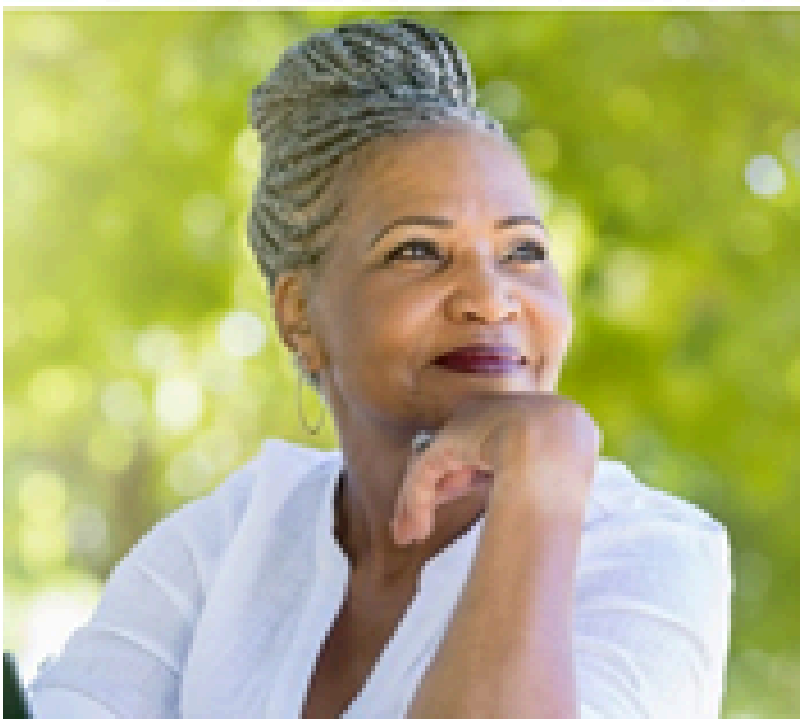




Alabama Grocers Association

2024 Employee Benefit Guide



Alabama Grocers Association



Effective April 1, 2024, your health insurance benefits will include a Blue Cross Blue Shield of Alabama primary plan and a MedPlus supplemental gap plan provided by Tokio Marine HCC – Supplemental Health. MedPlus supplemental coverage is offered to enhance benefits provided by the major medical plan by lowering your deductible and reducing your out of pocket exposure. The combination of your Blue Cross Blue Shield of Alabama plan and our supplemental MedPlus plan results in the following overall benefits:

Alabama Grocers Association April 1, 2024

Composite Summary	BCBSAL - Blue Saver 4000	MedPlus
DEDUCTIBLES & OUT OF POCKET MAXIMUM		
Calendar Year Deductible (CYD)	Single \$4,000 / Family \$8,000	Single \$500 / Family \$1,000
Coinsurance after Deductible	BCBSAL 80% / Member 20%	Medplus 100% / Member 0%
Out of Pocket Maximum (OPM)	Single \$6,800 / Family \$13,600	Single \$2,800 / Family \$5,600 *
Cost after Deductible and OPM have been met	BCBSAL covers 100%	BCBSAL covers 100%
INPATIENT HOSPITAL FACILITY		
Inpatient Hospital	\$4,000 CYD then 80%	MedPlus Pays up to \$4,000
Inpatient Hospital Physician Services	\$4,000 CYD then 80%	MedPlus Pays up to \$4,000
OUTPATIENT FACILITY AND PHYSICIAN CHARGES		
Emergency Room + Physician	\$4,000 CYD then 80%	MedPlus Pays up to \$4,000
Outpatient Facility & Ambulatory Centers	\$4,000 CYD then 80%	MedPlus Pays up to \$4,000
Outpatient Physician (surgery and anesthesia)	\$4,000 CYD then 80%	MedPlus Pays up to \$4,000
Outpatient Diagnostic	\$4,000 CYD then 80%	MedPlus Pays up to \$4,000
Ambulance	\$4,000 CYD then 80%	MedPlus Pays up to \$4,000
Other Covered Services - PT, Chiro, DME	\$4,000 CYD then 80%	MedPlus Pays up to \$4,000
PHYSICIAN AND RX CO-PAYS		
Preventative/Wellness	BCBSAL Covers at 100%	Covered under BCBSAL
Primary/Specialist Physician Copay	\$45 PCP / \$65 Specialist	Covered under BCBSAL
Prescription Drug Benefits	\$0 ded \$15/\$60/\$100/\$425	Covered under BCBSAL

v1.0 - IODC
Effective Date: April 1, 2024



Only eligible charges allowed by the Primary Health Plan will be applied to MedPlus benefits. No more than 100% of charges will be paid by both plans.

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



Tokio Marine HCC – Supplemental Health

Alabama Grocers Association

Policy# HCCMP241751

Effective Date: April 1, 2024

The following benefits apply to covered employees subject to all provisions of this Policy/Certificate of Insurance.

SCHEDULE OF BENEFITS

Annual Medplus Deductible	Single: \$500
	Family: \$1,000
Annual Medplus Policy Benefit	Single: \$4,000
	Family: \$8,000
MedPlus Policy Coinsurance	100%
Primary Health Plan: BCBSAL - Blue Saver 4000	
Deductible	\$4,000
Out of Pocket	\$6,800
Coinsurance	80%

This plan pays 100% of eligible charges¹ which are consistent with the Primary Health Plan deductible and coinsurance. The maximum benefit per person is \$4,000 per calendar year for all services combined.

¹Eligible charges refer to any charges which are eligible under the Primary Health Plan. Charges which are not covered under the Primary Health Plan will not be covered by this plan. No more than 100% of eligible charges will be paid by both plans.



Sample MedPlus ID Card



William Roberson Catchings

Secondary Health Plan

ID: 1234567890

Group Plan: 01234

Alabama Grocers Association

TMHCC - SUPPLEMENTAL HEALTH

P.O. Box 2367

Birmingham, AL 35201

Customer Service: 205-388-5732

FRONT

Call 205-388-5732 for MedPlus Plan Benefits

How To File A Claim

Submit all claims to the Primary Group Health Plan first.

The Primary Plan will adjudicate the claim and provide an Explanation of Benefits (EOB).

Send the EOB along with the original bill to:

TMHCC - SUPPLEMENTAL HEALTH

P.O. Box 2367

Birmingham, AL 35201

Customer Service: 205-388-5732

Payor ID: 99943

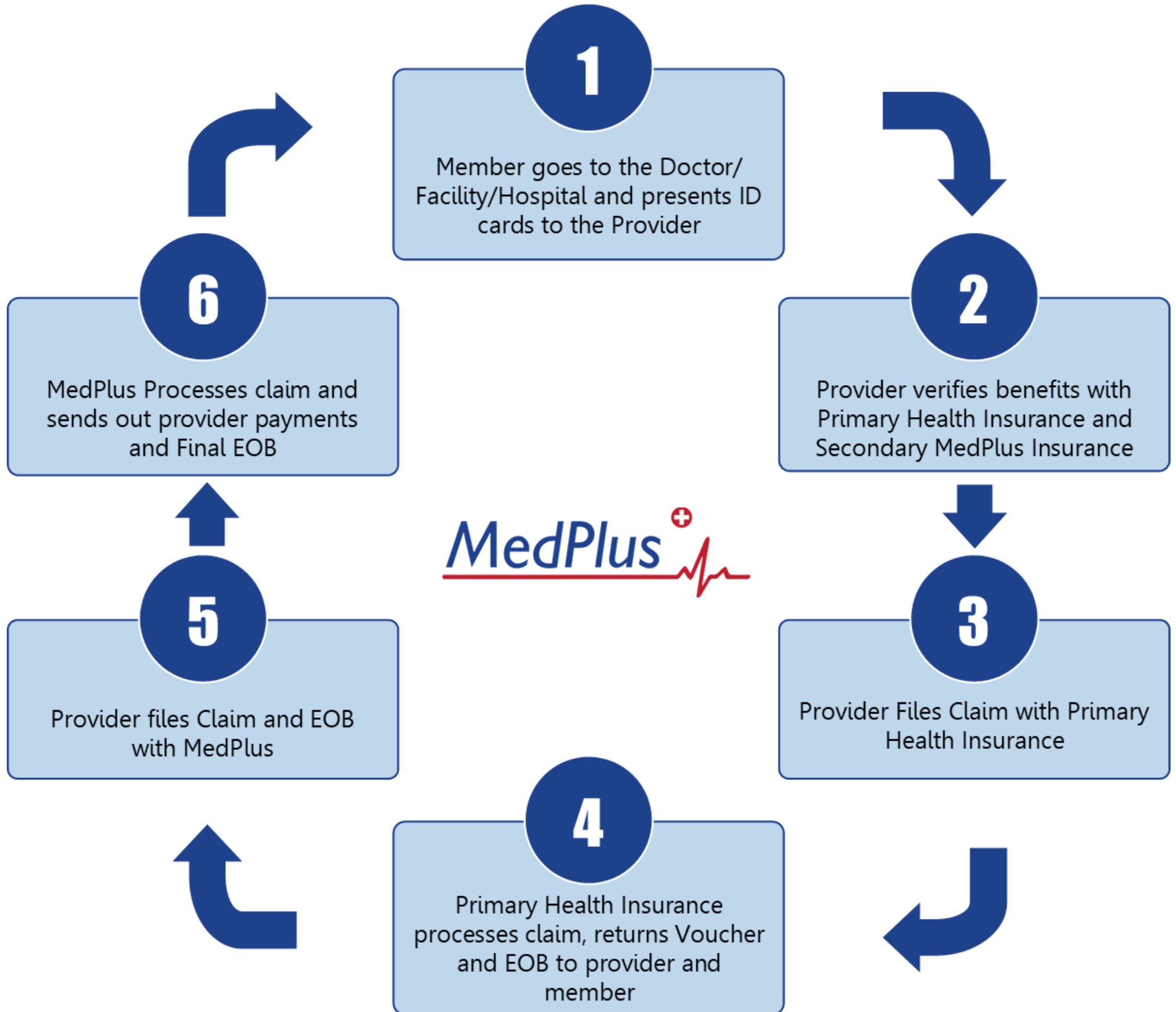


Services excluded under the primary plan not covered

BACK



MedPlus Claim Process



Definition of Terms:

EOB: **Explanation of Benefits**

Primary Insurance:

Blue Cross Blue Shield of Alabama

Secondary Insurance:

HCC Life

In the event you receive a billing statement from your Provider requesting payment and you have not received an EOB from TMHCC – Supplemental Health:

1. Call 205-388-5732 or email all claim information to SHclaims@tmhcc.com
2. Information can also be faxed to: 205-778-1783



Ensure Your Claims are Filed with MedPlus Correctly

- MedPlus is known by your provider as your "Secondary Insurance".
- When possible, call your provider prior to your appointment to update plan information.
- Upon arrival to Doctor/Hospital, submit both your BCBSAL & MedPlus ID cards
- If you should have any issues with providers refusing to file your secondary insurance, please notify Tokio Marine HCC – Supplemental Health and we will contact the provider for you.

205-388-5732

SAMPLE PATIENT REGISTRATION FORM

PATIENT NAME:	
PRIMARY INSURANCE: Blue Cross Blue Shield of Alabama	
Insured's Name:	Relation to Patient:
Group Number: HCCMP241751	Insured's Policy ID Number:
Insured's Date of Birth:	Insurance Company Phone:
Insured's Employer:	Insured's Work Number:
Effective Date of Policy:	Is there a Deductible?
Co-Payment or Co-Insurance:	If yes, how much?
Maximum number of visits per year:	Dollar amount per year:
Are Exams, Physical Therapy, Modalities and Manipulation covered?	
Is Doctor in Network?	
What is the claims' address?	
SECONDARY INSURANCE: Tokio Marine HCC – Supplemental Health, P.O. Box 2367, Birmingham, AL 35201	
Insured's Name:	Relation to Patient:
Group Number:	Insured's Policy ID Number:
Insured's Date of Birth:	Insurance Company Phone: 205-388-5732
Insured's Employer: Alabama Grocers Association	Insured's Work Number:



TOKIO MARINE
HCC

P.O. Box 2367
Birmingham, AL 35201
1-601-981-9505

This booklet is provided solely as a reference overview of current medical benefits and is not intended to replace comprehensive primary plan summary, group policy or individual certificates of coverage.