



2027 Employee Benefits Guide

East Alabama
Health 
EAST ALABAMA
MEDICAL CENTER
HEALTHLINKS

2027 Employee Benefits Guide

Please read this guide carefully.

Understand your plan options, including health, dental, and vision insurance. Note details like coverage limits, premiums, and out-of-pocket costs.

The guide also offers tips on maximizing benefits, such as using preventative care.

For questions, email benefitservices@eamc.org or call:

Opelika: 334-528-4188

Lanier: 334-710-0076

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WHAT'S NEW FOR 2027

This year is an inactive enrollment year. Your current elections will remain in effect for the upcoming plan year, where permitted by the plan unless you make changes.

We strongly recommend reviewing your benefit elections during Open Enrollment to verify that your coverage, covered dependents, and personal information are accurate and up to date. Reviewing your elections helps to ensure your benefits continue to meet your needs and prevents potential issues with your coverage.

Important: Some benefits such as FSA and HSA require annual enrollment and will not automatically carry forward.

****If you are currently enrolled in either of these plans, you are **STILL REQUIRED** complete Open Enrollment and re-elect these benefits if you wish to continue them for 2027.****

Spending Account Changes

In 2027, our Spending Accounts will be transitioned to VOYA. This transition of spending accounts signifies a strategic move to streamline financial management and enhance account holder experiences. VOYA, a well-established provider in the financial services industry, is known for its robust digital platforms and customer-oriented services. This transition is anticipated to bring several benefits, including improved user interfaces, enhanced security measures, and a broader range of financial planning tools.

Account holders can expect a seamless transition process, with comprehensive support and resources provided to ensure minimal disruption.

This year, the Healthcare Flexible Spending Account deduction maximum will be \$3,400.

This year, the Health Flexible Spending Account rollover amount will be increased to \$680.

This year, the Health Savings Account deduction maximums will be (Individual) \$4,500 and (Family) \$9,000.





Who is Eligible?

Employees of Healthlinks participating employers who have 30 days of service or more and work more than 16 hours per week are eligible for health, dental, and vision coverage along with FSA and HSA, if applicable.

Your employer will decide which plans they offer to their staff and what percentage of the premium is paid for each plan. Please speak to your office manager or administrator for specific details.

Eligible dependents include:



- Your spouse
- Your children from birth to age 26 (Including your natural, legally adopted, stepchildren, and/or your unmarried dependent children of any age who are mentally or physically disabled and who are dependent on you for support.)



Did You Know??

Employees enrolling dependents in EAH benefit plans must submit verification documentation within 30 days of coverage start. This ensures dependents receive benefits without delays. Documentation includes birth or marriage certificates.

For questions, contact HR.



How to Enroll

To sign up for benefits, you will need to complete a Benefit Enrollment Application and return it to your Office Manager or Administrator.



Making Changes

You may only change your elections during Open Enrollment each year or when you experience a status change or qualifying life event.

Qualifying life events include, but are not limited to:

- Birth, legal adoption, or placement for adoption
- Marital status
- Dependent child reaches age 26
- Spouse gains or loses employment or eligibility with current employer
- Death of a covered dependent
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP
- Court-ordered change
- Loss of coverage elsewhere

Changes to your coverage due to a qualifying life event must be made within 30 days of the effective date of the life event. (Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter)).

Note: Any change you make to your coverage must be consistent with the change in status. All benefit plans are independent of one another and may be enrolled in without enrolling in any other benefit plans.

ENROLLING & MAKING CHANGES



Current Employee:
Annually during the enrollment period;
For this year, 10/5/26 - 10/25/26

Coverage Effective Date:
Start of plan year 2027

Status Change/Qualifying Life Event:
Must enroll or make changes within 30 days
of the effective date of the event

Coverage Effective Date:
Date of status change or qualifying life event

Blue Cross Blue Shield of AL

PPO Health Plan

Your PPO medical benefits are provided by Blue Cross Blue Shield of AL and include coverage for both in-network and out-of-network providers.

While you have the freedom to choose any provider, making the most of your plan involves prioritizing in-network services whenever possible to maximize your benefits and minimize costs.

www.bcbsal.org/web

1-866-888-6934

Your PPO medical benefits are provided by Blue Cross Blue Shield and include coverage for both in-network and out-of-network providers. You will always have higher benefit coverage when visiting in-network providers.

Preferred Provider Organization	Tier 1 In-network	Tier 2 In-network	Tier 3 In-network
Annual deductible (Individual/Family)	\$500 / \$1,000	\$1,000 / \$3,000	\$2,000 / \$4,000
Out-of-pocket maximum (Individual/ Family)*	\$2,000 / \$4,000	\$4,000 / \$8,000	\$6,000 / \$12,000
Preventive care	Covered at 100%	Covered at 100%	Covered at 100%
Primary physician office visit	\$30 copay	\$40 copay	\$60 copay
Specialist office visit	\$40 copay	\$60 copay	\$100 copay
Inpatient hospital services	100% after deductible	\$500 copay (Days 1-4)	70% after deductible
Outpatient hospital services (lab, x-ray, diagnostic)	Subject to deductible	\$300 copay & subject to deductible	70% after deductible
Emergency room care	\$100 facility copay & a \$40 physician copay	\$100 facility copay & a \$40 physician copay	\$100 facility copay & a \$40 physician copay

Prescription drugs

Prescriptions Purchased at East Alabama Apothecary

\$150 deductible per person; \$300 per family

Covered at 100% subject to drug deductible and the following copays:

Tier 1: \$10 (preferred generics)

Tier 4: \$45 (non-preferred brands)

Tier 2: \$15 (non-preferred generics)

Tier 5: \$100 (preferred specialty)

Tier 3: \$45 (preferred brands)

Tier 6: \$100 (non-preferred specialty)

Note - All maintenance drugs MUST be purchased at East Alabama Apothecary or they will be subjected to the Tier 3 deductible.

Non-Maintenance Prescriptions Purchased at a BCBS Participating Pharmacy

Prescription drugs are subject to the tier 3 deductible (\$2,000 individual/\$4,000 family)

Tier 1: 80% of the allowed amount

Tier 2: 60% of the allowed amount

Tier 3: 60% of the allowed amount

Tier 4: 60% of the allowed amount

Tier 5: Only covered at EAH Apothecary. For specialty medications EAH Apothecary is unable to provide, the \$100 copay will apply as if provided by EAH Apothecary; these will be approved and directed by EAH.

Tier 6: Only covered at EAH Apothecary. For specialty medications EAH Apothecary is unable to provide, the \$100 copay will apply as if provided by EAH Apothecary; these will be approved and directed by EAH.

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; Out-of-network services are based on a percentage of Medicare charges.

*All services are subject to the calendar year deductible unless the plan document specifically states otherwise.

UNDERSTANDING COPAYS & DEDUCTIBLES (PPO)

UNDERSTANDING YOUR EAH PPO PLAN

How Copays, Deductibles & Out-of-Pocket Maximums Work Together



COPAYS

Pay a fixed amount for common healthcare services, such as doctor visits.



DEDUCTIBLE

For larger medical services, you pay toward your deductible before the plan begins sharing costs.



OUT-OF-POCKET MAXIMUM

The most you'll pay for covered services during the calendar year. After reaching this amount, the plan pays 100% of covered services.



You Pay \$0 After Maximum Is Reached

Primary Care Visit

\$30
Copay



You Pay Until Deductible Is Met

Tier 1 Deductible

\$500
Individual

\$1,000
Family



You Pay \$0 After Maximum Is Reached

Tier 1 Out-of-Pocket Maximum

\$2,000
Individual

\$4,000
Family

EXAMPLE OF HOW THE PPO WORKS

1



Visit Your Doctor
Primary Care Copay

- You Pay: **\$30**
- Plan Pays: Remaining Covered Charges

2



Need a Hospital Procedure?
Before the deductible is met:

- You Pay toward your deductible
- Plan Pays according to your benefits after deductible requirements are satisfied

3



Reach Your Out-of-Pocket Maximum

You Pay	Plan Pays
\$0	100%

For the remainder of the calendar year.



SAVE THE MOST WITH TIER 1 PROVIDERS

- ✓ Lowest Deductible
- ✓ Lowest Out-of-Pocket Maximum
- ✓ Lower Office Visit Copays
- ✓ Many Services Covered at 100% After Applicable Cost Sharing

Tier 1 includes [EAH](#) providers, designated provider network providers, and certain approved specialty facilities.



PREVENTIVE CARE = COVERED AT 100%

Annual wellness visits, preventive screenings, immunizations, and many preventive services are covered at **100% with no deductible and no copay** when received in-network.

THE PPO PAYMENT JOURNEY



Tier 1 Copay



Deductible



Cost Sharing



Out-of-Pocket Maximum



Plan Pays 100%

Keep in mind deductibles, copays, and out-of-pocket maximums will vary based on Tier Coverage.

Blue Cross Blue Shield of AL

High Deductible Health Plan (HDHP)

Your HDHP medical benefits are provided by Blue Cross Blue Shield of AL and include coverage for both in-network and out-of-network providers.

While you have the freedom to choose any provider, making the most of your plan involves prioritizing in-network services whenever possible to maximize your benefits and minimize costs.

www.bcbsal.org/web

1-866-888-6934

Your HDHP medical benefits are provided by Blue Cross Blue Shield and include coverage for both in-network and out-of-network providers. You will always have higher benefit coverage when visiting in-network providers.

Medical High Deductible Health Plan	Tier 1	Tier 2	Tier 3
	In-network	In-network	In-network
Annual deductible (Individual/Family)	\$2,000 / \$4,000	\$4,000 / \$8,000	\$6,000 / \$12,000
Out-of-pocket maximum (Individual/ Family)*	\$4,000 / \$8,000	\$6,000 / \$12,000	\$8,000 / \$16,000
Preventive care	Covered at 100%	Covered at 100%	Covered at 100%
Primary physician office visit	90% after deductible	90% after deductible	90% after deductible
Specialist office visit	90% after deductible	90% after deductible	90% after deductible
Inpatient hospital services	90% after deductible	90% after deductible	90% after deductible
Outpatient hospital services (lab, x-ray, diagnostic)	90% after deductible	90% after deductible	90% after deductible
Emergency room care	90% after deductible	90% after deductible	90% after deductible

Prescription drugs

Prescriptions Purchased at East Alabama Apothecary

\$150 deductible per person; \$300 per family

Covered at 100% subject to drug deductible and the following copays:

Tier 1: \$10 (preferred generics)	Tier 4: \$45 (non-preferred brands)
Tier 2: \$15 (non-preferred generics)	Tier 5: \$100 (preferred specialty)
Tier 3: \$45 (preferred brands)	Tier 6: \$100 (non-preferred specialty)

Note - All maintenance drugs MUST be purchased at East Alabama Apothecary or they will be subjected to the Tier 3 deductible.

Non-Maintenance Prescriptions Purchased at a BCBS Participating Pharmacy

Prescription drugs are subject to the tier 3 deductible (\$2,000 individual/\$4,000 family)

Tier 1: 80% of the allowed amount
Tier 2: 60% of the allowed amount
Tier 3: 60% of the allowed amount
Tier 4: 60% of the allowed amount

Tier 5: Only covered at EAH Apothecary. For specialty medications EAH Apothecary is unable to provide, the \$100 copay will apply as if provided by EAH Apothecary; these will be approved and directed by EAH.

Tier 6: Only covered at EAH Apothecary. For specialty medications EAH Apothecary is unable to provide, the \$100 copay will apply as if provided by EAH Apothecary; these will be approved and directed by EAH.

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; Out-of-network services are based on a percentage of Medicare charges.

*All services are subject to the calendar year deductible unless the plan document specifically states otherwise.

UNDERSTANDING COPAYS & DEDUCTIBLES (HDHP)

Deductible

Until you meet your deductible, this is the amount you owe for covered services before your health plan begins to pay any portion.



For a \$200 service	
You pay	Plan pays
\$200	\$0

Coinsurance

Once your deductible is met, this is the amount the health plan and you owe for covered services.



For a \$200 service	
You pay	Plan pays
\$20	\$180

Out-of-Pocket Maximum

This is the most you owe during the calendar year for covered services before the health plan begins to pay the full amount.



For a \$200 service	
You pay	Plan pays
\$0	\$200

For illustrative purposes only. Does not account for any applicable copays you may owe at the time of care service. Preventive services may be covered by the health plan at 100% with no deductible or copay. Review your particular benefits to determine coverage levels.

Keep in mind deductibles, coinsurance and out-of-pocket maximums will vary based on the health plan and whether services are provided in-network.

PRESCRIPTION MEDICATION BENEFITS

PHARMACY LOCATIONS

Prescription Medication Benefit

East Alabama Apothecary pharmacies are our EAH health plan Tier 1 providers;

Note: To fall within our copay structure, maintenance meds should be filled at one of the EAH Apothecary pharmacy locations.



East Alabama Apothecary at East Alabama Medical Center
2000 Pepperell Parkway, Ste. 292 (Second floor)
Opelika, AL 36801
Open 24/7



East Alabama Apothecary at Spencer Cancer Center
2501 Village Professional Drive, Ste. 2031
Opelika, AL 36801
Open Monday – Friday, 8 a.m. – 5 p.m. CST



East Alabama Apothecary at Auburn Medical Pavilion
900 Camp Auburn Road, Ste. P101
Auburn, AL 36832
Open Monday – Friday, 8:30 a.m. – 5 p.m.

EAMC-Lanier Campus -Monday, Wednesday, & Friday, 3–5 p.m. EST



By using the Apothecary, you'll pay whichever is less, the actual cost of the drug or your copay.

Pharmacy Deductibles (for prescriptions filled at EAH Apothecary)

- ◆ \$150/individual
- ◆ \$300/family

Any prescription filled outside of the EAH Apothecary, but at a BCBS participating pharmacy, will be subject to the Tier 3 medical deductible.

PHARMACOTHERAPY CLINIC



New Pharmacotherapy Clinic

Managing medications for complex, chronic conditions can feel overwhelming—but you don't have to do it alone.

There are many benefits to consulting with the specialists at the clinic, including:

- Decrease medication side effects
- Enhance patient education
- Improve adherence to medication and treatment plan
- Lower the risk of toxic reactions or drug interactions
- Prevent or treat medication-related problems
- Reduce the need for hospital readmission
- Shorten treatment durations

Members taking specialty medications are required to complete a CMR with the Pharmacotherapy Clinic as part of their pharmacy benefits.

HEALTH BENEFITS

Gaps In Care

Addressing care gaps is crucial for overall health and early detection of issues. These vary by age and gender based on national guidelines. A preventive visit with a primary care physician is essential to assess health and guide necessary screenings.

Below are the Gaps in Care that must be completed for employees and spouses covered by the EAH Health Plan:

- Preventive office visit with primary care physician
- Required Labs
 - Lipids (cholesterol)
 - HgbA1C (all participants)
 - Glucose (fasting or non-fasting)
- Mammogram every year for women aged 40 and older
- Cervical cancer screenings (pap smear or high-risk HPV) every 3 years for women age 30-65
- Colonoscopy every 10 years or Cologuard every 3 years for men or women age 45 and older.

Complete all Gaps in Care that apply to you in order to receive the lowest premium rate in 2028.

****The next Gaps in Care deadline will be July 31, 2027****

**** Please note that children are not required to complete GIC****

****Anyone seeking an exemption from cervical cancer screenings and/or mammograms must submit an exemption form****



Rula Health Rula

Rula Health offers a comprehensive platform that connects individuals with licensed therapy and psychiatry providers. With a focus on personalized care, Rula Health ensures that users are matched with professionals who best meet their unique needs and preferences.

The platform provides the convenience of virtual appointments, allowing for flexible scheduling that accommodates even the busiest of lifestyles.

Whether you're dealing with anxiety, depression, stress, or other mental health concerns, Rula Health offers support tailored to your specific situation. By breaking down barriers to access and prioritizing quality care, Rula Health empowers individuals to take charge of their mental well-being in a way that suits their personal and professional lives.

A promotional graphic for Rula Health. It features the Rula Health logo at the top left, followed by the text "Access to mental health experts who specialize in you." Below this, a QR code is shown with the text "Ready to get started? Scan to find a therapist who specializes in you. Or visit rula.com/eamc". To the right of the QR code are several small images of people using the platform. Below the QR code, there are three sections: "Affordable, accessible care" (Rula partners with your insurance company to make care more affordable. Patients typically pay \$15 per session — but we'll provide you with a personalized cost estimate prior to your first appointment.), "Your search, made simpler" (We'll help you find an in-network provider and schedule your first appointment in minutes.), and "Meet your match" (We know how important it is to find someone you connect with. Providers in Rula's network represent a wide range of specialties and backgrounds, making it easier to find the right therapist or prescriber for you.). At the bottom right, there is an image of a person using a laptop with a video call on the screen. The bottom of the graphic has a dark blue bar with the text "Progress Awaits" on the left and "Have questions? Call (323) 205-7088 rula.com/eamc" on the right.

DENTAL

Blue Cross Blue Shield of AL

Dental plans make oral healthcare more affordable by covering various services, including diagnostic, preventive, basic, and major care. While you can choose any dentist, in-network providers save you money with pre-negotiated rates. Out-of-network visits may cost more if charges exceed Blue Cross Blue Shield's reimbursement. To find an in-network dentist, visit the link below:

bcbsal.org/sales/web/individuals/dental



Dental	Standard Plan In-network	Premium Plan In-network
Annual deductible (Individual/Family)	\$50 / \$150	\$50 / \$150
Annual maximum (per person)	\$1,000	\$2,000
Diagnostic and preventive care (includes cleanings, fluoride treatments, sealants, and x-rays)	Payable at 100% no deductible	Payable at 100% no deductible
Restorative	Payable at 100% subject to the deductible	Payable at 100% subject to the deductible
Supplemental services	Payable at 80% subject to the deductible	Payable at 80% subject to the deductible
Periodontic services	Payable at 50% subject to the deductible	Payable at 50% subject to the deductible
Orthodontia	Not Included	Payable at 80% subject to the deductible
Ortho lifetime maximum	Not Included	100%
Non-network reimbursement	Not Included	\$1,000 for subscriber/ \$2,000 for dependents

Plan includes out-of-network benefits; see plan summary for additional details.

WELLBEACON

INTRODUCING WellBeacon

A better way to manage your health

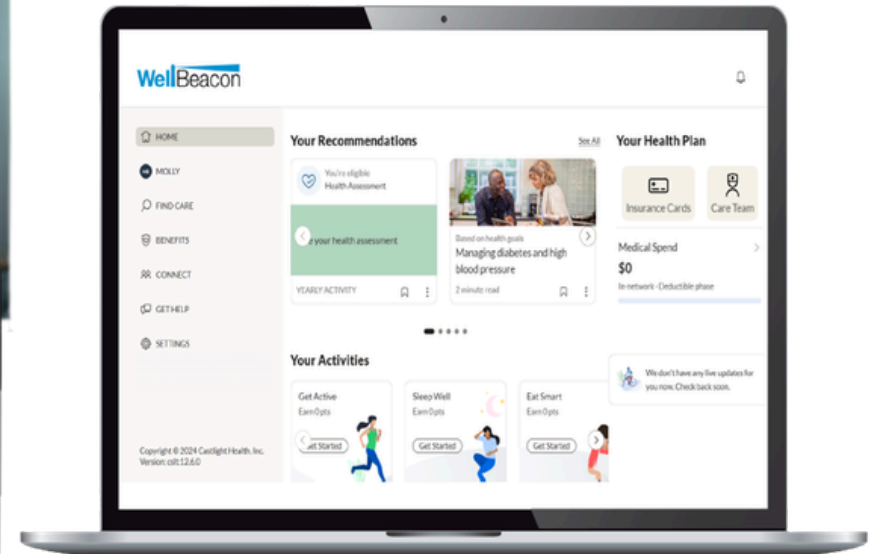
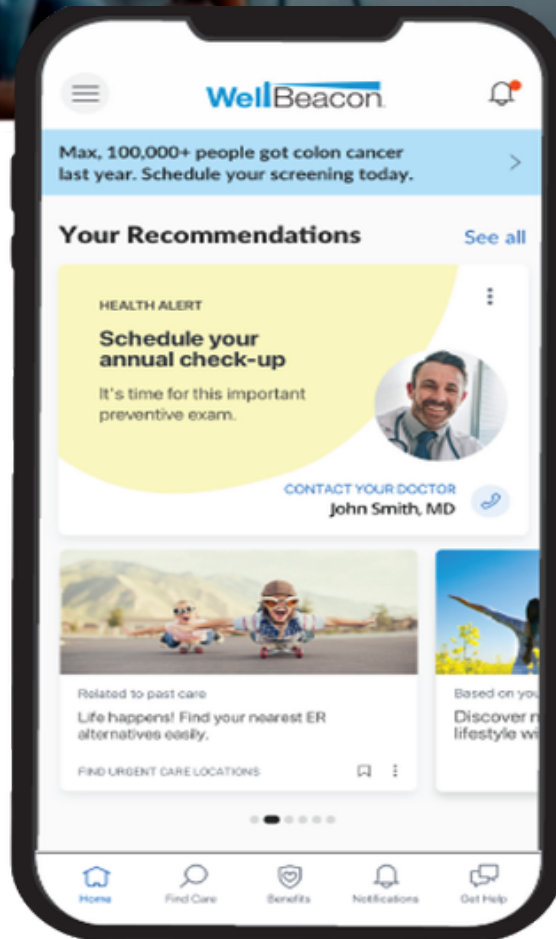
WellBeacon takes the guesswork out of figuring out where to go, what programs to use and when to use them. WellBeacon helps you navigate all your benefits and have some fun along the way.

Access WellBeacon at AlabamaBlue.com/myWellBeacon and through either the WellBeacon or Alabama Blue mobile apps. It doesn't matter how you access WellBeacon—it's all one connected experience.



We cover what matters.

Get started with WellBeacon at AlabamaBlue.com/myWellBeacon and download the mobile app.



- Define your health goals
- Access programs matched to you based on your goals
- Keep track of the go-to providers for your family
- See how your health plan works and what it covers
- Read articles and content picked for you based on your interests
- Get estimates for healthcare services before you go to the doctor
- Schedule an appointment for care through the app
- Discover company events and add them to your calendar
- Receive email and push notification
- Easy access to EAH vendors like Prudential, VOYA, and VSP

VSP

Our vision care benefits are designed to ensure you receive comprehensive eye care while maximizing your savings.

The plan covers essential services such as eye exams, lenses and frames, contact lenses, and even provides discounts for laser surgery.

By utilizing the VSP network providers, you can access higher benefits at a lower cost, making it a smart choice to opt for in-network services. This ensures you get the most value for your investment in eye care.

However, if you choose to visit an out-of-network provider, you will still be reimbursed for services based on a predetermined grid.

To find an in-network provider and take full advantage of your vision care benefits, simply visit the link below.

www.vsp.com

****Please Note: VSP does not issue vision cards. Providers use your Social Security number to verify your coverage.****



Standard

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
WELLNESS EXAM	- Focuses on your eyes and overall wellness - Routine eye examination	\$10 Up to \$39	Every calendar year
ESSENTIAL MEDICAL EYE CARE	- Retinal imaging for members with diabetes covered-in-full - Additional exams and services beyond routine care to treat \$20 per exam immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	\$20 per exam	Available as needed
PRESCRIPTION GLASSES FRAME*	\$180 Featured Frame Brands allowance \$160 frame allowance 20% savings on the amount over your allowance \$90 Walmart/Sam's Club/Costco frame allowance	\$20 Included in prescription	See frame and lenses Every other calendar year
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children	Included in prescription Glasses	Every calendar year
LENS ENHANCEMENTS	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 30% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	\$160 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
ADDITIONAL SAVINGS	<u>Glasses and sunglasses</u> - Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. <u>Laser vision correction</u> - Average of 15% off the regular price; discounts available at contracted facilities. <u>Exclusive Member Extras for VSP Members</u> - Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. - Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. - Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, including private practice and retail locations, VSP makes it easy to maximize your benefits. Log in to vsp.com to find an in-network doctor near you!

Premium

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
WELLNESS EXAM	- Focuses on your eyes and overall wellness - Routine retinal screening	\$10 Up to \$39	Every calendar year
ESSENTIAL MEDICAL EYE CARE	- Retinal imaging for members with diabetes covered-in-full - Additional exams and services beyond routine care to treat \$20 per exam immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	\$20 per exam	Available as needed
PRESCRIPTION GLASSES FRAME	\$330 Featured Frame Brands allowance \$310 frame allowance 20% savings on the amount over your allowance \$175 Walmart/Sam's Club/Costco frame allowance	\$20 Included in prescription	See frame and lenses Every calendar year
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children	Included in prescription	Every calendar year
LENS ENHANCEMENTS	- Standard progressive lenses - Premium progressive lenses \$95 - \$105 - Custom progressive lenses \$150 - \$175 - Average savings of 30% on other lens enhancements	\$95 - \$175 \$50 - \$175 \$50 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	\$200 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
ADDITIONAL SAVINGS	<u>Glasses and Sunglasses</u> - Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. <u>Laser Vision Correction</u> - Average of 15% off the regular price; discounts available at contracted facilities. <u>Exclusive Member Extras for VSP Members</u> - Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. - Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. - Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, including private practice and retail locations, VSP makes it easy to maximize your benefits. Log in to vsp.com to find an in-network doctor near you!

MENTAL HEALTH BENEFITS

Substance Abuse Support

Substance abuse is a significant concern that affects individuals and families across the globe. It is crucial to seek help and support when dealing with this issue.

For those with our EAH Blue Cross and Blue Shield (BCBS) medical insurance, you can find assistance by contacting the customer service number on the back of your insurance card. They can connect you with a New Directions representative who specializes in substance abuse support.

Keep in mind that all substance abuse and residential treatment facilities are part of the EAH tiered network of providers, which means prior authorization through BCBS is necessary.

For additional information or guidance, you can reach out to Blue Cross and Blue Shield at 1-866-888-6934. Remember, taking the first step to seek help is a courageous and vital part of the recovery journey.

Therapy for Autism Spectrum Disorder

Certain therapies are fully covered for dependents aged 0-18 on the autism spectrum. These include Occupational, Speech, Physical, and Applied Behavioral Analysis (ABA) Therapy.

There are no out-of-pocket expenses like deductibles or copays for these services, which can alleviate the financial burden on families seeking necessary interventions for their children. However, precertification is required to access this coverage.

To obtain precertification, call the toll-free number 1-877-563-9347. This step ensures that the services are authorized in advance, making it easier to access these essential therapeutic resources.

Lucet

Mental wellness is an essential aspect of overall health, and having access to supportive services is crucial for maintaining a balanced life.

Lucet, in partnership with Blue Cross and Blue Shield of Alabama, offers mental wellness services to patients under East Alabama Health. This collaboration ensures that individuals can receive necessary mental health support through a network of approved providers.

For those with coverage under this plan, each visit is processed through the health plan, making it easier for patients to access care with only a \$25 co-pay per visit, which is a manageable cost for many seeking mental health services. This system not only promotes mental well-being but also emphasizes the importance of accessible mental health care as a vital component of one's health regimen.



FAMILY PLANNING

Baby Yourself

The Baby Yourself program by Blue Cross and Blue Shield of Alabama supports expectant mothers with a personal nurse, educational resources, and gifts. Participants receive breastfeeding information and access to a free app for tracking pregnancy. This initiative reflects a commitment to maternal and infant health, making the journey to parenthood less daunting.



HEALTH SAVINGS ACCOUNT (HSA)

VOYA

A Health Savings Account (HSA) is a financial tool that helps individuals save for healthcare expenses with tax benefits.

An HSA offers triple tax advantages:

- contributions are pre-tax
- interest or investment earnings grow tax-free
- withdrawals for qualified medical expenses are also tax-free.

This makes an HSA a practical way to cover healthcare costs and a strategic long-term savings option.

You are eligible if:

- You are enrolled in the High-Deductible Health.
- You are not covered by a spouse's plan.
- No one else can claim you as a dependent.
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life.
- You have not received VA benefits in the past 3 months.

Once enrolled, you must pass through the Customer Identification Process (CIP) that is completed through VOYA and you may be asked to provide more information.

HSA Advantages



You can use the account to pay for qualified medical expenses.



Unspent dollars roll over each year and are yours to keep, even if you retire or leave the company.



You can invest your HSA funds, so your available healthcare dollars can grow over time.

Managing Your HSA

You have the ability to set up your payroll contributions during open enrollment.

It's important to note that you have the flexibility to adjust your contribution amount whenever necessary; however, changes can take up to two payroll periods to be fully processed.

Once enrolled, you can manage your Health Savings Account (HSA) effectively by calling the customer service number below or visiting your portal on the VOYA website at the link listed below.

<http://myhealthaccountsolutions.voya.com/>

Customer Service: 833-232-4673

Contribution Limits

55 Up to \$4,500
Up to \$9,000

55+ The maximum listed above is increased by \$1,000

*Not enrolled in Medicare

HSA
Health Savings Account



MONTHLY RATES

MEDICAL Full-Time					
PPO	Tier	Monthly Cost	HDHP	Tier	Monthly Cost
	Employee	\$ 727.35		Employee	\$ 586.40
	EE+Spouse	\$ 2,145.69		EE+Spouse	\$ 1,729.85
	EE+Child(ren)	\$ 1,963.85		EE+Child(ren)	\$ 1,583.25
	Family	\$ 2,269.35		Family	\$ 1,829.54
DENTAL Full-Time					
Standard Dental	Tier	Monthly Cost	Premium Dental	Tier	Monthly Cost
	Employee	\$ 30.40		Employee	\$ 36.57
	EE+Spouse	\$ 60.79		EE+Spouse	\$ 73.13
	EE+Child(ren)	\$ 66.87		EE+Child(ren)	\$ 80.44
	Family	\$ 75.99		Family	\$ 91.42
VISION Full-Time					
Standard Vision	Tier	Monthly Cost	Premium Vision	Tier	Monthly Cost
	Employee	\$ 5.64		Employee	\$ 9.94
	EE+Spouse	\$ 11.52		EE+Spouse	\$ 20.32
	EE+Child(ren)	\$ 12.32		EE+Child(ren)	\$ 21.74
	Family	\$ 19.69		Family	\$ 34.74

GLOSSARY

COPAYMENT:

A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE:

Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE:

A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is \$1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the \$1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY:

A list of prescription drugs covered by the plan. This is also called a drug list.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP):

This type of medical plan requires that members reach a deductible prior to having services covered by coinsurance. All expenses paid by a member count toward the deductible and out-of-pocket maximum.

IN-NETWORK:

A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

OUT-OF-NETWORK:

Care received from a doctor, hospital, or other provider not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays.

OUT-OF-POCKET MAXIMUM:

This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

CONTACTS

Benefit	Provider	Phone	Website
Medical	Blue Cross Blue Shield of AL	1-800-292-8868	bcbsal.org
Dental	Blue Cross Blue Shield of AL	1-800-292-8868	bcbsal.org
Vision	VSP	1-800-877-7195	vsp.com
FSA/HSA	VOYA	1-800-284-4885	myhealthaccountsolutions.voya.com
Prescription Services	Prime Therapeutics	1-855-427-0007	primetherapeutics.com
Mental Health Benefit	Lucet	1-800-624-5544	lucethealth.com
Mental Health Benefit	Rula Health	323 205-7088	rula.com/contact
EAH Apothecary	Pharmacy	334-528-2293	epharmacy.eamc.org



Human Resources

334-528-4188 or 334-710-0076

General Website:

<https://www.eastalabamahealth.org>

Contact the benefit provider listed above to learn more about your policies and/or if you have any questions about your benefits. You can also reach out to your HR Benefits team at (334-528-4188) or (334-710-0076) or by email at benefitservices@eamc.org.



EAST ALABAMA
MEDICAL CENTER



EAMC-LANIER RURAL
EMERGENCY HOSPITAL

This guide provides a general overview of your benefits and is not a legal document. In the event of any discrepancy, the official plan documents will govern.
Please refer to those documents for complete details.