

EMPLOYEE  BENEFITS

2026

East Alabama Medical Center

East Alabama  
Health 

Healthlinks

WELCOME

### Here is where to find...

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## 2026 Employee Benefits Guide



Please read this guide carefully.

It summarizes your plan options and provides helpful tips for optimizing your benefits. If you have questions about benefits, annual enrollment process, or need assistance, contact a Benefit Services representative at [benefitservices@eamc.org](mailto:benefitservices@eamc.org) or call:

Opelika: 334-528-4188

Lanier: 334-710-0076



# What's new for 2026

## Gaps in Care/Rewards

As part of our ongoing commitment to employee health and wellness, we've updated our preventive care requirements. Cervical cancer screenings (Pap smear or high-risk HPV test) are now required every 36 months for employees aged 30 to 65. Additionally, the required age for mammograms has been lowered to 40, and colonoscopy screenings are now required starting at age 45. These changes are designed to support early detection and proactive care for our team.

## Rula Health

This year we are introducing Rula Health, a healthcare provider group enabled by technology that will help deliver reliable access to high quality mental health support services to our team.



## 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.

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 administrator for specific details.

Eligible dependents include:

	<b>Your spouse</b>
	<b>Your children from birth to age 26</b>

*(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.*

## Making Changes

You may only change your elections during Open Enrollment each year or when you experience a 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.*

## Enrollment Deadlines

### Current Employee

#### ENROLLMENT OPPORTUNITY

Annually during the enrollment period of October 20-31, 2025.

#### Coverage Effective Date

Start of plan year 2026

### New Hire

#### ENROLLMENT OPPORTUNITY

Must enroll within 30 days from date of eligibility.

#### Coverage Effective Date

Speak with Office Admin

### Qualified Life Event

#### ENROLLMENT OPPORTUNITY

Changes must be made within 30 days of the effective date of the event.

#### Coverage Effective Date

Date of life event



# Health

## Blue Cross Blue Shield - PPO

[bcbsal.org/web](https://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	Tier 2	Tier 3
	In-network	In-network	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)	\$150 copay	\$150 copay	70% after deductible
Emergency room care	\$100 copay	\$100 copay	\$100 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 2:** \$15 (non-preferred generics)

**Tier 3:** \$45 (preferred brands)

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

**Tier 5:** \$100 (preferred specialty)

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

**Note** - All maintenance drugs **MUST** be purchased at East Alabama Apothecary.

#### 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 EAMC Apothecary. For specialty medications EAMC Apothecary is unable to provide, the \$100 copay will apply as if provided by EAMC Apothecary; these will be approved and directed by EAMC.

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

*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.*



# Health

## Blue Cross Blue Shield - HDHP

[bcbsal.org/web](https://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

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

**Tier 1:** \$10 (preferred generics)

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

**Tier 3:** \$45 (preferred brands)

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

**Tier 5:** \$100 (preferred specialty)

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

**Note** - All maintenance drugs **MUST** be purchased at East Alabama Apothecary.

#### Non-Maintenance Prescriptions Purchased at a BCBS Participating Pharmacy

Prescription drugs are subject to the calendar year deductible:

**Tier 1:** 80% of the allowed amount

**Tier 3:** 60% of the allowed amount

**Tier 2:** 60% of the allowed amount

**Tier 4:** 60% of the allowed amount

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

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

*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.*



# Health Benefits

## Gaps in Care

Gaps in Care are based on national guidelines, and some are age based. Below are the Gaps in Care that must be closed:

- Preventive office visit with primary care physician
- Labs required:
  - Lipids (cholesterol)
  - HgbA1C (all participants)
  - Glucose (fasting or non-fasting)
- Cervical cancer screenings for women age 30-65 (pap smear or high-risk HPV)
- Mammogram for women age 40 and older as of 7/31/2026
- Colonoscopy for men or women age 45 and older as of 7/31/2026

Dependent children are not required to complete Gaps in Care; however, employees and spouses must complete Gaps in Care to receive the lowest insurance premium.

**Complete all Gaps in Care that apply to you in order to receive the lowest premium rate in 2027. The Gaps in Care deadline will be July 31, 2026.**

Lucet, in conjunction with Blue Cross and Blue Shield of Alabama, is the mental wellness provider for East Alabama Health. As long as the provider is a BCBS provider, each visit will process through the health plan, and you will be responsible for the \$25 mental health co-pay.

## NEW Requirements!

## Rula Health

Rula Health provides access to high-quality mental health care, including therapy and psychiatry services. Their platform matches you with licensed providers based on personal needs and preferences, offering virtual appointments, flexible scheduling, and support for a wide range of mental health concerns.

## Substance Abuse

For substance abuse, please call the Blue Cross and Blue Shield (BCBS) customer service number on the back of your insurance card for assistance in facilitating access to a New Directions representative. All substance abuse and residential treatment facilities are subject to the EAH tiered network of providers and requires prior authorization through BCBS. For more information, call Blue Cross and Blue Shield at 1-866-888-6934.

## Therapy for Autism Spectrum Disorder

Occupational, Speech, Physical, and Applied Behavioral Analysis Therapy (ABA) are covered 100% with no deductible or copay for dependents who are ages 0-18 on the autism spectrum. Precertification is required.

For precertification, call 1-877-563-9347 (toll free).

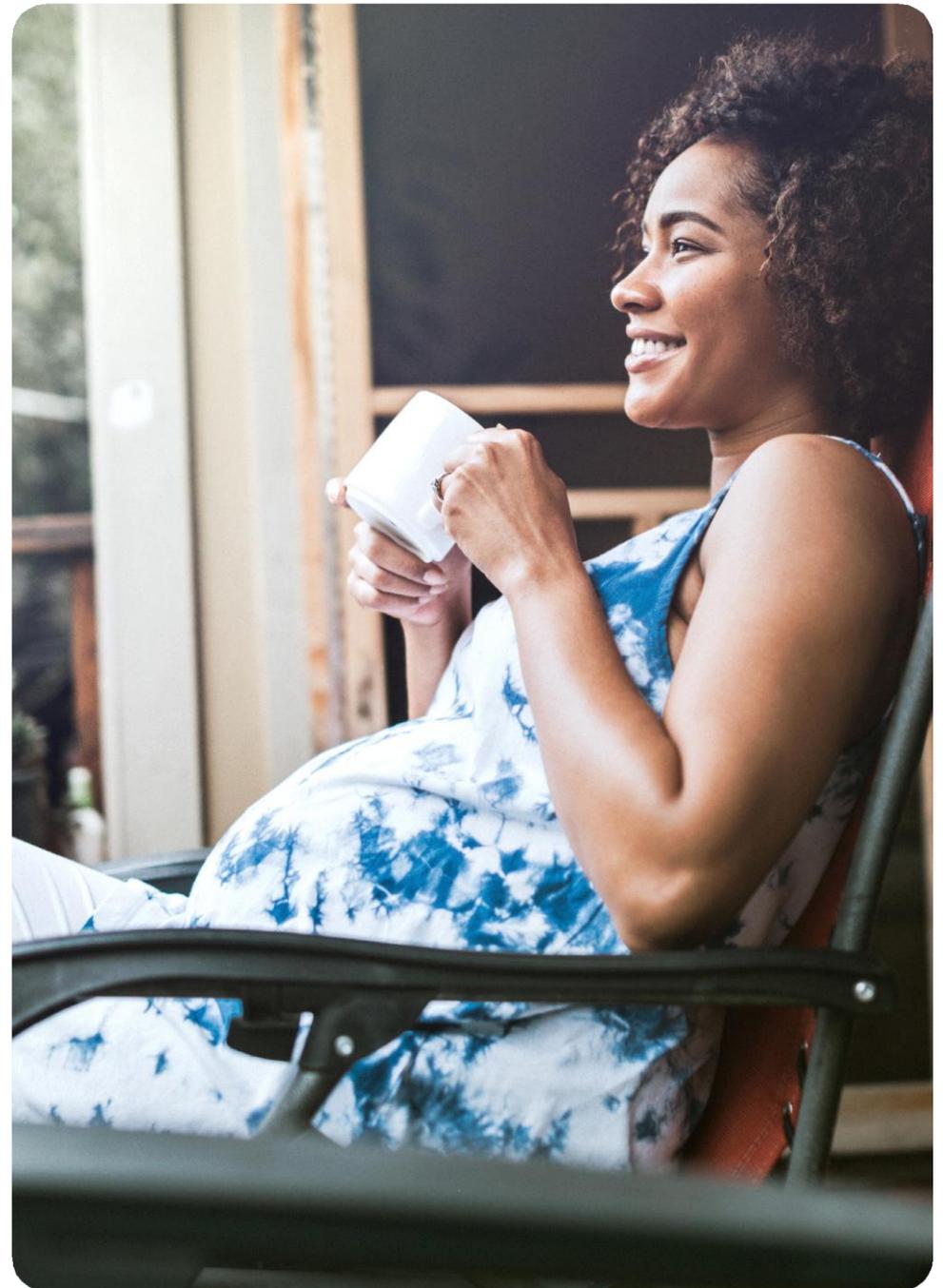


# Family Planning

## Baby Yourself

Baby Yourself is the free maternity program provided by Blue Cross and Blue Shield of Alabama. Baby Yourself includes a personal nurse to answer questions during and after pregnancy, gifts and educational resources, information about breastfeeding, and a free app to track your pregnancy. By enrolling in Baby Yourself in your first trimester.

[See Family Leave Policies](#)



# Health Savings Account (HSA)

## Health Equity

AVAILABLE TO PARTICIPANTS IN THE HIGH DEDUCTIBLE HEALTH PLAN.

A health savings account (HSA) is a tax-advantaged savings account that can be used for qualified healthcare expenses. You own your HSA and can contribute to the account with pre-tax payroll deductions.

Did you know an HSA provides triple tax benefits?

- The money you contribute is pre-tax.
- Interest accumulates in the account tax-free.
- Money withdrawn from an HSA isn't taxed, provided you use it for qualified healthcare expenses.

## HSA Advantages



You can use the account to pay for qualified healthcare 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.

[my.healthequity.com/ClientLogin.aspx](https://my.healthequity.com/ClientLogin.aspx)

1-877-288-0719

## You are eligible if:

- You are enrolled in the HDHP.
- 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.

## How Do I Manage My HSA?

Access and manage your HSA at [my.healthequity.com/ClientLogin.aspx](https://my.healthequity.com/ClientLogin.aspx). You'll set up your payroll contributions during your enrollment period. You can change the contribution amount at any time (although it may take up to two payroll periods to process).

## How Much Can I Deposit into an HSA in 2026?

<55\*

- Up to \$4,400 for individual.
- Up to \$8,750 for family.

55+\*

The maximum contribution increases by \$1,000.

*\*Not enrolled in Medicare*



# Dental

## Blue Cross Blue Shield

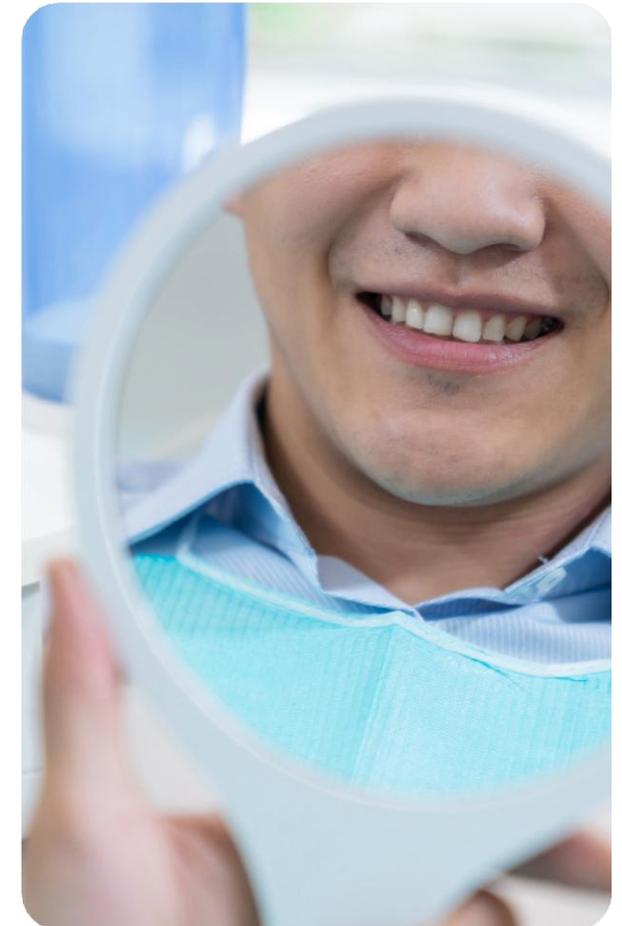
Dental plans cover diagnostic and preventive care, plus basic and major services. Although you can choose any dental provider, you will generally pay less when you visit an in-network dentist. If you choose an out-of-network provider, you may be billed the difference between what Blue Cross Blue Shield pays, and what your out-of-network provider charges for the services. To locate an in-network provider, please visit [bcbsal.org/sales/web/individuals/dental](https://bcbsal.org/sales/web/individuals/dental).

[bcbsal.org/sales/web/individuals/dental](https://bcbsal.org/sales/web/individuals/dental)

1-877-288-0719

Dental	Standard Plan	Premium Plan
	In-network	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.



[Read More](#)



## Vision

### VSP

Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery.

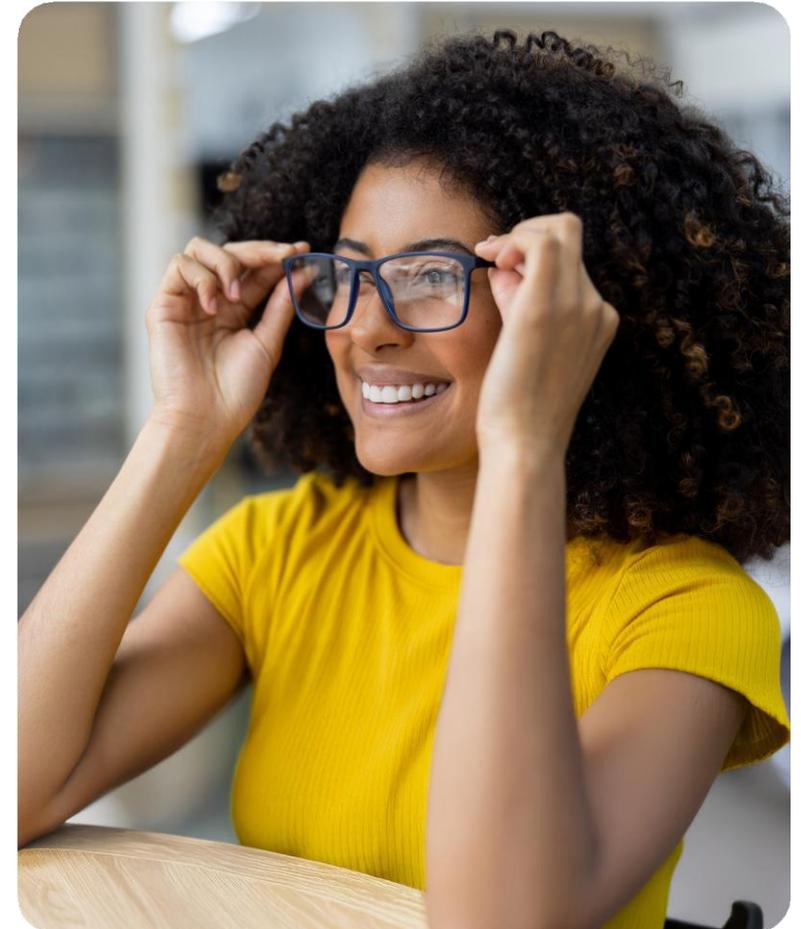
The vision plan is built around the VSP network providers who offer you higher benefits at a lower cost. Consider using an in-network provider for the most bang for your buck when you need services! For out-of-network providers, you will be reimbursed for services according to the grid below.

To locate an in-network provider, visit [vsp.com](https://vsp.com).

[vsp.com](https://vsp.com)

1-800-877-7195

Vision	Standard Plan	Premium Plan
	In-network	In-network
Examination (every 12 months)	\$10 copay	\$10 copay
Material	\$20 copay	\$20 copay
<b>Lenses</b>	(every 12 months)	(every 12 months)
Single	\$20 copay	\$20 copay
Bifocal	\$20 copay	\$20 copay
Trifocal	\$20 copay	\$20 copay
<b>Frames</b>	(every 24 months)	(every 12 months)
New frames	\$150 allowance	\$300 allowance
<b>Contact lenses</b>	(every 12 months)	(every 12 months)
Elective	\$150 allowance	\$150 allowance
Medically necessary	Covered in full after material copay	



Employees can elect dental and/or vision regardless their medical enrollment status.

See summary plan description for additional details.

[Read More](#)



# Monthly Payroll Deductions

## Medical

	PPO	HDHP
Employee	\$633.03	\$510.35
Employee + spouse	\$1,867.44	\$1,505.53
Employee + child(ren)	\$1,709.19	\$1,377.94
Family	\$1,975.07	\$1,592.29

## Dental

	Standard	Premium
Employee	\$29.86	\$35.92
Employee + spouse	\$59.72	\$71.84
Employee + child(ren)	\$65.69	\$79.02
Family	\$74.65	\$89.80

## Vision

	Standard	Premium
Employee	\$5.64	\$9.94
Employee + spouse	\$11.52	\$20.32
Employee + child(ren)	\$12.32	\$21.74
Family	\$19.69	\$34.74

Note: Additional rate information can be found in your enrollment portal.



## GLOSSARY

## Glossary of Terms

**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. 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.



Contact the benefit provider listed below 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](mailto:benefitservices@eamc.org).

## Contacts

### Medical Plan

#### Blue Cross Blue Shield

Member services:  
1-866-888-6934  
[www.bcbsal.com](http://www.bcbsal.com)

### Prescription Services

#### Prime Therapeutics

Member services:  
855.457.0007  
<https://www.primetherapeutics.com/>

### Dental Plan

#### Blue Cross Blue Shield

Member services:  
1-866-888-6934  
[www.bcbsal.com](http://www.bcbsal.com)

### Vision Plan

#### VSP

Member services:  
1-800-877-7195  
[www.vsp.com](http://www.vsp.com)

### Health Savings Account (HSA)

#### Health Equity

Member services:  
1-877-288-0719  
[www.myhealthequity.com](http://www.myhealthequity.com)

### Rula Health

Member Services:  
(323) 205-7088  
[www.rula.com/contact](http://www.rula.com/contact)

### Mental Health Benefit Navigation Assistance

#### Lucet

Member services:  
1-800-624-5544  
[www.lucethealth.com](http://www.lucethealth.com)

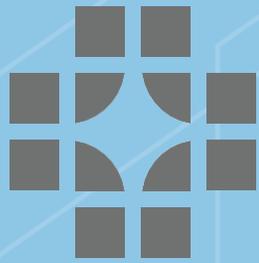
### Human Resources

**334-528-4188 or 334-710-0076**

**General Website**

<https://www.eastalabamahealth.org/>





The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

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