



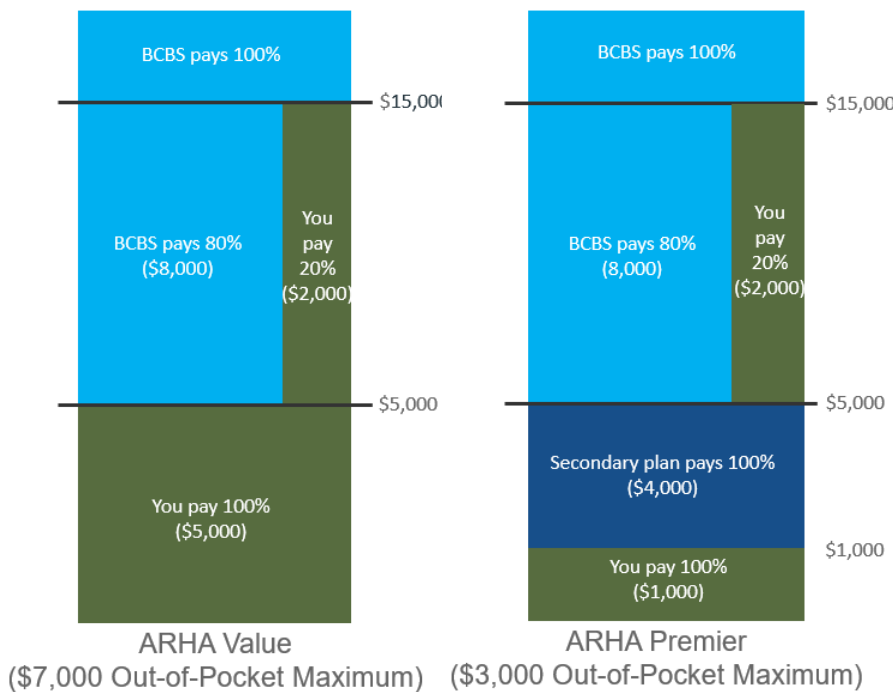
**ARHA**  
HEALTH TRUST PLAN  
*Care*

**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—BLUE CROSS BLUE SHIELD OF ALABAMA

BENEFITS OVERVIEW	PREMIER PLAN	VALUE PLAN	BRONZE PLAN
<b>Deductible— Individual/Family</b>	\$1,000/\$2,000	\$5,000/\$10,000	\$4,000/\$8,000
<b>Out-of-Pocket Max.—Individual/Family</b>	\$3,000/\$6,000	\$7,000/\$14,000	\$6,000/\$12,000
<b>Inpatient Services</b>	Covered 80% Subject to deductible	Covered 80% Subject to deductible	Covered at 60% Subject to deductible
<b>Office Visit Copays</b> <i>Primary Care/Specialists</i>	\$35/\$50	\$35/\$50	Covered at 60% Subject to deductible
<b>Outpatient Services</b>	Covered at 80% Subject to deductible	Covered at 80% Subject to deductible	Covered at 60% Subject to deductible
<b>Prescription Drug Copays</b>			
<i>Tier 1</i>	\$15	\$15	\$15
<i>Tier 2</i>	\$60	\$60	\$50
<i>Tier 3</i>	\$100	\$100	\$75
<i>Tier 4</i>	\$425	\$425	\$395
MONTHLY RATES			
<b>Employee</b>	\$654.17	\$611.57	\$577.70
<b>Employee + Spouse</b>	\$1,284.61	\$1,195.15	\$1,127.41
<b>Employee + Children</b>	\$1,188.27	\$1,109.86	\$1,047.21
<b>Family</b>	\$1,825.58	\$1,693.44	\$1,596.92

### HOW IT WORKS: TRANSAMERICA SECONDARY



### DATES TO KNOW

- **Open Enrollment**—March 17– April 11
- **Coverage Starts**- May 1, 2025
- **Participating Agreements** to be submitted prior to Open Enrollment Appointment (submit to [arha@cacgroup.com](mailto:arha@cacgroup.com))



## 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

## DENTAL— DELTA DENTAL

BENEFITS OVERVIEW	BASIC PLAN	ENHANCED PLAN
Annual Deductible—(per member/per family)	\$50/\$150	\$25/\$75
Annual Maximum per Individual	\$1,000	\$2,500
Lifetime Orthodontia Maximum (26 and under)	\$1,500	\$1,500
Diagnostic & Preventive Services <i>Exams, Cleanings, Fluoride Treatment, Space Maintainers, X-Rays, Sealants</i>	Covered 100%	Covered 100%
Basic Services <i>Fillings, Simple Extractions, General Anesthesia, Oral Surgery, Endodontics, Periodontics</i>	Covered 80% Subject to deductible	Covered 100% Subject to deductible
Major Services <i>Crowns, Inlays, Onlays, Bridges, Dentures</i>	Covered 50% Subject to deductible	Covered 80% Subject to deductible
Orthodontic Services	Covered 50%	Covered 50%
MONTHLY RATES		
Employee	\$25.74	\$30.90
Employee + Spouse	\$49.65	\$59.54
Employee + Children	\$55.76	\$76.62
Family	\$85.10	\$110.42

## ON-GOING ADMINISTRATION

- New hires have a 30 days to enroll from their coverage start date. To enroll new hires, please visit [ARHA.simon365.com](http://ARHA.simon365.com)
- Qualifying Life Events—If an employee has a qualifying life event (e.g. marriage, divorce, birth/adoption, loss of coverage elsewhere, etc.) you may submit changes in the Simon portal.
- Participating Agreements to be submitted prior to Open Enrollment Appointment (submit to [arha@cacgroup.com](mailto:arha@cacgroup.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: [ARHA.simon365.com](http://ARHA.simon365.com)
- Invoices generate on the 1st of each month during coverage, due on the 15th, and late on the 20th.
- Billing questions? Email: [mcate@cacgroup.com](mailto:mcate@cacgroup.com) or [scarlisle@cacgroup.com](mailto:scarlisle@cacgroup.com)

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