



Benefits by design

A quick guide to the 2025 benefit options offered by the AMA

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Health insurance is one of the most important benefits you receive from the AMA. We offer the choice of four options so that you can select the type and level of coverage that is right for you.

Comparing your in-network medical plan options

Medical plan	Choice PPO with HSA	Deluxe PPO	Premier PPO	HMO Illinois
Annual Deductible	\$2,000/individual \$4,000/family	\$1,000/individual \$2,000/family	\$850/individual \$1,700/family	None
AMA Subsidy	\$500/individual \$1,000/family	Not applicable	Not applicable	Not applicable
Coinsurance (after deductible)	80%	80%	90%	Not applicable
Wellness	100%, no deductible	100%, no deductible	100%, no deductible	100%
Physician	80%, after deductible	80%, after deductible	90%, after deductible	\$40 copay
Specialist	80%, after deductible	80%, after deductible	90%, after deductible	\$50 copay
Hear aid allowance	Up to age 19: one per year, every 36 months, after deductible Age 19 and over: \$2,000 annual maximum per person, after deductible			One per year, every 36 months
Hospital services				
Emergency room	80%, after deductible	80%, after deductible	90%, after deductible	\$200 copay per emergency room admission
Inpatient (physician and surgeon services)	80%, after deductible	80%, after deductible	90%, after deductible	100%
Outpatient surgery	80%, after deductible	80%, after deductible	90%, after deductible	\$100 copay
Hospital copay	Not applicable	Not applicable	Not applicable	\$400 per hospital admission
Annual out-of-pocket maximum	\$4,500/individual \$9,000/family	\$3,000/individual \$6,000/family	\$2,850/individual \$5,700/family	\$1,500/individual \$3,000/family
Retail Prescription- Generic/Preferred/Non-Preferred	Same as Deluxe and Premier except after deductible	Before Deductible: <ul style="list-style-type: none"> \$10 copay 25% coinsurance, \$15 min/\$75 max 50% coinsurance, \$30 min/ \$150 max 		\$10/\$35/\$50
90 days/Mail Prescription- Generic/Preferred/Non-Preferred	Same as Deluxe and Premier except after deductible	Before Deductible: <ul style="list-style-type: none"> \$20 copay 25% coinsurance, \$30 min/\$150 max 50% coinsurance, \$60 min/ \$300 max 		\$20/\$70/\$100
Specialty Prescription*	Same as Deluxe and Premier except after deductible	Before Deductible: <ul style="list-style-type: none"> \$125 preferred specialty \$200 for non-preferred specialty 		N/A

* You must use Accredo Specialty Pharmacy to fill certain high-cost biological medications.

*Ninety-day prescription supplies filled at retail will be subject to mail order pricing.

The election you make during this enrollment period will take effect on Jan. 1, 2025, and will remain in effect through Dec. 31, 2025.

Comparing your out-of-network medical plan options

Medical plan	Choice PPO with HSA	Deluxe PPO	Premier PPO	HMO Illinois
Annual Deductible	\$4,000/individual \$8,000/family	\$1,950/individual \$3,900/family	\$1,600/individual \$3,200/family	Not applicable
AMA Subsidy	\$500/individual \$1,000/family	Not applicable	Not applicable	Not applicable
Coinsurance (after deductible)	60%	60%	70%	Not applicable
Wellness	60%, no deductible	75%, no deductible	75%, no deductible	Not applicable
Physician	60%, after deductible	60%, after deductible	70%, after deductible	Not applicable
Specialist	80%, after deductible	80%, after deductible	90%, after deductible	Not applicable
Hear aid allowance	Up to age 19: one per year, every 36 months, after deductible Age 19 and over: \$2,000 annual maximum per person, after deductible			One per year, every 36 months
Hospital services				
Emergency room	80%, after deductible	80%, after deductible	90%, after deductible	Not applicable
Inpatient (physician and surgeon services)	60%, after deductible	60%, after deductible	70%, after deductible	Not applicable
Outpatient surgery	60%, after deductible	60%, after deductible	70%, after deductible	Not applicable
Hospital copay	Not applicable	Not applicable	Not applicable	Not applicable
Annual out-of-pocket maximum	\$8,000/individual \$16,000/family	\$8,900/individual \$17,800/family	\$8,350/individual \$16,200/family	Not applicable
Prescription Drugs (retail) *	Note: Non-participating retail pharmacies will be subjected to applicable coinsurance, and then paid at 75% of the amount that would have been received through a participating pharmacy.			Not applicable
Prescription Drugs (mail order) *	Not applicable			Not applicable

Who's eligible for benefits

All regular full-time and part-time employees who work at least 22.5 hours per week are eligible. Eligible dependents include spouses, domestic partners (as defined under Illinois law) and qualified dependent children.

Most benefits are effective the first of the month following your hire date. However, if you are hired on the first of the month, your benefits take effect that day. If the benefit start date is different than this, it will be noted within the benefit description.



Whether you need routine exams or major dental work, the dental plans offered by the AMA provide coverage to meet your needs.

The AMA offers the choice of two dental plans.

Dental Plan Features	CIGNA dental PPO		CIGNA dental HMO
	In-network	Out-of-network	
Annual deductible	\$25/individual \$75/family	\$50/individual \$150/family	None
Preventive and diagnostic care (includes oral exams, cleanings, and bitewing X-rays up to two times per year)	100%	100%	Reduced, fixed and pre-set charges for all covered services
Basic restorative care (includes fillings and root canals)	80%, after deductible	80%, after deductible	Reduced, fixed and pre-set charges for all covered services
Major restorative care (includes crowns, bridges, and implants)	50%, after deductible	50%, after deductible	Reduced, fixed and pre-set charges for all covered services
Maximum annual benefits *	\$2,000	\$1,500	Lifetime maximum of 24 months of interceptive/comprehensive treatment
Orthodontia	50%, after deductible with \$2,000 maximum per person	50%, after deductible with \$1,500 lifetime maximum per person	Reduced, fixed and pre-set charges for all covered services

**See the following for details on the progressive maximum.*

Progressive coverage maximum for dental PPO

Employees in the dental PPO with Cigna have a progressive coverage maximum.

If a member seeks preventive dental services (cleanings, x-rays, exams, etc.) at least twice during a calendar year, the following year’s annual coverage maximum will increase by \$250 (i.e., if you receive services two or more times in 2025, then your 2026 annual coverage maximum will increase from \$2,000 to \$2,250 for in-network services).

Once the coverage maximum increases, it does not decrease if the member fails to seek services twice in a year.

\$750 is the most the coverage maximum can increase. Each dental participant can have a maximum of three progressive/year-over-year increases to their annual coverage maximum.

Each family member has his/her own annual coverage maximum.



Vision insurance, administered by Vision Service Plan (VSP), provides coverage for eye exams, glasses and contact lenses.

Vision Plan Features	Vision Service Plan	
	In-network	Out-of-network
Exams (once every calendar year)	100%, after copay	Plan pays up to \$50
Lenses * (once every calendar year)	\$25 copay for each lens type	Plan pays:
Single		Up to \$50
Bifocal		Up to \$75
Trifocal		Up to \$100
Frames *	\$25 copay; plan pays up to \$180	Plan pays up to \$70
Contact lenses *	Plan pays up to \$180	Plan pays up to \$105

* You may elect either lenses and frames or contact lenses during the plan year (not both).



Family benefits

AMA offers its employees a comprehensive benefits package of medical, dental, vision, disability, life insurance and more that protects employees when they need it most. In addition, the AMA helps employees take care of their loved ones by providing a variety of family benefits such as caregiver leave and back-up care for children and elders. Below is a list of family benefits and services provided to AMA employees. Please see page 8 for additional family benefits related to financial planning, tuition assistance and pet insurance.

Family benefit	AMA offering
New child	
Onsite lactation room	In Chicago and Washington, D.C. offices
Lactation support services	Covered as preventive care through medical plans
Adoption assistance	AMA reimburses up to \$5,000/adoption
Fertility benefit	AMA covers infertility services applied to plans coinsurance and deductible
Breastmilk shipping while on business travel	Yes
Childcare	
Childcare referral service	Through Care.com and Employee Assistance Program (EAP)
Access to back-up childcare service	Through Care@work
Elder care	
Elder care referral service	Through Care.com and EAP
Access to back-up elder care	Through Care@work
Elder care in-home assessments	Part of our “Caregiver Resources” page on AMAtoday
Paid time off	
Caregiver leave	Four weeks paid at fully salary for caregiving, which includes: <ul style="list-style-type: none"> • Bonding with a new child following birth or adoption • Caring for child(ren) home sick from school or daycare • Taking family members (including parents and siblings) to health care appointments • Caring for a family member post-surgery or medical treatment



Income protection	Coverage
Employee life insurance	Two times (2x) your annual salary, provided by the AMA
Supplemental employee life insurance	Up to two times (2x) your annual salary, available for purchase (may be subject to Evidence of Insurability)
Dependent life insurance – spouse	Up to \$100,000 (subject to Evidence of Insurability)
Dependent life insurance – child	Up to \$10,000
Accidental death and dismemberment	2x annual salary, provide by AMA
Business travel and accident	\$500,000 coverage by AMA
Short-term disability	90% salary continuation for 60 consecutive days, eligible after 30 days of employment
Long-term disability	50% or 65% of your salary
Long-term care	\$2,000/month for three years, provided by the AMA. Employees may purchase additional coverage (up to \$9,000/month)

Financial Planning	
Flexible spending accounts	Available for health care and dependent care needs
401(k)	Contribute up to 75% AMA matches 100% of the first 3% you contribute and 50% on the next 2%
Commuter benefits	Set aside pretax dollars to pay for commuter expenses on the Metra, Ventra Card and parking
Best Money Moves	A platform that will help you make better decisions when it come to spending and saving money

Other AMA benefits	
Tuition reimbursement	100% reimbursement for the first \$400 and 80% reimbursement on the remaining expenses up to \$5,250 per calendar year
Employee Assistance Program (EAP)	Referral for mental health services, legal and financial planning, as well as assistance with finding a day care or elder care provider
Pet insurance	Individual coverage for each pet available for purchase at a discounted rate

Paid time off *		
Type	Number of days	Eligibility
Holidays	11 official days	Eligible as of first day of employment
Paid time off (PTO) days (to be used for either personal or sick time)	10 days per year *	Eligible as of first day of employment Accrues 1 day/month
Vacation	Number of days is based on years of service: 1-2 years – 10 days ** 3-9 years – 15 days ** 10-19 years – 20 days ** 20-29 years - 25 days **	Eligible as of first day of employment: Accrues 1 day/month Accrues 1.5 days/month Accrues 2 days/month Accrues 2.5 days/month

**All regular full time and part-time employee working a minimum of 22.5 hours per week are eligible for time off with pay. Balances are prorated for eligible part-time employees.*



*** Maximum accrued per year.*

Employee Contributions: The following charts show your employee contribution rates (the amount that you pay out of your paycheck) based on the benefit option and coverage levels you choose.

Medical benefit

	Employee monthly contribution rates*			
	Employee	Employee + spouse/domestic partner	Employee + child(ren)	Family
Choice PPO with HSA	\$168.50	\$400.53	\$364.54	\$597.36
Deluxe PPO	\$205.13	\$522.75	\$459.73	\$746.78
Premier PPO	\$273.62	\$664.69	\$601.39	\$1,061.17
HMO Illinois	\$172.69	\$362.62	\$328.10	\$518.04

** If you are an hourly employee, determine your estimated per-pay-period costs by dividing the contribution rate by two (since you are paid twice a month).*

Dental benefit

	Employee monthly contribution rates*			
	Employee	Employee + spouse/domestic partner	Employee + child(ren)	Family
Dental PPO	\$15.14	\$27.23	\$29.96	\$49.00
Deluxe HMO	\$7.47	\$14.62	\$16.87	\$25.94

** If you are an hourly employee, determine your estimated per-pay-period costs by dividing the contribution rate by two (since you are paid twice a month).*

Vision benefit

	Employee monthly contribution rates*			
	Employee	Employee + spouse/domestic partner	Employee + child(ren)	Family
Vision	\$9.88	\$15.43	\$15.69	\$24.59

** If you are an hourly employee, determine your estimated per-pay-period costs by dividing the contribution rate by two (since you are paid twice a month).*

Benefits for your financial protection

Basic life and AD&D insurance coverage

The AMA provides basic life insurance coverage, which includes accidental death and dismemberment (AD&D), equal to two times your covered salary (up to a maximum of \$1,000,000) at no cost to you.

Supplemental life insurance coverage

You may purchase additional coverage for yourself, your spouse and/or child(ren).

	Cost per month (rate per \$1,000)		
	Employee's/ spouse's age	Employee rate	Spouse rate
Employee supplemental life insurance Option 1: One times (1x) your covered salary Option 2: Two times (2x) your covered salary <ul style="list-style-type: none"> You may purchase additional coverage for yourself at one or two times your salary (with evidence of insurability). The cost is based on your age. 	<29	0.10	0.06
	30-34	0.10	0.08
	35-39	0.12	0.09
	40-44	0.16	0.10
Spouse supplemental life insurance <ul style="list-style-type: none"> You may purchase coverage for your spouse in \$10,000 increments (up to \$100,000 with evidence of insurability). The cost is based on your spouse's age 	45-49	0.26	0.16
	50-54	0.37	0.27
	55-59	0.59	0.44
Child(ren) supplemental life insurance <ul style="list-style-type: none"> You may purchase coverage for your dependent child(ren) equal to \$10,000 (with evidence of insurability) for each child in the home for a total flat cost of \$1.92 per month. 	60-64	0.92	0.68
	65-69	1.66	1.27
	70-74	2.95	2.18
	75	4.85	3.59

Note: Your personal coverage must always exceed that amount of coverage you elect for your spouse or dependents. The overall life insurance maximum is \$1,750,000, which includes base and supplemental coverage combined.

Long-term disability benefit

The long-term disability plan pays benefits beginning after the first 68 days for a qualified disability. You can choose between two levels of coverage:

Option	Benefit	Monthly maximum	Cost
Option 1	50% of your covered salary	\$8,000	\$0.28 per \$100 of covered payroll
Option 2	65% of your covered salary	\$15,000	\$0.38 per \$100 of covered payroll

Sharing the cost

You and the AMA share the cost of long-term disability coverage for the first 15 years of employment based on the following schedule:

Completed calendar years of service	Your share of the cost	AMA's share of the cost
0-4	75%*	25%
5-9	50%*	50%
10-14	25%*	75%
15 or more	0%	100%

* Premium changes are effective the 1st of the year following your 5, 10- or 15-year anniversary.



Long-term disability example

You can purchase long-term disability insurance coverage up to 65% of your covered salary. For example, Sue is paid monthly, has four years of AMA service and is earning \$50,000 a year. She wants to purchase Option 2, 65% of covered salary. Review the steps to the right to see how she figures her estimated per-pay-period cost for coverage.

If Sue were paid semimonthly (24 pay periods per year), her estimated per-pay-period cost would be \$5.94.

These are estimated costs. Your per-pay-period cost will vary depending on your service level, annual covered salary and pay schedule.

Step 1: Divide annual covered salary by \$100 of covered payroll level. $\$50,000 / \$100 = \$500$

Step 2: Multiply the result of Step 1 by \$0.38. $\$500 \times \$0.38 = \$190$

Step 3: Multiply the result of Step 2 by the appropriate percentage in the table above. $\$190 \times 0.75 = \142.50

Step 4: Divide the result of Step 3 by 12 to get the monthly cost. $\$142.50 / 12 = \11.88

Important notice

This guide is intended to provide an overview of the AMA benefit plans and programs that you may be eligible to participate in. It is not an official summary plan description and is not intended to provide full details. Complete details can be found in the formal plan documents and can be obtained on the HR Intranet page or from AMA Human Resources. They remain the final authority and, in the event of a conflict with this guide, shall govern in all cases.

If there is any discrepancy between this document or the Summary Plan Description and the Plan document, the Plan document will govern. The AMA reserves the right to end, suspend, or amend its benefit plans and programs at any time, for any reason, in whole or in part.

The AMA reserves the right, at its discretion, to amend, change or terminate any of its benefits plans, programs, practices or policies, as the AMA requires. Nothing contained in this guide shall be construed as creating an express or implied obligation on the part of the AMA to continue your employment or to maintain such benefits plans, programs, practices or policies.

The AMA does not endorse any plan, health savings account, investment firm or provider, or represent or warrant the quality of care or investment gains or losses they provide. The decision to choose any health plan option or use any provider is the participant's responsibility.

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