AGC Health Benefit Trust - Washington Chapters Product Grid



Medical Plans								Pharmacy				
AGC Plan Name	Plan Type	Office Visit	Specialist Office Visit	Individual Deductible	Coinsurance	Individual Out-of-Pocket Maximum	Routine Lab and X-ray	Tier 1	Tier 2	Tier 3	Tier 4	Mail Order
Premier 250	FLAT COPAY	\$20	\$20	\$250	80%	\$3,500	80%	\$15	\$40	\$70	\$250	2.5x
Premier 500	FLAT COPAY	\$20	\$20	\$500	80%	\$4,000	80%	\$15	\$40	\$70	\$250	2.5x
Premier 1000	FLAT COPAY	\$25	\$25	\$1,000	80%	\$5,000	80%	\$15	\$40	\$70	\$250	2.5x
Premier 1500	FLAT COPAY	\$25	\$25	\$1,500	80%	\$5,500	80%	\$15	\$40	\$70	\$250	2.5x
Premier 2000	FLAT COPAY	\$35	\$35	\$2,000	80%	\$6,000	\$25 copay/Ded not apply	\$15	\$45	\$85	20%	2.5x
Preferred 1000	FLAT COPAY	\$25	\$55	\$1,000	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x
Preferred 2000	SPLIT COPAY	\$25	\$55	\$2,000	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x
Preferred 2500	SPLIT COPAY	\$30	\$60	\$2,500	80%	\$5,750	\$20 Copay/Ded not apply	\$15	\$45	\$85	20%	2.5x
Preferred 3000	SPLIT COPAY	\$25	\$55	\$3,000	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x
Preferred 5000	SPLIT COPAY	\$35	\$65	\$5,000	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x
HSA 2000	HSA	30% after deductible	30% after deductible	\$2,000	30% after deductible	\$6,500	30% after deductible	\$15	\$45	\$85	20%	2.5x
HSA 1500	HSA	20% after deductible	20% after deductible	\$1,500	20% after deductible	\$4,000	20% after deductible	\$15	\$40	\$70	\$250	2.5x
HSA 3500	HSA	30% after deductible	30% after deductible	\$3,500	30% after deductible	\$6,350	30% after deductible	\$15	\$40	\$70	\$250	2.5x
HSA 5000	HSA	30% after deductible	30% after deductible	\$5,000	30% after deductible	\$6,550	30% after deductible	\$15	\$45	\$85	20%	2.5x
Primary Advantage	SPLIT COPAY	\$0	\$100	\$2,000	80%	\$6,500	80%	\$15	\$45	\$85	20%	2.5x
Charter* 3500	SPLIT COPAY	\$45	\$70	\$3,500	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x
Navigate* 500	SPLIT COPAY	\$35	\$65	\$500	80%	\$4,500	80%	\$15	\$40	\$70	\$250	2.5x
Navigate* 1750	SPLIT COPAY	\$35	\$65	\$1,750	80%	\$6,850	80%	\$15	\$40	\$70	\$250	2.5x
Navigate* 2500	SPLIT COPAY	\$35	\$65	\$2,500	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x
Navigate [*] 3500	SPLIT COPAY	\$45	\$70	\$3,500	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x

All plans have an embedded deductible except the HSA 3500, which has a non-embedded deductible. All plans deductible applies toward out-of-pocket maximum. All benefit plans are administered on a calendar year basis. * Navigate & Charter plans require an in-network Primary Care Physician (PCP) for all enrolled members and referrals to specialists are coordinated by PCP.

	Dental Plans									
A DELTA DENTAL	AGC Plan Name	Individual Calendar Year Benefit Maximum	Individual Deductible	Family Deductible	Type 1*: Preventative and Diagnostic Services	Type 2: Basic Services	Type 3: Major Services	Payment Basis	Orthodontia Services	Orthodontia Lifetime Maximum
	\$1500 w/Ortho	\$1,500	\$50	\$150	100%	80%	50%	95% UCR	50%	\$1,500
	\$1,000	\$1,000	\$50	\$150	100%	80%	50%	95% UCR	N/A	N/A

* Deductible waived for Type 1 Preventative and Diagnostic Services.



Vision Plans								
AGC Plan Name	Plan Type	Exam Copay Frequency: 12 months	Lens Copay Frequency: 12 months	Frame Allowance Frequency: 24 months	Contact Lens Allowance* Frequency: 12 months			
Plan \$10/\$0	Contributory	\$10	\$0	\$150 Retail	\$150 Retail			
Plan \$10/\$25	Contributory	\$10	\$25	\$150 Retail	\$150 Retail			
Plan \$10/\$0V	Voluntary	\$10	\$0	\$150 Retail	\$150 Retail			
Plan \$10/\$25V	Voluntary	\$10	\$25	\$150 Retail	\$150 Retail			
* Contact lenses are in lieu of eveglass lenses and frames benefit.								

. Contact lenses are in lieu of eyeglass lenses and frames benefit

Group Life and Accidental Death & Dismemberment (AD&D)					
AGC Plan Name	Total Benefit	Trust Rules			
\$10,000	\$10,000	Required Coverage for all Members			
Additional \$10,000	\$20,000	Buy-Up Option at Employer Level			
Additional \$20,000	\$30,000	Buy-Up Option at Employer Level			
Additional \$30,000	\$40,000	Buy-Up Option at Employer Level			
Additional \$40,000	\$50,000*	Buy-Up Option at Employer Level			

*\$50,000 total benefit available for employers with 6 or more employees. Life insurance and AD&D benefits both reduce 65 percent at age 65; to 50 percent at age 70; to 30 percent at age 75; and to 20 percent at age 80.



