

# AGC Health Benefit Trust – Alaska Chapter Product Grid

Effective June 1, 2022 – May 31, 2023

## DENTAL PLANS – Delta Dental

| 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                   | Covered in full                            | 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                   | Covered in full                            | 20%                   | 50%                   | Not Covered                 | 95% U&C                            |
| Plan 1500 w/Ortho | \$1,500                          | \$50 / \$150                   | Covered in full                            | 20%                   | 50%                   | Not Covered                 | 95% U&C                            |
| Plan 2000 w/Ortho | \$2,000                          | \$50 / \$150                   | Covered in full                            | 20%                   | 50%                   | Not Covered                 | 95% U&C                            |

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.

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)<br>Single Vision, Bifocal,<br>Trifocal or Lenticular | Frame Allowance | Elective Contacts<br>(in lieu of glasses) | Benefit Frequency<br>(months)<br>Exam/Lens/Frame |
|-----------------------------|------------------------------|--|---------------------|-----------------|--|-----------------|---|--|
| VSP Signature<br>\$10/\$0   | VSP Signature                | \$10   | \$0                 | Covered in full | Covered in full  | \$120           | Up to \$120                               | 12/12/24*  |
| VSP Signature<br>\$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<br>(Lenticular: 20% discount)                          | \$110           | Up to \$115                               | 12/12/24*  |
| Balanced Care<br>Vision III | N/A<br>Reimbursement<br>Only | \$20 Calendar Year Exam,<br>Lenses or Frames |                     | Up to \$50      | Varies by lens type<br>(Refer to benefit summary<br>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 |
|---------------|
| \$10,000      |
| \$20,000      |
| \$30,000      |
| \$40,000      |
| \$50,000*     |

\*\$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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