AGC Health Benefit Trust – Alaska Chapter
Product Grid
Effective June 1, 2020 – May 31, 2021

MEDICAL PLANS – UNITED HEALTHCARE
Select Plus Network

Plan Name	Office Visit	Specialist Office Visit	Individual Deductible	Coinsurance In / Out-of-Network	Individual Out-of-Pocket Maximum In / Out-of-Network	Pharmacy Tier 1	Pharmacy tier 2	Pharmacy Tier 3	Pharmacy Tier 4	Pharmacy Mail Order
Premier 500	$25	$25	$500	20% / 50%	$5,000 / Unlimited	$8	$35	$75	50%	2.5x
Premier 750	$30	$30	$750	20% / 50%	$5,000 / Unlimited	$8	$35	$75	50%	2.5x
Premier 1500	$30	$30	$1,500	20% / 50%	$6,500 / Unlimited	$15	$50	$150	50%	2.5x
Premier 2500	$30	$30	$2,500	20% / 50%	$7,500 / Unlimited	$15	$50	$150	50%	2.5x
Premier 3000	$35	$35	$3,000	30% / 50%	$7,500 / Unlimited	$15	$50	$150	50%	2.5x
Preferred 1500	$30	$75	$1,500	20% / 50%	$6,500 / Unlimited	$15	$50	$150	50%	2.5x
Preferred 2000	$30	$75	$2,000	20% / 50%	$6,500 / Unlimited	$15	$50	$150	50%	2.5x
Preferred 3000	$35	$70	$3,000	20% / 50%	$7,500 / Unlimited	$15	$50	$150	50%	2.5x
Preferred 4000	$35	$70	$4,000	20% / 50%	$6,750 / Unlimited	$15	$50	$150	50%	2.5x
Preferred 5000	$35	$70	$5,000	20% / 50%	$6,750 / Unlimited	$15	$50	$150	50%	2.5x
Consumer 1000	20% after deductible	20% after deductible	$1,000	20% / 50%	$6,500 / Unlimited	$15	$50	$150	50%	2.5x
Consumer 2000	20% after deductible	20% after deductible	$2,000	20% / 50%	$7,500 / Unlimited	$15	$50	$150	50%	2.5x
HSA 1750	20% after deductible	20% after deductible	$1,750[1]	20% / 50%	$6,900 / Unlimited	$15 after deductible	$50 after deductible	$150 after deductible	50% after deductible	2.5x
HSA 2500	30% after deductible	30% after deductible	$2,500[1]	30% / 50%	$6,900 / Unlimited	$15 after deductible	$50 after deductible	$150 after deductible	50% after deductible	2.5x
HSA 3000	20% after deductible	20% after deductible	$3,000[1]	20% / 50%	$6,900 / Unlimited	$15 after deductible	$50 after deductible	$150 after deductible	50% after deductible	2.5x

[1] Non-embedded family deductible – If more than one member is enrolled, family deductible must be satisfied before coinsurance applies.

Deductible, copays, coinsurance and out-of-pocket maximum illustrated above reflect the member's responsibility. Deductible, copays, and coinsurance apply toward out-of-pocket maximum on all medical plans. All medical plans are administered on a calendar year basis.

AGC Health Benefit Trust
ALASKA WASHINGTON CHAPTERS

AGC Health Benefit Trust – Alaska Chapter
Product Grid
Effective June 1, 2020 – May 31, 2021

DENTAL PLANS – THE STANDARD
Ameritas Classic (PPO) Network

Plan Name	Individual Calendar Year Benefit	Deductible Individual / Family	Type 1* Preventative & Diagnostic Services	Type 2 Basic Services	Type 3 Major Services	Type 4 Orthodontia Services	Out-of-Network Reimbursement Basis
Plan 1000	$1,000	$50 / $150	20%	20%	50%	Not Covered	95% U&C
Plan 1500	$1,500	$50 / $150	Covered in full	20%	50%	Not Covered	95% U&C
Plan 2000	$2,000	$50 / $150	Covered in full	20%	50%	Not Covered	95% U&C
Plan 1000 w/Ortho	$1,000	$50 / $150	20%	20%	50%	50% up to $1,500 lifetime maximum	95% U&C
Plan 1500 w/Ortho	$1,500	$50 / $150	Covered in full	20%	50%	50% up to $1,500 lifetime maximum	95% U&C
Plan 2000 w/Ortho	$2,000	$50 / $150	Covered in full	20%	50%	50% up to $1,500 lifetime maximum	95% U&C

* Deductible waived for Type 1 Preventative and Diagnostic Services.

Deductible and coinsurance illustrated above reflect the member's responsibility. All dental plans are administered on a calendar year basis.
Orthodontia services, where included, are available to adults and children.
Open Enrollment: If a member does not elect to participate when initially eligible, the member may elect to participate at the next enrollment period. Open enrollment will be held annually, and coverage becomes effective on June 1.

AGC Health Benefit Trust – Alaska Chapter
Product Grid
Effective June 1, 2020 – May 31, 2021

VISION PLANS – THE STANDARD

Plan Name	Network	Exam Deductible	Hardware Deductible	Annual Eye Exam	Lenses (per pair) Single Vision, Bifocal, Trifocal or Lenticular	Frame Allowance	Elective Contacts (in lieu of glasses)	Benefit Frequency (months) Exam/Lens/Frame
VSP Signature $10/$0	VSP Signature	$10	$0	Covered in full	Covered in full	$120	Up to $120	12/12/24*
VSP Signature $10/$25	VSP Signature	$10	$25	Covered in full	Covered in full	$120	Up to $120	12/12/24*
EyeMed $10/$25	EyeMed Access	$10	$25	Covered in full	Covered in full (Lenticular: 20% discount)	$110	Up to $115	12/12/24*
Balanced Care Vision III	N/A Reimbursement Only	$20 Calendar Year Exam, Lenses or Frames		Up to $50	Varies by lens type (Refer to benefit summary for more details)	$80	Up to $100	12/12/24*

* Benefit frequency based on date of service.

GROUP LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) – UNITED HEALTHCARE

Total Benefit	Trust Rules
$10,000	Required Coverage for all Members; Included in all medical plans
$20,000	Employer Buy-Up Option
$30,000	Employer Buy-Up Option
$40,000	Employer Buy-Up Option
$50,000*	Employer Buy-Up Option

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

NOTE: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions, refer to the Certificate of Coverage or benefit contract.

AGC Health Benefit Trust
ALASKA WASHINGTON CHAPTERS