

AGC Health Benefit Trust – Alaska Chapter Product Grid

Effective June 1, 2021 – May 31, 2022

DENTAL PLANS – DELTA DENTAL OF WASHINGTON Delta Dental PPO Network

Plan Name	Annual Maximum	Deductible Individual / Family	Class I Diagnostic & Preventative	Class II Restorative	Class III Major	Class IV Orthodontia
Plan 1000	\$1,000	\$50 / \$150	Covered in full	Ded+20%	Ded+50%	Not Covered
Plan 1500	\$1,500	\$50 / \$150	Covered in full	Ded+20%	Ded+50%	Not Covered
Plan 2000	\$2,000	\$50 / \$150	Covered in full	Ded+20%	Ded+50%	Not Covered
Plan 1000 w/Ortho	\$1,000	\$50 / \$150	Covered in full	Ded+20%	Ded+50%	50% up to \$1,500 lifetime maximum
Plan 1500 w/Ortho	\$1,500	\$50 / \$150	Covered in full	Ded+20%	Ded+50%	50% up to \$1,500 lifetime maximum
Plan 2000 w/Ortho	\$2,000	\$50 / \$150	Covered in full	Ded+20%	Ded+50%	50% up to \$1,500 lifetime maximum

Deductible and coinsurance illustrated above reflect the member's responsibility. All dental plans are administered on a calendar year basis. Adults and children are eligible for orthodontia services.

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.

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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.

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