / \$65 Spec	Covered under BCBSAL
Prescription Drug Benefits: Tier 1,2,3,4	\$0 ded \$15/\$60/\$100/50%	Covered under BCBSAL

\* The Out of Pocket with Medplus does NOT include Doctor Copays or Pharmacy deductibles or Copays.



Alabama State Bar  
Association  
Silver Plan  
Group Supplemental  
Health Insurance  
Proposal

Effective Date:  
8/1/2025



Lower Employee Deductibles \* Reduce Out of Pocket Exposure \* Save Premium Cost



## Alabama State Bar Association

August 1, 2025

COMPOSITE SUMMARY	BCBSAL	MEDPLUS SILVER
<b>DEDUCTIBLES &amp; OUT OF POCKET MAXIMUM</b>		
Calendar Year Deductible (CYD)	Single \$9,100 / Family \$18,200	Single \$4,000 / Family \$8,000
Coinsurance after Deductible	BCBSAL 60% / Member 40%	Medplus 100% / Member 0%
Out of Pocket Maximum (OPM)	Single \$9,100 / Family \$18,200	Single \$4,000 / Family \$8,000 *
Cost after Deductible and OPM have been met	BCBSAL covers 100%	BCBSAL covers 100%
<b>INPATIENT HOSPITAL FACILITY</b>		
Inpatient Hospital	\$9,100 CYD then 60%	MedPlus pays up to \$5,100
Inpatient Hospital Physician Services	\$9,100 CYD then 60%	MedPlus pays up to \$5,100
<b>OUTPATIENT FACILITY AND PHYSICIAN CHARGES</b>		
Emergency Room + Physician	\$9,100 CYD then 60%	MedPlus pays up to \$5,100
Outpatient Facility & Ambulatory Centers	\$9,100 CYD then 60%	MedPlus pays up to \$5,100
Outpatient Physician (surgery and anesthesia)	\$9,100 CYD then 60%	MedPlus pays up to \$5,100
Outpatient Diagnostic	\$9,100 CYD then 60%	MedPlus pays up to \$5,100
Ambulance	\$9,100 CYD then 60%	MedPlus pays up to \$5,100
Other Covered Services - PT, Chiro, DME	\$9,100 CYD then 60%	MedPlus pays up to \$5,100
<b>PHYSICIAN AND RX CO-PAYS</b>		
Preventative/Wellness	BCBSAL covers at 100%	Covered under BCBSAL
Primary/Specialist Physician Copay	\$45 PCP / \$65 Spec	Covered under BCBSAL
Prescription Drug Benefits: Tier 1,2,3,4	\$0 ded \$15/\$60/\$100/50%	Covered under BCBSAL

\* The Out of Pocket with Medplus does NOT include Doctor Copays or Pharmacy deductibles or Copays.

*We cover what matters.*



Visit our website at  
**AlabamaBlue.com**

# BlueCard<sup>®</sup> PPO Plan Benefits



## Alabama State Bar

Bronze  
BlueCard<sup>®</sup> PPO

Effective August 1, 2025



**BlueCross BlueShield  
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association



## Prescription Drugs: ValueONE Network

### ValueONE Network Facts:

- 41,000 major national and regional pharmacy chains, retailers and grocers, and independent pharmacies participate in the ValueONE Network. This includes many national pharmacies you may already be using.
- Pharmacies that participate in the ValueONE Network can fill up to a 90-day supply of certain medications at the same location (prescription must be written for up to a 90-day supply).
- If you do not use a ValueONE Network pharmacy, you may be responsible for the full cost of your prescription medication. Benefits may not be provided for out-of-network pharmacies.
- To maximize your pharmacy benefits, you will need to transfer all your prescriptions to a ValueONE Network Pharmacy.

### Find a ValueONE Network Pharmacy

You can locate all of the participating pharmacies in your area at

**AlabamaBlue.com/ValueONEPharmacyLocator**. To search for pharmacies in your area, enter your ZIP code in the "Location" search field and then click "Search".

**Alabama State Bar Association Heath Trust**  
**BlueCard® PPO Effective**  
**August 01, 2025**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.		
<b>SUMMARY OF COST SHARING PROVISIONS</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b>		
Calendar year deductibles and out-of-pocket maximums will be calculated in accordance with applicable Federal law.		
<b>Calendar Year Deductible</b>  The in-network and out-of-network calendar year deductibles are separate and do not apply to each other	\$7,000 individual; \$14,000 family	\$10,000 individual; \$20,000 family
<b>Calendar Year Out-of-Pocket Maximum</b>  All deductibles, copays and coinsurance for in-network services and all deductibles, copays and coinsurance for out-of-network mental health disorders and substance abuse emergency services apply to the out-of-pocket maximum.	\$9,100 individual; \$18,200 family  Available manufacturer or provider cost share assistance program payments made with respect to the specialty drugs on the Specialty Drug Coupon Program List do not apply to the in-network out-of-pocket maximum  After you reach your Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year	There is no out-of-pocket maximum for out-of-network services.
<b>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b>		
Precertification is required for inpatient admissions (except medical emergency services, maternity and as required by Federal law); notification within 48 hours for medical emergencies. Generally, if precertification is not obtained, no benefits are available. Call 1-800-248-2342 (toll-free) for precertification.		
<b>Inpatient Hospital</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible  <b>Note:</b> In Alabama, available only for medical emergency services and accidental injury
<b>Inpatient Physician Visits and Consultations</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible  <b>Mental Health Disorders and Substance Abuse Services</b> covered at 50% of the allowed amount, no copay or deductible
<b>OUTPATIENT HOSPITAL BENEFITS</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b>		
Precertification is required for some outpatient hospital benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit <a href="http://AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList">AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList</a> . If precertification is not obtained, no benefits are available.		
<b>Outpatient Surgery (Including Ambulatory Surgical Centers)</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible  <b>In Alabama, not covered</b>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Emergency Room (Accident)</b>  <b>Note:</b> If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to <b>Emergency Room (Medical Emergency)</b> above.	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, and subject to calendar year deductible for services rendered within 72 hours; 50% of the allowed amount subject to calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan
<b>Emergency Room (Physician)</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible  <b>Mental Health Disorders and Substance Abuse Services</b> covered at 60% of the allowed amount, subject to in-network calendar year deductible
<b>Chemotherapy, Dialysis, IV Therapy, Outpatient Diagnostic Lab, Pathology, Radiation Therapy &amp; X-ray</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible  <b>In Alabama</b> , not covered
<b>Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible  <b>In Alabama</b> , not covered
<b>PHYSICIAN BENEFITS</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b>  Precertification is required for some physician benefits. Precertification is also required for provider-administered drugs; visit <a href="http://AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList">AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList</a> . If precertification is not obtained, no benefits are available.		
<b>Office Visits and Second Surgical Opinions</b>	Covered at 100% of the allowed amount, after \$45.00 primary care physician copay or \$65.00 specialist physician copay	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Surgery &amp; Anesthesia</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Maternity Care</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy &amp; X-ray</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Applied Behavioral Analysis (ABA) Therapy</b>  Limited to ages 0-18 for autism spectrum disorders	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>PREVENTIVE CARE BENEFITS</b>		
<b>Routine Immunizations and Preventive Services</b> <ul style="list-style-type: none"> <li>See <a href="http://AlabamaBlue.com/PreventiveServices">AlabamaBlue.com/PreventiveServices</a> and <a href="http://AlabamaBlue.com/SourceRxACAPreventiveDrugList">AlabamaBlue.com/SourceRxACAPreventiveDrugList</a> for a listing of the specific drugs, immunizations and preventive services or call our Customer Service Department for a printed copy</li> <li>Certain immunizations may also be obtained through the Pharmacy Vaccine Network. See <a href="http://AlabamaBlue.com/VaccineNetworkDrugList">AlabamaBlue.com/VaccineNetworkDrugList</a> for more information.</li> </ul>	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
<b>Note:</b> In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.		
<b>PRESCRIPTION DRUG BENEFITS</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b>		
<b>Precertification is required for some drugs; if precertification is not obtained, no benefits are available.</b>		
<b>Retail Prescription Prepaid Benefits</b>  The retail pharmacy network for the plan is <b>ValueONE Retail Network</b> <ul style="list-style-type: none"> <li>Locate a <b>ValueONE</b> Retail Network pharmacy at <a href="http://AlabamaBlue.com/ValueOnePharmacyLocator">AlabamaBlue.com/ValueOnePharmacyLocator</a></li> </ul> Maintenance drugs - up to 90-day supply may be purchased but copay applies for each 30-day supply  Prescription drugs (other than maintenance drugs) - up to a 30-day supply <ul style="list-style-type: none"> <li>Some copays combined for diabetic supplies</li> <li>View the <b>SourceRx 1.0</b> drug list that apply to the plan at <a href="http://AlabamaBlue.com/SourceRx1DrugList4T">AlabamaBlue.com/SourceRx1DrugList4T</a></li> </ul> The only in-network pharmacy for some Tier 4 (specialty) drugs is the <b>Pharmacy Select Network</b> <ul style="list-style-type: none"> <li>Tier 4 (specialty) drugs can be dispensed for up to a 30-day supply</li> <li>View the Specialty Drug List at <a href="http://AlabamaBlue.com/SelfAdministeredSpecialtyDrugList">AlabamaBlue.com/SelfAdministeredSpecialtyDrugList</a></li> </ul>	Covered at 100% of the allowed amount, subject to the following copays for a 30 day supply for each prescription  <b>Tier 1 Drugs:</b> \$15 copay per prescription  <b>Tier 2 Drugs:</b> \$60 copay per prescription  <b>Tier 3 Drugs:</b> \$100 copay per prescription  <b>Tier 4 (specialty) Drugs:</b> 50% of the allowed amount up to \$500 maximum	Not Covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Mail Order Pharmacy Benefits</b> <ul style="list-style-type: none"> <li>Up to a 90-day supply with one copay</li> <li>Mail Order Drugs are available through <b>Home Delivery Network</b> (Enroll online at <a href="http://AlabamaBlue.com/HomeDeliveryNetwork">AlabamaBlue.com/HomeDeliveryNetwork</a> or call 1-800-391-1886)</li> </ul> <p>Only maintenance drugs can be purchased through this mail order pharmacy service</p> <ul style="list-style-type: none"> <li>View the maintenance drug list that applies to the plan at <a href="http://AlabamaBlue.com/MaintenanceDrugList">AlabamaBlue.com/MaintenanceDrugList</a></li> <li>View the <b>SourceRx 1.0</b> drug list that applies to the plan at <a href="http://AlabamaBlue.com/SourceRx1DrugList4T">AlabamaBlue.com/SourceRx1DrugList4T</a></li> </ul>	<b>Tier 1 Drugs:</b> \$37.50 copay per prescription  <b>Tier 2 Drugs:</b> \$150 copay per prescription  <b>Tier 3 Drugs:</b> \$250 copay per prescription  <b>Tier 4 (specialty) Drugs:</b> Not covered	Not Covered
<b>BENEFITS FOR OTHER COVERED SERVICES</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b>		
Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.		
<b>Allergy Testing &amp; Treatment</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Ambulance Service</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Participating Chiropractic Services</b> Limited to 15 visits per member per calendar year	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible  <b>In Alabama, not covered</b>
<b>Durable Medical Equipment (DME)</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Rehabilitative Occupational, Physical and Speech Therapy</b> Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Habilitative Occupational, Physical and Speech Therapy</b> Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
<b>Home Health and Hospice</b>	Covered at 60% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible  <b>In Alabama, not covered</b>

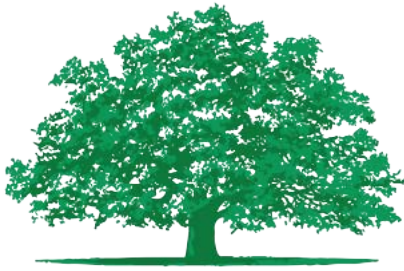


BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>HEALTH MANAGEMENT BENEFITS</b> <b>(Includes Mental Health Disorders and Substance Abuse)</b>		
<b>Individual Case Management</b>	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.	
<b>Chronic Condition Management</b>	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and other specialized conditions.	
<b>Baby Yourself®</b>	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at <a href="http://AlabamaBlue.com/BabyYourself">AlabamaBlue.com/BabyYourself</a> .	
<b>Contraceptive Management</b>	Covers prescription contraceptives, which include: birth control pills, injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance	
<b>Air Medical Transport</b>	Air medical transportation to a network hospital near home if hospitalized while traveling more than 150 miles from home; to arrange transportation, call AirMed at 1-877-872-8624.	

**Useful Information to Maximize Benefits**

- To maximize your benefits, always use in-network providers for services covered by your health benefit plan. To find in-network providers, check a provider directory, provider finder website ([AlabamaBlue.com](http://AlabamaBlue.com)) or call 1-800-810-BLUE (2583).
- In-network hospitals, physicians and other healthcare providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard® PPO, PMD). In-network pharmacies are pharmacies that participate with Blue Cross and Blue Shield of Alabama or its Pharmacy Benefit Manager(s). In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network. Sometimes an in-network provider may furnish a service to you that is not covered under the contract between the provider and a Blue Cross and/or Blue Shield Plan. When this happens, benefits may be denied or reduced. Please refer to your benefit booklet for the type of provider network that we determine to be an in-network provider for a particular service or supply.
- Out-of-network providers generally do not contract with Blue Cross and/or Blue Shield Plans. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area or the average charge for care in the area.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.
- Bariatric Surgery, Gastric Restrictive procedures and complications arising from these procedures are not covered under this plan. Please see your benefit booklet for more detail and for a complete listing of all plan exclusions.
- Please refer to your benefit book or contact Blue Cross directly about coverage for your hospital charges and other related medical services. Approval for air medical services does not mean that hospitalization and other medical expenses will be covered. All coverage determinations for medical benefits are subject to the terms, conditions, limitations and exclusions of the health plan. Air medical transport services are provided through a contract with AirMed International, LLC, an independent company that does not provide Blue Cross and Blue Shield of Alabama products. Blue Cross is not responsible for any mistakes, errors or omissions that AirMed, its employees or staff members make. Air medical services terminate if coverage by your health plan ends.

**This is not a contract, benefit booklet or Summary Plan Description. Benefits are subject to the terms, limitations and conditions of the group contract (including your benefit booklet). Check your benefit booklet for more detailed coverage information. Please visit our website, [AlabamaBlue.com](http://AlabamaBlue.com).**



**CANOPY  
INSURANCE**  
ROOTED IN ALABAMA

## Canopy Dental Insurance: Your Partner in Oral Health

### A Focus on Affordable, Accessible Dental Care

Good oral health is important for overall well-being. Canopy Insurance offers dental insurance plans designed to make quality dental care accessible and affordable. The goal is to provide coverage to keep your smile healthy and vibrant.

### **Our Networks:**

**Alabama Residents:** The DentaNet network provides access to contracted dentists within Alabama.

**Members Outside of Alabama:** The DenteMax network offers a national network of dental care providers. If your dentist accepts DenteMax, they accept Canopy Insurance.

### **Finding a Dentist is Easy:**

Use the online Dental Provider Search tool to find an in-network dentist near you.

### **Accessing Your Benefits:**

Log in to the Canopy Insurance Member Portal to review your plan details, including covered services, copays, deductibles, and out-of-pocket maximums.

### **Choosing Canopy Dental Insurance means choosing:**

**Comprehensive Coverage:** Help manage the costs of many dental services.

**Cost Savings:** Benefit from negotiated rates when visiting in-network providers.

**Easy Access to Care:** Find a participating dentist conveniently.

**Peace of Mind:** Have support for your oral health needs.

Invest in your smile today with Canopy Dental Insurance!



# Alabama State Bar Association Health Trust

## Complete Dental

Effective Date:

8/1/2025

Payment	Participating Dentist PPO MAC Schedule	Non-Participating Dentist Schedule
Class A – Preventative & Diagnostic Services	100%	100%
Class B – Basic Services	80%	80%
Class C – Major Services	50%	50%
Benefit Waiting Period – Class C	0 months	0 months
Individual Deductible per Plan Year - Class A, B and C	\$25 Annual	\$25 Annual
If waived, deductible applies to Class B and C only	Waived	Waived
Family Deductible Maximum per Plan year - Class A, B and C	\$75, Max 3 per family	\$75, Max 3 per family
Plan year Maximum Benefit - Class A, B and C	\$1,750	\$1,750
Class D – Orthodontic Services	n/a	n/a
Individual Orthodontic Deductible per Calendar Year	n/a	n/a
Benefit Waiting Period – Class D	n/a	n/a
Plan Year Maximum Benefit – Class D	n/a	n/a
Lifetime Orthodontic Maximum Benefit	n/a	n/a

Additional Coverage	
Oral Cancer Screening (age 40+, 1 per 24 months)	Yes with Copay
Evidence Based Benefits (Physician statement needed)(pregnancy, diabetes, heart disease)	1 add'l exam and cleaning per plan year

Service	Class
Prophylaxis (Cleanings)	A
Oral Exams	A
Fluoride TX - Child	A
X-Rays - Full Mouth	A
X-Rays - Bitewings	A
Sealants	A
Diagnostic Casts	A
Emergency Exam and Palliative Care	A
Fillings	A
Space Maintainers	A
Simple Extractions	A
Prosthodontic Repairs	A
Endodontics (Root Canals)	A
Periodontics (Below Gum TX)	B
Surgical Extractions	A
Anesthesia	A
Oral Surgery	A
Crowns	C
Bridges	C
Dentures	C
Partials	C
Inlays	C
Onlays	C
Implants	n/a



# Alabama State Bar Association Health Trust

## Value Dental

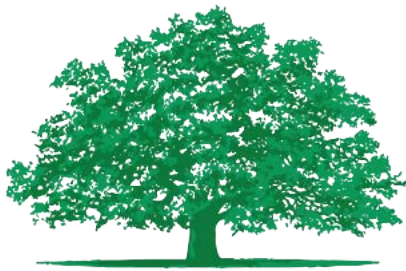
Effective Date:

8/1/2025

Payment	Participating Dentist PPO MAC Schedule	Non-Participating Dentist Schedule
Class A – Preventative & Diagnostic Services	100%	100%
Class B – Basic Services	80%	80%
Class C – Major Services	0%	0%
Benefit Waiting Period – Class C	0 months	0 months
Individual Deductible per Plan Year - Class A, B and C	\$50 Annual	\$50 Annual
If waived, deductible applies to Class B and C only	Waived	Waived
Family Deductible Maximum per Plan year - Class A, B and C	\$150, Max 3 per family	\$150, Max 3 per family
Plan year Maximum Benefit - Class A, B and C	\$1,250	\$1,250
Class D – Orthodontic Services	n/a	n/a
Individual Orthodontic Deductible per Calendar Year	n/a	n/a
Benefit Waiting Period – Class D	n/a	n/a
Plan Year Maximum Benefit – Class D	n/a	n/a
Lifetime Orthodontic Maximum Benefit	n/a	n/a

Additional Coverage	
Oral Cancer Screening (age 40+, 1 per 24 months)	Yes with Copay
Evidence Based Benefits (Physician statement needed)(pregnancy, diabetes, heart disease)	1 add'l exam and cleaning per plan year

Service	Class
Prophylaxis (Cleanings)	A
Oral Exams	A
Fluoride TX - Child	A
X-Rays - Full Mouth	A
X-Rays - Bitewings	A
Sealants	A
Diagnostic Casts	A
Emergency Exam and Palliative Care	A
Fillings	A
Space Maintainers	A
Simple Extractions	A
Prosthodontic Repairs	A
Endodontics (Root Canals)	A
Periodontics (Below Gum TX)	B
Surgical Extractions	A
Anesthesia	A
Oral Surgery	A
Crowns	C
Bridges	C
Dentures	C
Partials	C
Inlays	C
Onlays	C
Implants	n/a



**CANOPY  
INSURANCE**  
ROOTED IN ALABAMA

**Canopy Vision Insurance: Clear Sight, Brighter Future**  
**Investing in Your Vision Health**

Your vision is essential for a fulfilling life. Canopy Insurance understands the importance of maintaining healthy eyes and offers vision insurance plans to help you access quality eye care and manage the associated costs.

**What is Vision Insurance?**

Vision insurance is designed to help cover the costs of routine eye care, such as eye exams, and, in many cases, provides allowances for prescription eyewear like glasses or contact lenses.

**Our Network:**

Canopy Insurance provides access to either the VSP™ Choice Network or VSP™ Network: You can find thousands of providers by visiting [vsp.com](http://vsp.com) or calling 800-877-7195.

**Accessing Your Benefits:**

Log in to the Canopy Insurance portal using your Contract Number from your ID card to see a summary of your benefits.

To view covered benefits, you can also call Canopy's Customer Service team at (205) 451-0444.





## Canopy Insurance Corporation

Vision Benefits - VSP Choice Network

### Alabama State Bar Association and Trust

Effective Date: 7/1/2025

This Vision Plan is a full-service plan that offers choice, flexibility, and maximum value through a VSP Network Provider. This plan is underwritten by Canopy Insurance, and administered by VSP.

	VSP Choice Network
<b>Exam Copay</b>	\$10
<b>Materials Copay</b>	\$25
<b>Frequency:</b> Exam / Lenses / Frames	12/12/24
<b>Frequency Basis</b>	Rolling Based on Date of Service
<b>Exam Coverage</b>	
<b>WellVision Exam®</b>	Covered in full after copay
<b>Contact Lens Exam</b> 15% off not available at Costco® Optical	Covered in full after copay; Member receives 15% off contact lens exam services; copay will never exceed \$60
<b>Lens Coverage</b>	
<b>Basic Prescription Lenses:</b> (Glass or plastic) Single vision Lined bifocal Lined trifocal Lenticular	Covered in full after copay
<b>Standard Progressives</b>	Covered in full
<b>Polycarbonate for Dependent Children</b>	Covered in full
<b>Lens Enhancement Discounts</b>	All lens enhancements are covered with a copay, saving an average of 30%
<b>Frame Coverage</b>	
<b>VSP Doctors and Retail Chains</b>	\$150 allowance, plus 20% off remaining balance
<b>Costco® Optical</b>	\$80 allowance
<b>Contact Lens Coverage</b>	
<b>Elective Contact Lenses</b> (prescription contact lenses, in lieu of glasses)	\$150 allowance
<b>Necessary Contact Lenses</b> Not available at Retail Chains	Covered in full after copay
<b>Out-of-Network Allowances</b>	
Eye Exam:	Up to \$45.00
Single Vision:	Up to \$30.00
Lined Bifocal:	Up to \$50.00
Lined Trifocal:	Up to \$65.00
Lenticular:	Up to \$100.00
Progressive:	Up to \$50.00
Frame:	Up to \$70.00
Elective Contact Lenses:	Up to \$105.00
Necessary Contact Lenses:	Up to \$210.00

Building a good customer experience does not happen by accident.

It happens by design.

Our goal is to exceed our members expectations and deliver value to each organization. Should you ever need us, we are here for you.



### **Contact Information:**

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