

Employee Benefits Guide

Groups 2-50 Employees



Alabama Chambers



In Partnership With:



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Introduction



Dear Chamber member:

The Chamber of Commerce Association of Alabama (Alabama Chambers) is pleased to work with your local chamber to provide a robust, customizable package of benefits for you and your employees. Your support of your local chamber is appreciated and we are thankful that you continue to support their work within your community. The ability to provide tangible benefit to you is critical and we are pleased to partner with many Alabama based businesses to be able to do just that.

Founded in 1937, Alabama Chambers supports 100+ local chambers across the state. We work every day to empower Alabama chambers for economic progress and to provide resources, training, and tools to better equip our chamber professionals to support you- Alabama businesses and employers. We exist to strengthen the vital role local chambers of commerce play in economic and community development.

Alabama Chambers is pleased to partner with VIVA HEALTH, ALLIANCE, and Canopy Insurance to offer Alabama employers and their employees this comprehensive benefits package. We will act as the Program Manager* for the Employee Benefit Program and will ensure that that our partners are responsive to your needs.

VIVA HEALTH, located in Birmingham, AL, is part of the University of Alabama at Birmingham (UAB) Health System. VIVA HEALTH is one of the largest health insurers in the state, with over 100,000 Medicare and commercial members.

ALLIANCE, based out of Birmingham, AL, is the largest provider of group supplemental health insurance plans in Alabama. ALLIANCE acts as a supplemental insurance program to help reduce health insurance premiums and lower the employee's out-of-pocket medical expenses.

Canopy Insurance, located in Birmingham, AL, supports Alabama businesses by offering a full suite of products to meet all of life's needs. Canopy Insurance is part of the Collateral family companies which has been serving the financial needs of Alabama families since 1933.

We thank you again for your continued support and engagement with your local chamber. By working together we can continue to build a strong business environment and stronger communities across our state.

**This is a private program designed in partnership with Alabama Chambers. It is not available through outside brokers or consultants and is only available through Alabama Chambers.*

Benefits for 2024 - 2025

Overview of Benefits Programs

CHANGES AND QUALIFYING EVENTS

When Coverage Begins and Ends

- › Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued or the Group Insurance Policy is terminated.

Qualifying Events

- › Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:
 - Changes in employment status
 - Changes in legal marital status
 - Changes in number of dependents
 - Taking an unpaid leave of absence
 - Dependent satisfies or ceases to satisfy eligibility requirement
 - Family Medical Leave Act (FMLA) leave.
 - A COBRA-qualifying event
 - Entitlement to Medicare or Medicaid
 - A change in the place of residence of the employee, resulting in the current carrier not being available

Benefits for 2024 - 2025

Overview of Benefits Programs

Alabama Chambers provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

BENEFITS AT-A-GLANCE

Coverage	Carrier
<ul style="list-style-type: none">Primary Health Insurance	
<ul style="list-style-type: none">Supplemental Health Insurance	
<ul style="list-style-type: none">Dental InsuranceVision InsuranceLife Insurance (Basic & Voluntary)¹Disability Insurance (Long-Term & Short-Term)¹Accident InsuranceCritical Illness / Cancer Insurance	
<ul style="list-style-type: none">Telemedicine (Included with Alliance Premium Saver)	

¹ Underwritten by Madison National Life

VIVA 5000 + ALLIANCE



Summary of Primary Insurance

Summary of Secondary Benefits

Annual Plan Limits		VIVA 5000	Annual Plan Limits		Alliance
Calendar Year Deductibles		\$5,000 Individual / \$10,000 Family	Calendar Year Deductibles		\$250 Per Member
Annual Out-of-Pocket Max		\$9,000 Individual / \$18,000 Family	Annual Secondary Benefit ¹		\$6,000 Per Member Benefit
Physician Office Benefits		VIVA 5000	Physician Office Benefits		Alliance
Preventive Care		Covered at 100%	Preventive Care		VIVA Covers 100%
Primary Office Visit		\$35 Copay	Primary Office Visit		No Secondary Coverage Here
Specialist Office Visit		\$50 Copay	Specialist Office Visit		No Secondary Coverage Here
Physician Office – Labs, X-ray		Covered at 100%	Physician Office – Labs, X-ray		VIVA Covers 100%
Pharmacy Benefits		VIVA 5000	Pharmacy Benefits		Alliance
Pharmacy Copays (Rx Tiers: 1 - 4)		Tier 1 - \$10 Tier 2 - \$30 Tier 3 - \$60 Tier 4 - \$80	Pharmacy Copays		No Secondary Coverage Here
Specialty Medications (Rx Tiers: 5 & 6)		\$4,000 Deductible then; Tier 5 - 40% Tier 6 - 45%	Specialty Medications		No Secondary Coverage Here
Inpatient Services		VIVA 5000	Inpatient Services		Alliance
Inpatient Facility		Covered at 80% after Deductible	Inpatient Facility		Covers Up To \$6,000 Annually
Inpatient Physicians		Covered at 80% after Deductible	Inpatient Physicians		Covers Up To \$6,000 Annually
Maternity Physician Services		\$50 Copay	Maternity Physician Services		\$50 Copay
Outpatient Services		VIVA 5000	Outpatient Services		Alliance
Emergency Room		\$860 Copay	Emergency Room		Covers Up To \$6,000 Annually
Outpatient: IV Therapy, Dialysis, Radiation Therapy, Chemotherapy		Covered at 80% after Deductible	Outpatient: IV Therapy, Dialysis, Radiation Therapy, Chemotherapy		Covers Up To \$6,000 Annually
Outpatient Diagnostic: CAT Scan, MRI, PET/SPECT, ERCP, Colonoscopy, Endoscopy		Covered at 80% after Deductible	Outpatient Diagnostic: CAT Scan, MRI, PET/SPECT, ERCP, Colonoscopy, Endoscopy		Covers Up To \$6,000 Annually
Outpatient Diagnostic: Labs, X-ray, Pathology		Covered at 80% after Deductible	Outpatient Diagnostic: Labs, X-ray, Pathology		Covers Up To \$6,000 Annually
Outpatient Facility		Covered at 80% after Deductible	Outpatient Facility		Covers Up To \$6,000 Annually
Outpatient Physician - Surgery		Covered at 80% after Deductible	Outpatient Physician - Surgery		Covers Up To \$6,000 Annually
Physical Therapies		Covered at 80% after Deductible	Physical Therapies		Covers Up To \$6,000 Annually
Chiropractic Services		\$50 Copay	Chiropractic Services		Covers Up To \$6,000 Annually
Other Covered Services		VIVA 5000	Other Covered Services		Alliance
Ambulance Services		Covered at 80% after Deductible	Ambulance Services		Covers Up To \$6,000 Annually
Durable Medical Equipment		Covered at 80% after Deductible	Durable Medical Equipment		Covers Up To \$6,000 Annually
Allergy Testing & Treatment		Covered at 80% after Deductible	Allergy Testing & Treatment		Covers Up To \$6,000 Annually

¹Alliance requires 5 or more covered employees to qualify for \$6,000 of annual secondary benefits.

VIVA 9000 + ALLIANCE



Summary of Primary Insurance

Summary of Secondary Benefits

Annual Plan Limits		VIVA 9000	Annual Plan Limits		Alliance
Calendar Year Deductibles		\$9,000 Individual / \$18,000 Family	Calendar Year Deductibles		\$250 Per Member
Annual Out-of-Pocket Max		\$9,000 Individual / \$18,000 Family	Annual Secondary Benefit ¹		\$6,000 Per Member Benefit
Physician Office Benefits		VIVA 9000	Physician Office Benefits		Alliance
Preventive Care		Covered at 100%	Preventive Care		VIVA Covers 100%
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Durable Medical Equipment		Covered at 100% after Deductible	Durable Medical Equipment		Covers Up To \$6,000 Annually
Allergy Testing & Treatment		Covered at 100% after Deductible	Allergy Testing & Treatment		Covers Up To \$6,000 Annually

¹ Alliance requires 5 or more covered employees to qualify for \$6,000 of annual secondary benefits.



Secondary Insurance – Quick Summary

Alliance Premium Saver is a supplemental health insurance plan that helps bridge the gap between deductibles and out-of-pocket expenses, and avoid placing unexpected stress on your financial well-being. Your Alliance Premium Saver policy will pay up to the *Allowed Amount* based on the benefit limits described below. Furthermore, Alliance Premium Saver will only pay for *Covered Services* that are *Eligible* for coverage under your Primary Health Insurance policy.

Benefit	Covered Services	Calendar Year Benefit Amounts
Calendar Year Deductible	<ul style="list-style-type: none"> Your Alliance Premium Saver deductible must be met prior to Secondary benefits being paid. 	<ul style="list-style-type: none"> \$250 Annual Deductible per person
Total Annual Benefit	<ul style="list-style-type: none"> Aggregate amount applies to the Inpatient and Outpatient Benefits listed below. 	<ul style="list-style-type: none"> \$6,000 maximum per person Unlimited maximum per family <i>Maximum payable benefits cannot exceed the insured's total out-of-pocket exposure under VIVA Health major medical plan.</i>
Inpatient Benefits	<ul style="list-style-type: none"> Hospital Facility & Physicians Inpatient Surgeries Diagnostic Treatment Ambulance & Emergency Room (requiring hospitalization within 24 hours) 	<ul style="list-style-type: none"> \$6,000 maximum per person <i>Maximum payable benefits cannot exceed the insured's total out-of-pocket exposure under VIVA Health major medical plan.</i>
Outpatient Benefits	<ul style="list-style-type: none"> Emergency Room Outpatient Surgeries Outpatient treatment including Chemotherapy, Radiation Therapy, IV Therapy, Dialysis, etc. Major Diagnostics including MRI, CAT Scan, Colonoscopy, etc. Durable Medical Equipment (DME) Physical Therapy Chiropractic Services AND MORE! 	<ul style="list-style-type: none"> \$6,000 maximum per person <i>Maximum payable benefits cannot exceed the insured's total out-of-pocket exposure under VIVA Health major medical plan</i>
Exclusions	<ul style="list-style-type: none"> Preventative Services Elective Services Pharmacy & Physician Office Copays 	<ul style="list-style-type: none"> Preventative Services are covered at 100% by VIVA Health. Services must be medically necessary and eligible for coverage by VIVA Health.



Through a partnership between VIVA and ALLIANCE. Claims data is transmitted daily from VIVA to ALLIANCE via an electronic claims feed (EDI 837 Integration). This unique process eliminates the need for Healthcare Providers to file a Secondary claim - thereby reducing filing errors, speeding up processing and payments.

Benefits for 2024-2025

Telemedicine

Employees who are enrolled in Alliance Premium Saver have **24/7** access to board-certified physicians, no matter where they are, through **Recuro Health**. This Telemedicine benefit will connect you to a board-certified doctor by phone or video chat.

Commonly Treated Conditions

- Sinus Infections
- Pink Eye
- Strep Throat
- Ear Infections
- Common Cold
- UTI
- Allergies
- Diarrhea
- Insect bites
- Constipation
- Acid reflux
- And more!



Cost Per Consultation

\$0

Unlimited Consults

www.recurohealth.com

Download the App and get treated today!





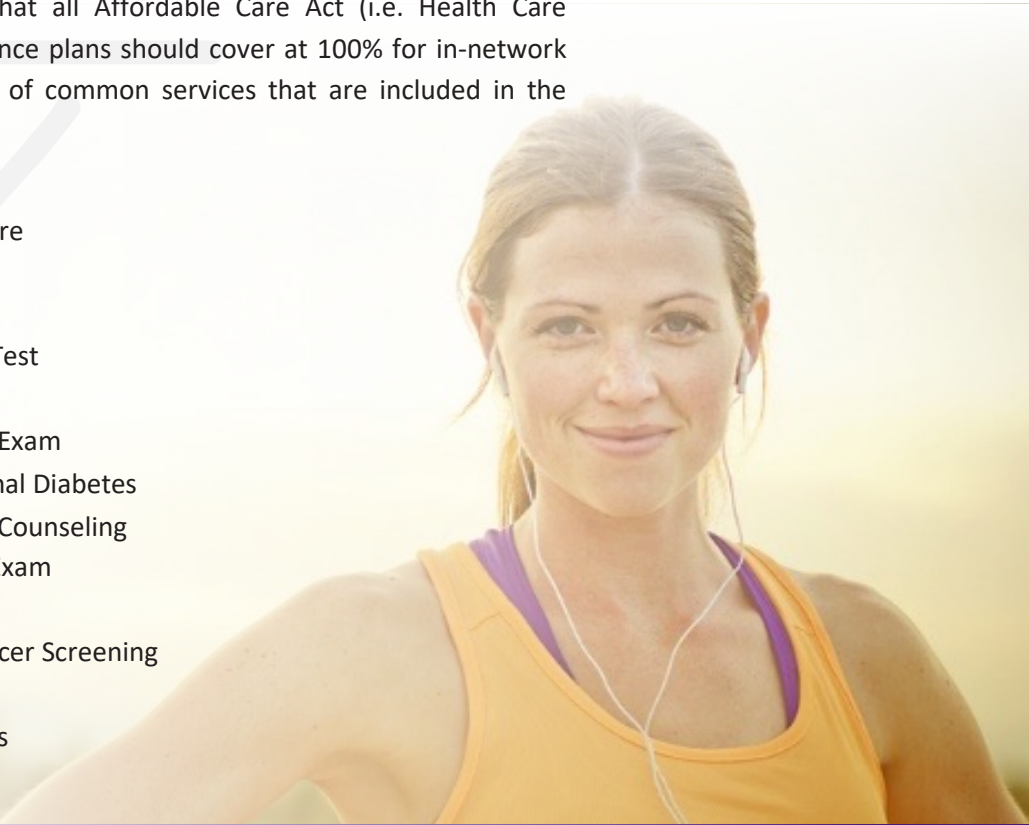
Medical

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Alabama Chambers , all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

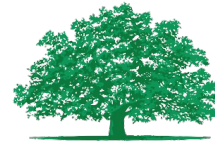
WHICH PREVENTIVE CARE SERVICES ARE COVERED?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- › Routine Physical Exam
- › Well Baby and Child Care
- › Well Woman Visits
- › Immunizations
- › Routine Bone Density Test
- › Routine Breast Exam
- › Routine Gynecological Exam
- › Screening for Gestational Diabetes
- › Obesity Screening and Counseling
- › Routine Digital Rectal Exam
- › Routine Colonoscopy
- › Routine Colorectal Cancer Screening
- › Routine Prostate Test
- › Routine Lab Procedures
- › Routine Mammograms
- › Routine Pap Smear
- › Smoking Cessation
- › Health Education/Counseling Services
- › Health Counseling for STDs and HIV
- › Testing for HPV and HIV
- › Screening and Counseling for Domestic Violence



“An ounce of prevention is worth a pound of cure”



Dental Coverage

SUMMARY OF COVERAGE

Annual Benefits	Choice Dental		Premier Dental	
Calendar Year Deductible	\$50 Individual \$150 Family		\$50 Individual \$150 Family	
Calendar Year Maximum Benefits	\$1,500 Per Person		\$2,500 Per Person	
Provider Reimbursement	Negotiated Fee Schedule		Negotiated Fee Schedule	
Service Description ¹				
Preventive Services - Exams, X-ray, Sealants, Fluoride Treatment, Routine Cleanings, Space Maintainers, Oral Cancer Screening	100% No Deductible		100% No Deductible	
Basic Services - Fillings, Endodontics (Root Canal), Periodontics, Oral Surgery, Emergency Care for Pain Relief	80% After Deductible		80% After Deductible	
Major Services - Crowns, Inlays/Onlays, Bridges, Denture Reline/Rebase, Implants, Denture Repair & Adjustments	50% After Deductible		50% After Deductible	
Orthodontia Services	Not Covered		Not Covered	
Tier of Coverage - Monthly Premium	2-9 Enrolled	10+ Enrolled	2-9 Enrolled	10+ Enrolled
Employee Only	\$28.57	\$27.89	\$36.67	\$34.07
Employee + Spouse	\$56.03	\$54.72	\$72.18	\$67.04
Employee + Child(ren) ²	\$63.71	\$62.21	\$79.21	\$73.55
Family ²	\$99.12	\$96.80	\$124.35	\$115.45

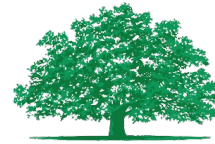
¹ Frequency Limits apply to certain services. Please refer to the Canopy dental plan summary for a complete list of frequency limits and exclusions.

² Children covered up to Age 26.

Find a Dentist: www.CanopyInsuranceCorp.com (Dentanet - AL, Dentamax - GA, FL)



Vision Coverage



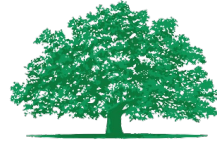
SUMMARY OF COVERAGE

In-Network Benefits

Benefits	Description	Choice Vision	Premier Vision
Copays	<ul style="list-style-type: none"> Exam Materials Contact Lens Fitting 	<ul style="list-style-type: none"> \$10 Copay \$25 Copay \$30 Copay 	<ul style="list-style-type: none"> \$10 Copay \$25 Copay \$30 Copay
Frames	<ul style="list-style-type: none"> Retail Allowance 	<ul style="list-style-type: none"> \$150 Allowance 	<ul style="list-style-type: none"> \$200 Allowance
Prescription Lenses	<ul style="list-style-type: none"> Single Vision Lined Bifocal Lined Trifocal Standard Progressive Lenticular 	<ul style="list-style-type: none"> Covered in Full Covered in Full Covered in Full Covered in Full Covered in Full 	<ul style="list-style-type: none"> Covered in Full Covered in Full Covered in Full Covered in Full Covered in Full
Contacts lenses	<ul style="list-style-type: none"> Medically Necessary Elective (copay does not apply) Standard Fitting Specialty Fitting 	<ul style="list-style-type: none"> Covered in Full \$150 Retail Allowance Covered in Full \$60 Retail Allowance 	<ul style="list-style-type: none"> Covered in Full \$200 Retail Allowance Covered in Full \$60 Retail Allowance
Frequencies	<ul style="list-style-type: none"> Exams Lenses Contacts (in lieu of lenses) Frames 	<ul style="list-style-type: none"> Once Every 12 Months Once Every 12 Months Once Every 12 Months Once Every 24 Months 	<ul style="list-style-type: none"> Once Every 12 Months Once Every 12 Months Once Every 12 Months Once Every 12 Months
Monthly Premiums	<ul style="list-style-type: none"> Employee Only Employee + Spouse Employee + Child(ren) Family 	<ul style="list-style-type: none"> \$6.81 \$13.63 \$18.79 \$26.68 	<ul style="list-style-type: none"> \$8.32 \$16.65 \$22.87 \$32.50

www.CanopyInsuranceCorp.com (Visanet Vision Network)





Life Insurance

SUMMARY OF COVERAGE

Basic Life Insurance	
Plan Features	Benefits
Employee Benefit Amount	1 x Annual Salary
Maximum Benefit Amount	\$50,000
Guarantee Issue	\$50,000
Accidental Death	100% of Life Benefit
Accidental Dismemberment	Included
AD&D Education Benefit	Included
Accelerated Death Benefit	Included
Portability	Included

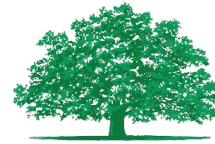
100% Employer Paid

Voluntary Life Insurance	
Plan Features	Benefits
Employee Benefit Amount	5 x Annual Salary
Employee Maximum Benefit	\$500,000
Employee Guaranteed Issue	\$100,000
Spouse Benefit Amount	50% of Employee
Spouse Maximum Benefit	\$250,000
Spouse Guaranteed Issue	\$25,000
Children Benefit Amount	\$10,000
Portability at Term Rates	Included

100% Employee Paid



***Basic and Voluntary Life Insurance products are underwritten by Madison National Life Company Inc.*



Disability Insurance

SUMMARY OF COVERAGE

Voluntary Short-Term Disability

Plan Features	Benefits
Employee Benefit Amount	60% Income
Maximum Weekly Benefit	\$1,000
Minimum Weekly Benefit	\$25
Coverage	24 hours
When Benefits Begin	15 th Day - Accident
When Benefits Begin	15 th Day - Sickness
Benefit Duration	11 Weeks
Maturity Benefits	Included

100% Employee Paid

Long-Term Disability

Plan Features	Benefits
Employee Benefit Amount	60% Income
Maximum Monthly Benefit	\$5,000
Monthly Insured Salary	\$8,333
Definition of Disability	2 Year Regular Occupation
When Benefits Begin	91 st Day
Benefit Duration	Social Security Normal Retirement Age (SSNRA)

100% Employer Paid

Your most valuable asset is your ability to earn an income! Are you protected?



***Short-Term and Long-Term Disability products are underwritten by Madison National Life Company Inc.*



Accident Insurance



**CANOPY
INSURANCE**
ROOTED IN ALABAMA

SUMMARY OF COVERAGE

Accident Benefits - On or Off Job

Initial Care & Treatment

Ambulance - Ground	\$500
Ambulance - Air	\$1,000
Doctors Office	\$50
Urgent Care Facility	\$50
Emergency Room	\$200
Therapy - Occupational, Physical, Speech (10 Visit Max)	\$30/visit
X-Rays	\$50
Emergency Room Observation	\$200
Major Diagnostic Testing	\$100
Blood, Plasma, & Platelets Transfusion	\$200

Inpatient Hospital Care

Hospital Admission	\$1,000
Hospital Confinement	\$250
Intensive Care Unit Confinement	\$500

Follow Up Care & Treatment

Prosthesis - One	\$1,000
Prosthesis - Multiple	\$2,000
Pain Management- Epidural	\$100
Accident Follow-Up Treatment - 2 Visits Max	\$100/visit
Chiropractic or Alternative Therapy - 5 Visits Max	\$30/visit

Lacerations

Lacerations - No Stitches	\$100
Lacerations - With Stitches, less than 2 inches	\$250
Lacerations - With Stitches, 2 to 6 inches	\$500
Lacerations - With Stitches, more than 6 inches	\$750

Injuries

Concussion	\$300
Coma	\$1,250
Emergency Dental Work - Broken Teeth Extraction	\$250
Emergency Dental Work - Broken Teeth Repair w/Crown	\$500
Eye Injuries	\$250

Burns

Burn - 2 nd degree covering at least 36% of body	\$750
Burn - 3 rd degree covering 9 to 35 sq inch of body	\$1,500
Burn - 3 rd degree covering over 35 sq inch of body	\$10,000
Skin Grafts - % of Benefit Amount	25%

Optional Accident Benefit Riders

Wellness Rider Per Test	Not Covered
Sickness Hospital Confinement Rider	Not Covered

Dislocations

Dislocations - Hip Joint	\$4,000
Dislocations - Knee Joint (excluding Patella)	\$1,500
Dislocations - Ankle Joint or Bone(s) of the Foot (toes excluded)	\$1,000
Dislocations - Lower Jaw	\$500
Dislocations - Wrist Joint	\$1,000
Dislocations - Elbow Joint	\$1,000
Dislocations - Shoulder Joint	\$800
Dislocations - Bone(s) of the Hand (fingers excluded)	\$300
Dislocations - Collarbone (Stemoclavicular)	\$500
Dislocations - Collarbone (Acromioclavicular or Separation)	\$100
Dislocations - One Finger or One Toe	\$100

Fractures

Fractures - Skull - Depressed (excluding bones of face/nose)	\$5,000
Fractures - Skull - Simple non-depressed (linear)	\$4,000
Fractures - Hip, Thigh (femur)	\$4,000
Fractures - Pelvis (excluding Coccyx)	\$4,000
Fractures - Arm, Between Shoulder & Elbow (Shaft)	\$2,000
Fractures - Leg (Tibia or Fibula)	\$2,000
Fractures - Vertebrae, Body of (except Vertebral processes)	\$2,000
Fractures - Vertebrae Processes	\$1,000
Fractures - Ankle	\$1,500
Fractures - Knee Cap (Patella)	\$500
Fractures - Finger, Toe	\$300
Fractures - Foot (except Toes)	\$3,000
Fractures - Forearm, Hand, or Wrist (except fingers)	\$1,500
Fractures - Lower Jaw (except Aveolar Process)	\$1,000
Fractures - Upper Jaw (except Aveolar Process)	\$1,000
Fractures - Bones of Face or Nose	\$600
Fractures - Rib	\$300
Fractures - Shoulder Blade or Collarbone (Scapula, Clavicle, Sternum)	\$2,000
Fractures - Coccyx	\$300

Injuries Requiring Surgery

Burn - 2 nd degree covering at least 36% of body	\$3,000
Burn - 3 rd degree covering 9 to 35 sq inch of body	\$2,000

Additional Accident Benefits

Accidental Death Benefit	\$0
Dismemberment - Double Loss	\$10,000
Dismemberment - Single Loss	\$5,000
Dismemberment - One or more Fingers or Toes	\$1,000
Transportation - Maximum Per Trip (Max 1 Trip)	\$300

Critical Illness / Cancer Insurance



**CANOPY
INSURANCE**
ROOTED IN ALABAMA

SUMMARY OF COVERAGE

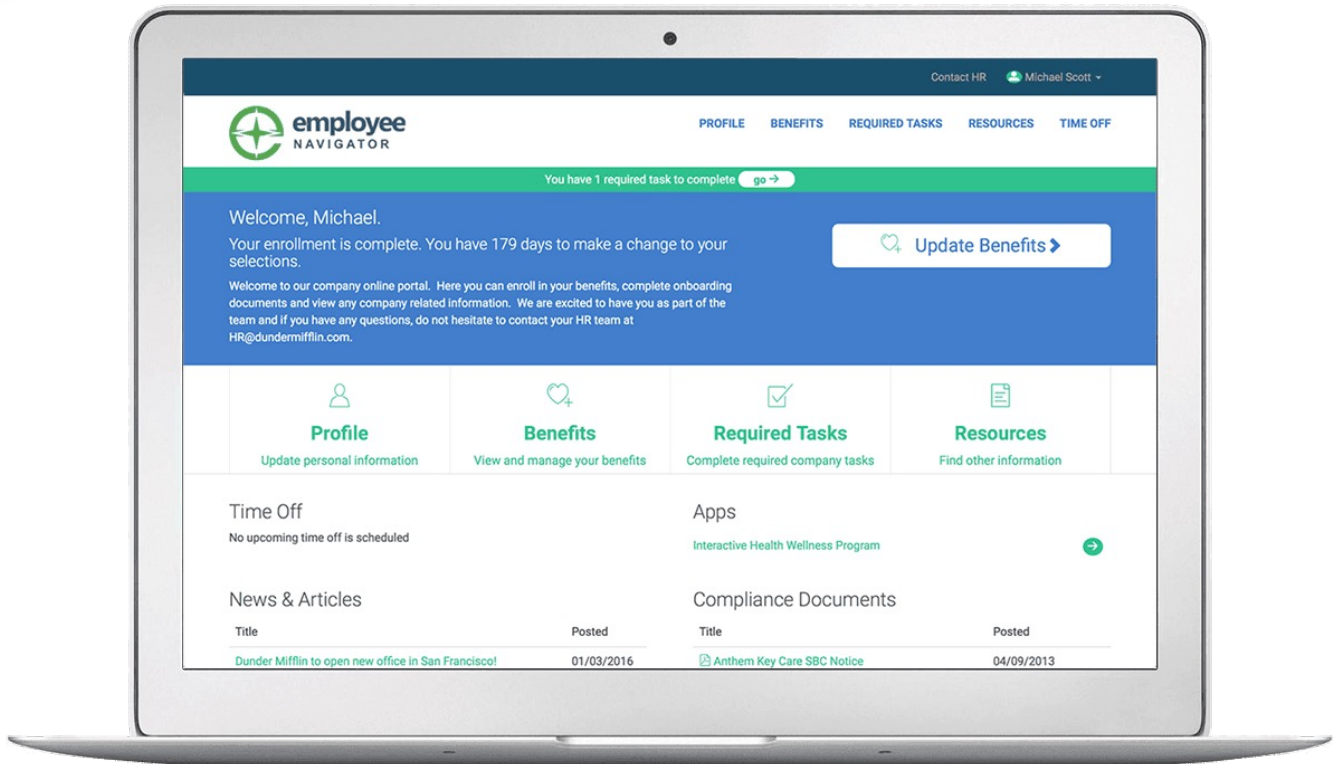
Conditions	1 st Occurrence
Cancer	Percentage of Benefit
Invasive Cancer	100%
Carcinoma in Situ	100%
Benign Brain Tumor	100%
Skin Cancer	\$500
Vascular	Percentage of Benefit
Heart Attack	100%
Coronary Artery Bypass Surgery	100%
Stroke	100%
Angioplasty	25%
Other	Percentage of Benefit
Major Organ Transplant	100%
End Stage Renal Failure	100%

Group 2 Covered Conditions

- Coma 100%
- Paralysis 100%
- Complete Speech Loss 100%
- Complete Sight Loss 100%
- Complete Hearing Loss 100%
- Parkinson's Disease 100%
- Cerebral Palsy 0%
- ALS 100%
- Alzheimer's Disease 100%
- Addison Disease 100%
- Multiple Sclerosis 100%
- Huntington's Disease 100%
- Muscular Dystrophy 100%
- Cystic Fibrosis 100%

Wellness Benefit – Provides Each Insured \$50 Per Year for Routine Screenings or Procedures

Online Enrollment & Administration



Employee Navigator is FREE to any employer who offers 1 or more benefits with Canopy Insurance!

Say goodbye to manually processing enrollments and employee management

We've made it simple for employees to enroll and access their benefits and HR resources online from their mobile device or computer.

Employees can:

- Enroll in their benefits
- View compliance documents
- Request & view their PTO
- View list of company contacts
- View their benefit details
- And more!

Employers can:

- Get new hires enrolled quickly
- Track enrollment status & deadlines
- Review coverage status for all employees
- Store, review, and acknowledge important plan documents
- And more!

Progress

-
- ✓ Personal Information
 - ✓ Dependent Information
 - ✓ Medical
 - ✓ Vision
 - Dental
 - Health Savings Account
 - Employee Perk
 - Enrollment Summary



**CANOPY
INSURANCE**
ROOTED IN ALABAMA

Pre-Set Monthly Premiums



**CANOPY
INSURANCE**
ROOTED IN ALABAMA

Coverage Tier	Dental Insurance		Vision Insurance	
	Choice Dental	Premier Dental	Choice Vision	Premier Vision
Employee Only	See Page 12	See Page 12	\$6.81	\$8.32
Employee + Spouse	See Page 12	See Page 12	\$13.63	\$16.65
Employee + Child(ren)	See Page 12	See Page 12	\$18.79	\$22.87
Family	See Page 12	See Page 12	\$26.68	\$32.50

Coverage Tier	Accident Insurance	
Employee Only	\$14.76	
Employee + Spouse	\$25.47	
Employee + Child(ren)	\$34.73	
Family	\$46.38	

Employee Only	Critical Illness Insurance							
	\$10,000 Lump Sum		\$20,000 Lump Sum		\$30,000 Lump Sum		\$40,000 Lump Sum	
	Non-Tobacco	Tobacco User	Non-Tobacco	Tobacco User	Non-Tobacco	Tobacco User	Non-Tobacco	Tobacco User
Ages 16 - 29	\$5.52	\$8.86	\$11.04	\$17.72	\$16.56	\$26.58	\$22.08	\$35.44
Ages 30 - 39	\$10.50	\$17.28	\$21.00	\$34.56	\$31.51	\$51.84	\$42.01	\$69.12
Ages 40 - 49	\$20.82	\$34.61	\$41.64	\$69.22	\$62.46	\$103.83	\$83.28	\$138.44
Ages 50 - 59	\$38.39	\$63.92	\$76.78	\$127.84	\$115.17	\$191.76	\$153.55	\$255.68
Ages 60 +	\$44.77	\$73.71	\$89.55	\$147.41	\$134.32	\$221.12	\$179.10	\$294.82

Employee + Family	Critical Illness Insurance							
	\$10,000 Lump Sum		\$20,000 Lump Sum		\$30,000 Lump Sum		\$40,000 Lump Sum	
	Non-Tobacco	Tobacco User	Non-Tobacco	Tobacco User	Non-Tobacco	Tobacco User	Non-Tobacco	Tobacco User
Ages 16 - 29	\$13.05	\$20.73	\$26.10	\$41.46	\$39.15	\$62.19	\$52.20	\$52.91
Ages 30 - 39	\$23.08	\$37.66	\$46.16	\$75.33	\$69.24	\$112.99	\$92.32	\$150.66
Ages 40 - 49	\$43.79	\$72.43	\$87.57	\$144.86	\$131.36	\$217.29	\$175.14	\$289.72
Ages 50 - 59	\$78.98	\$131.13	\$157.95	\$262.26	\$236.93	\$393.39	\$315.91	\$524.52
Ages 60 +	\$91.73	\$150.67	\$183.45	\$301.34	\$275.18	\$452.01	\$366.91	\$602.68

Underwritten Monthly Premiums

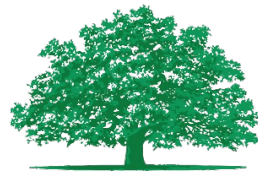


Enrollment Type	VIVA 5000	VIVA 9000
Employee Only	Underwritten Rates Available Upon Request	Underwritten Rates Available Upon Request
Employee + Spouse	Underwritten Rates Available Upon Request	Underwritten Rates Available Upon Request
Employee + Child(ren)	Underwritten Rates Available Upon Request	Underwritten Rates Available Upon Request
Family	Underwritten Rates Available Upon Request	Underwritten Rates Available Upon Request

****VIVA rates include full COBRA administration for all available Alabama Chamber employee benefits**
(VIVA HEALTH, ALLIANCE and Canopy Insurance)**



Enrollment Type	Alliance + WellVia
Employee Only	Underwritten Rates Available Upon Request
Employee + Spouse	Underwritten Rates Available Upon Request
Employee + Child(ren)	Underwritten Rates Available Upon Request
Family	Underwritten Rates Available Upon Request



**CANOPY
INSURANCE**
ROOTED IN ALABAMA

Enrollment Type	Life Insurance	
	Employer Paid Basic Life	Voluntary Life
Employee Only	Underwritten Rates Available Upon Request	
Employee + Spouse	Underwritten Rates Available Upon Request	
Employee + Child(ren)	Underwritten Rates Available Upon Request	
Enrollment Type	Disability Insurance	
	Voluntary Short-Term	Employer Paid Long-Term
Employee Only	Underwritten Rates Available Upon Request	

Information Required for Quotes ¹

Benefit: Health, Dental, or Vision Insurance

- 1.) Excel Census of **All Covered Employees & Dependents** Including:
 - First & Last Names
 - Date of Births
 - Genders
 - Home Zip Codes

 - 2.) Copy of Current Plan Summary & Rates
 - *Please disregard if no current coverage in force.*
-

Benefit: Life or Disability Insurance

- 1.) Excel Census of **All Full-Time Employees** Including:
 - First and Last Names
 - Date of Births
 - Genders
 - Home Zip Codes
 - Job Titles
 - Annual Salary or Pay Rates

 - 2.) Copy of Current Plan Summary & Rates
 - *Please disregard if no current coverage in force.*
-

Email requirements to: CCAQuotes@allianceplans.com

¹ Quotes are based on the information provided and are subject to change based on actual final enrollment. Any changes to the physical location of the business, the effective date, a member's age, or tier can impact the rates. To be eligible for the Alabama Chambers Benefit Plan, the employers must be an active member of their local Chamber - before the effective date and maintain their Chamber membership.



Alabama Chambers

2024 - 2025 Employee Benefit Guide

