ARBA HEALTH PLAN OVERVIEW

ARBA is pleased to offer its members medical coverage through BlueCross BlueShield. As a member of the association, you have the opportunity to purchase health insurance for you and your family. Coverage begins on January 1, 2027.



MEDICAL — BLUECROSS BLUESHIELD

BENEFITS OVERVIEW	PREMIER PLAN	GOLD PLAN	VALUE PLAN
Calendar Year Deductible	$500 single / $1,000 family	$500 single / $1,000 family	$5,000 single / $10,000 family
Out-of-Pocket Maximum	$2,500 single / $5,000 family	$5,000 single / $10,000 family	$7,000 single / $14,000 family
Primary Care	$35 Copay	$35 Copay	$35 Copay
Specialist	$50 Copay	$50 Copay	$50 Copay
In-Network Coinsurance	80% after deductible	80% after deductible	80% after deductible
	MONTHLY RATES		
Employee Only	$ 835.83	$1,005.39	$ 726.67
Employee + Spouse	$ 1,678.83	$1,995.81	$ 1,438.36
Employee + Children	$ 1,535.04	$1,848.75	$ 1,333.10
Family	$ 2,377.72	$2,839.16	$ 2,044.78

DENTAL —BLUECROSS BLUESHIELD

BENEFITS OVERVIEW	ENHANCED PLAN	BASIC PLAN
Annual Deductible	$25 single / $75 family	$50 single / $150 family
Annual Maximum per Individual	$1,500	$1,000
Lifetime Orthodontia Maximum (19 and under)	$1,500	$1,500
Diagnostic and Preventive Services (cleanings, sealants and space maintainers)	100%	100%
Basic Services (fillings, oral surgery, simple extractions, endodontics and periodontics)	100%	80%
Major Services (fixed and removable prosthodontics)	50%	50%
Orthodontics (19 and under)	50%	50%
MONTHLY RATES		
Employee Only	$33.63	$28.92
Employee + Spouse	$67.26	$57.83
Employee + Children	$84.81	$73.87
Family	$124.73	$108.22

ARBA HEALTH
PLAN OVERVIEW, CONTINUED

VISION — VSP

BENEFITS OVERVIEW	
Exam Copay	$10 per one visit every 12 months
Prescription Glasses	$20 copay once every 12 months
Frame	$130 Allowance (Additional $50 off select frames); Every 24 months
Lenses	Included in prescription glasses; Every 12 months
Lens Enhancements Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	Every 12 Months: $0 $95 - $105 $150-$175
Contacts (Instead of glasses)	Up to $130 allowance every 12 months
MONTHLY RATES	
Employee Only	$11.79
Employee + Spouse	$16.47
Employee + Children	$16.73
Family	$24.52

FREQUENTLY ASKED QUESTIONS

WHO IS ELIGIBLE FOR THE ARBA HEALTH PLAN?

Active ARBA members must have at least one common law employee to be eligible for the ARBA Health Plan. Sole proprietors without at least one common law employee are not eligible to participate in the plan. Please contact CAC Agency with questions.

WHAT IF I'M ALREADY OFFERING A GROUP HEALTH PLAN TO MY EMPLOYEES?

You may transfer to the ARBA Plan by submitting a Current Health Census to ARBA@cacgroup.com. Please note that you must notify all impacted employees of this change and allow them the option to opt out. Employees who wish to change their benefit election must be done in the SIMON portal at arba.simon365.com.

WHEN AND HOW DO I ENROLL?

Open Enrollment is November 16 – December 4, 2026, for coverage starting January 1, 2027. This is a qualifying event for our members to change plans, even if their existing plan does not renew January 1. If you would like to have a rate analysis and plan comparison for your company, please contact Matt Cate at mcate@cacgroup.com or 205-874-1226.

FOR ADDITIONAL QUESTION OR INFORMATION, PLEASE CONTACT:

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Alabama Road Builders Association