

SUMMARY OF HEALTH PLAN CHANGES

Blue Secure Silver for Business

At renewal, certain changes will apply to your current health plan(s). The table below outlines the major changes for 2024 compared to the current 2023 benefits. For more detailed benefit information and plan exclusions, please view your benefit booklet or Summary of Benefits and Coverage (SBC) online through GroupAccess.

Benefit	2023 Blue Secure Silver FOR BUSINESS	2024 Blue Secure Silver FOR BUSINESS
Calendar Year Deductible	In-Network: \$4,000 individual, \$8,000 family Out-of-Network: \$4,000 individual, \$8,000 family	In-Network: \$4,200 individual, \$8,400 family Out-of-Network: \$4,200 individual, \$8,400 family
Calendar Year Out-of-Pocket Maximum	In-Network: \$8,550 individual, \$17,100 family	In-Network: \$9,450 individual, \$18,900 family
Inpatient Hospital First 365 days of care (combined In-Network and Out-of-Network)	In-Network: Lower Member Cost Share: \$550 daily copay for days 1-5 Higher Member Cost Share: \$950 daily copay for days 1-5 Out-of-Network: 50%, subject to \$1,500 inpatient admission deductible	In-Network: Lower Member Cost Share: \$700 daily copay for days 1-5 Higher Member Cost Share: \$1,000 daily copay for days 1-5 Out-of-Network: 50%, subject to \$1,500 inpatient admission deductible
Outpatient Surgery (including ambulatory surgical centers)	In-Network: Lower Member Cost Share: \$550 copay Higher Member Cost Share: \$950 copay	In-Network: Lower Member Cost Share: \$650 copay Higher Member Cost Share: \$950 copay
Emergency Room-Medical Emergency	In-Network: \$550 copay per visit Out-of-Network: \$550 copay per visit	In-Network: \$650 copay per visit Out-of-Network: \$650 copay per visit
Emergency Room-Accident	In-Network: \$550 copay Out-of-Network: \$550 copay when services are rendered within 72 hours of accident; 50% subject to deductible when services are rendered after 72 hours of the accident and not a medical emergency.	In-Network: \$650 copay Out-of-Network: \$650 copay when services are rendered within 72 hours of accident; 50% subject to deductible when services are rendered after 72 hours of the accident and not a medical emergency.
Emergency room physician	In-Network: \$80 copay Out-of-Network: \$80 copay	In-Network: \$90 copay Out-of-Network: \$90 copay
Outpatient Diagnostic Lab, X-ray and Pathology	In-Network: Lower Member Cost Share: \$550 copay Higher Member Cost Share: \$950 copay	In-Network: Lower Member Cost Share: \$650 copay Higher Member Cost Share: \$950 copay

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Benefit	2023 Blue Secure Silver FOR BUSINESS	2024 Blue Secure Silver FOR BUSINESS
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse	\$80 specialist physician copay per day	\$90 specialist physician copay per day
Office Visit, Consultations and Psychotherapy	\$40 primary physician visit copay \$80 specialist physician copay	\$45 primary physician visit copay \$90 specialist physician copay
Second Surgical Opinion	\$80 specialist physician copay	\$90 specialist physician copay
Special Diagnostic Procedures	\$550 copay per visit	\$650 copay per visit
Telephone and Online Video Consultation Program	100%, subject to \$40 payment per consultation	100%, subject to \$45 payment per consultation
Medical Nutrition Therapy Service <i>For adults and children, 6 hours each calendar year</i>	\$40 physician visit copay	\$45 physician visit copay

MedsYourWay-Retail – Beginning January 1, 2024, Blue Cross and Blue Shield of Alabama will offer access to the MedsYourWay-Retail program. This program offers an integrated shopping experience that automatically compares plan covered benefit pricing to available discount card prices and provides you and your employees with the lowest price option at the pharmacy.

Transparency in Coverage – Blue Cross and Blue Shield of Alabama agrees to provide information about the plan's covered items and services in the manner and format required under the Transparency in Coverage Rule, 45 C.F.R. §§ 147.210 to 147.212, including applicable regulatory guidance, for any items and services for which Blue Cross serves as the Claims Administrator. Employer acknowledges that Blue Cross will not provide information on items and services which are not administered by Blue Cross and Blue Shield of Alabama.

Reporting on Pharmacy Benefits and Drug Costs – Blue Cross and Blue Shield of Alabama agrees to submit reporting on pharmacy benefits and drug costs in the manner and format required under Section 204 of the Consolidated Appropriations Act, 2021, Public Law 116-260, including applicable regulatory guidance and instructions ("Reporting on Pharmacy Benefits and Drug Costs"). Employer acknowledges that certain information required for Reporting on Pharmacy Benefits and Drug Costs is maintained by Employer and Employer agrees to timely provide Blue Cross and Blue Shield of Alabama with any such information when requested.



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MedsYourWay, an independent company, offers prescription cost savings programs to Blue Cross and Blue Shield of Alabama members.

Blue Access[®] Gold for Business

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Benefit	2023 Blue Access [®] Gold FOR BUSINESS	2024 Blue Access [®] Gold FOR BUSINESS
	There are no cost sharing changes for this plan	

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2024 Dental Rate Summary

Group Name: O'NEAL MEDICAL

Group Number: 0054853

Renewal Date: July 1, 2024

Dental Premiums

Current Dental Plan(s): Dental Blue 1000A



COMPOSITE RATING TIERS	Dental Blue® 2500A	Dental Blue® 2000A	Dental Blue® 1500A	Dental Blue® 1500B	Dental Blue® 1000A	Dental Blue® 1000B
Employee PREMIUM	\$34.26	\$31.72	\$24.50	\$24.50	\$20.37	\$16.53
Employee/Spouse PREMIUM	\$68.51	\$63.44	\$49.00	\$49.00	\$40.73	\$33.07
Employee + One or More Children PREMIUM	\$84.78	\$78.89	\$62.14	\$56.83	\$52.56	\$38.36
Family (Employee/Spouse + Children) PREMIUM	\$125.92	\$117.04	\$91.77	\$85.74	\$77.31	\$57.87

Optional Benefits

COMPOSITE RATING TIERS	Removal of Out-of-Network Coverage	Dental Implants	Enhanced Orthodontic Services
Employee PREMIUM	\$-1.00	\$1.75	N/A
Employee/Spouse PREMIUM	\$-2.00	\$3.25	N/A
Employee + One or More Children PREMIUM	\$-2.25	\$3.75	\$1.75
Family (Employee/Spouse + Children) PREMIUM	\$-3.50	\$5.75	\$2.00

Your total premium is calculated by adding your Dental Premium and your Optional Benefits together.

The Composite Premium applies to all enrolled employees and their dependents for a 12-month period starting on your plan effective date. Renewal rates are based on all enrolled employees and their dependents at the time the renewal is prepared.



2024 Health Rate Summary

Group Name: O'NEAL MEDICAL

Group Number: 0054853

Renewal Date: July 1, 2024

Health Premiums

Current Health Plan(s): Blue Access Gold for Business and Blue Secure Silver for Business

COMPOSITE RATING TIERS	Blue Choice® Platinum for Business	Blue Access® Gold for Business	Blue Secure Gold for Business	Blue Saver® Gold for Business	Blue Secure Silver for Business	Blue HSA Silver for Business	Blue Saver® Bronze for Business
Employee PREMIUM	\$735.09	\$649.34	\$607.76	\$590.34	\$502.19	\$462.29	\$378.78
Employee/Spouse PREMIUM	\$1,470.18	\$1,298.68	\$1,215.52	\$1,180.68	\$1,004.38	\$924.58	\$757.56
Employee + One or More Children PREMIUM	\$1,359.92	\$1,201.28	\$1,124.35	\$1,092.13	\$929.05	\$855.24	\$700.74
Family (Employee/Spouse + Children) PREMIUM	\$2,095.01	\$1,850.62	\$1,732.11	\$1,682.47	\$1,431.24	\$1,317.53	\$1,079.52

The Composite Premium applies to all enrolled employees and their dependents for a 12-month period starting on your plan effective date. Renewal rates are based on all enrolled employees and their dependents at the time the renewal is prepared.