



2025 Important Renewal Information

for Small Business

This booklet applies to small businesses as defined under the Affordable Care Act.

2025 Health Rate Summary







Group Name: IROQUOISYSTEMS, INC.

Group Number: 0006961

Renewal Date: January 1, 2025

Health Premiums

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

COMPOSITE RATING TIERS	Blue Access® Gold for Business	Blue Secure Silver for Business
 Employee PREMIUM	\$828.31	\$642.06
 Employee/Spouse PREMIUM	\$1,656.62	\$1,284.12
 Employee + One or More Children PREMIUM	\$1,532.37	\$1,187.81
 Family (Employee/Spouse + Children) PREMIUM	\$2,360.68	\$1,829.87

The Composite Premium applies to all enrolled employees and their dependents for a 12-month period starting on your plan effective date.

Initial quoted rates are based on the group's initial census, which may be subject to verification.

Renewal rates are based on all enrolled employees and their dependents at the time the renewal is prepared.

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.

Summary of Health Plan Changes

At renewal, certain changes will apply to your current health plan(s). The table below outlines the major changes for 2025 compared to the current 2024 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	2024 Blue Secure Silver For Business	2025 Blue Secure Silver For Business
Calendar Year Out-of-Pocket Maximum	IN-NETWORK: \$9,450 Individual \$18,900 Family	IN-NETWORK: \$9,200 Individual \$18,400 Family

Doctor On Demand - Beginning with your 2025 renewal, Doctor On Demand by Included Health® will replace Teladoc® as your teleconsultation vendor. This program will include Everyday Care, Urgent Care and Behavioral Health services.

myBlueRewards - Beginning January 1, 2025, the myBlueRewards program will increase the reward amount from a \$25 gift card to a \$50 gift card. Participants will be rewarded when they complete a preventive office visit **and** online Health Assessment. To access the Health Assessment, participants must register or log in to myBlueCross at **AlabamaBlue.com** and select "Health Assessment" under myHealth in the main navigation. All covered members and dependents age 18 and over can participate in the myBlueRewards program through their health plan(s). Participants must complete the activities within the current calendar year to be eligible for a gift card.

Dependent Age 26 Reminder - Dependents will remain on your Small Business Health plan until the end of the plan year in which the dependent turns 26 instead of being removed the first of the month following their 26th birthday. If you have additional divisions that are not a Small Business Health plan, those divisions are not affected. This does not apply to Merit Health, Dental Blue® or Vision BlueSM plans.

Teladoc Inc. is an independent company providing teleconsultation services to eligible members on behalf of Blue Cross and Blue Shield of Alabama.

Doctor On Demand by Included Health is an independent company that provides a telehealth mobile app and health services on behalf of Blue Cross and Blue Shield of Alabama.

GRP20113-2408



BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

Summary of Health Plan Changes

At renewal, certain changes will apply to your current health plan(s). The table below outlines the major changes for 2025 compared to the current 2024 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	2024 Blue Access [®] Gold For Business	2025 Blue Access [®] Gold For Business
	There are no cost sharing changes for this plan	

Doctor On Demand - Beginning with your 2025 renewal, Doctor On Demand by Included Health[®] will replace Teladoc[®] as your teleconsultation vendor. This program will include Everyday Care, Urgent Care and Behavioral Health services.

myBlueRewards - Beginning January 1, 2025, the myBlueRewards program will increase the reward amount from a \$25 gift card to a \$50 gift card. Participants will be rewarded when they complete a preventive office visit **and** online Health Assessment. To access the Health Assessment, participants must register or log in to myBlueCross at **AlabamaBlue.com** and select “Health Assessment” under myHealth in the main navigation. All covered members and dependents age 18 and over can participate in the myBlueRewards program through their health plan(s). Participants must complete the activities within the current calendar year to be eligible for a gift card.

Dependent Age 26 Reminder - Dependents will remain on your Small Business Health plan until the end of the plan year in which the dependent turns 26 instead of being removed the first of the month following their 26th birthday. If you have additional divisions that are not a Small Business Health plan, those divisions are not affected. This does not apply to Merit Health, Dental Blue[®] or Vision BlueSM plans.

Teladoc Inc. is an independent company providing teleconsultation services to eligible members on behalf of Blue Cross and Blue Shield of Alabama.

Doctor On Demand by Included Health is an independent company that provides a telehealth mobile app and health services on behalf of Blue Cross and Blue Shield of Alabama.



2025 Health Plans *for Small Business*



For a more detailed benefit comparison, please visit AlabamaBlue.com/2025MKT550Comparison.

Common In-Network Benefits	Blue Access® Gold for Business		
Calendar Year Deductible	\$600 Individual \$1,200 Family		
Out-of-Pocket Maximum	\$6,000 Individual \$12,000 Family		
Inpatient Hospital Care	Lower Member Cost Share: 100% after \$250 per day hospital copay days 1-5 for each admission. Higher Member Cost Share: 100% after \$500 per day hospital copay days 1-5 for each admission.		
Outpatient Surgery	Lower Member Cost Share: 100% after \$250 hospital copay Higher Member Cost Share: 100% after \$500 hospital copay		
Emergency Room For a Medical Emergency	100% after \$250 hospital copay 100% after \$50 physician copay		
Physician Office Visits	100% after \$30 primary care physician copay or \$50 specialist physician copay		
Retail Prescription Prepaid Drugs	100% after the following copays: Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Tier 4: \$80 Tier 5: \$125 Tier 6: \$250		

Blue Choice® Platinum for Business has the ValueONE Retail Network Pharmacy with the Source+Rx 2.0 Drug List.

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 and Blue Saver® Bronze for Business have the ValueONE Retail Network Pharmacy with the Source+Rx 1.0 Drug List.

2025 Health Plans *for Small Business*



For a more detailed benefit comparison, please visit AlabamaBlue.com/2025MKT550Comparison.

Common In-Network Benefits	Blue Secure Silver <i>for Business</i>		
Calendar Year Deductible	\$4,200 Individual \$8,400 Family		
Out-of-Pocket Maximum	\$9,200 Individual \$18,400 Family		
Inpatient Hospital Care	Lower Member Cost Share: 100% after \$700 per day hospital copay days 1-5 for each admission. Higher Member Cost Share: 100% after \$1000 per day hospital copay days 1-5 for each admission.		
Outpatient Surgery	Lower Member Cost Share: 100% after \$650 hospital copay Higher Member Cost Share: 100% after \$950 hospital copay		
Emergency Room For a Medical Emergency	100% after \$650 hospital copay 100% after \$90 physician copay		
Physician Office Visits	100% after \$45 primary care physician copay or \$90 specialist physician copay		
Retail Prescription Prepaid Drugs	100% after the following copays: Tier 1: \$15 Tier 2: \$30 Tier 3: \$75 Tier 4: \$100 Tier 5: \$250 Tier 6: Covered at 60%		

Routine Immunizations and Preventive Services are covered at 100% on all plans. For a list of these services, please visit AlabamaBlue.com/PreventiveServices and AlabamaBlue.com/StandardACAPreventiveDrugList.

All plans include Pediatric Dental and Vision coverage.

Covered Insulin Cost Share Cap - A maximum \$99 cost share will be implemented for covered Insulin products for each 30-day supply. For HSA-Qualified HDHPs when a covered Insulin product qualifies as preventive care, the cost share cap applies whether or not deductible has been met. When a covered Insulin product does not qualify as preventive care, the cost share cap shall not apply until deductible has been met.



**BlueCross BlueShield
of Alabama**