



2017 BASIC HEALTH PLAN OPTIONS

Preferred Blue PPO Benefit Highlights

	Option 1		Option 2		Option 3		Option 4		Option 5		Option 6
Medical Benefits	\$1,000 Deductible Plan		\$1,500 Deductible Plan		\$2,500 Deductible Plan		\$3,000 Deductible Plan		\$4,500 Deductible Plan		\$3,000 Deductible HDHP Plan
Deductible	\$1,000 Ind / \$2,000 Family		\$1,500 Ind / \$3,000 Family		\$2,500 Ind / \$5,000 Family		\$3,000 Ind / \$6,000 Family		\$4,500 Ind / \$9,000 Family		\$3,000 Ind / \$6,000 Family
Coinsurance	25% / 45% (In/Out)		25% / 45% (In/Out)		25% / 45% (In/Out)		25% / 45% (In/Out)		25% / 45% (In/Out)		25% / 45% (In/Out)
In-Network Out-of-Pocket Max*	\$6,500 Ind / \$13,000 Family		\$6,500 Ind / \$13,000 Family		\$6,500 Ind / \$13,000 Family		\$6,500 Ind / \$13,000 Family		\$6,500 Ind / \$13,000 Family		\$6,450 Ind / \$12,900 Family
Out-of-Network Out-of-Pocket Max*	\$13,000 Ind / \$26,000 Family		\$13,000 Ind / \$26,000 Family		\$13,000 Ind / \$26,000 Family		\$13,000 Ind / \$26,000 Family		\$13,000 Ind / \$26,000 Family		Combined in and Out of Network
Office Visit Copayment	\$30 PCP / \$45 Specialist		\$30 PCP / \$45 Specialist		\$30 PCP / \$45 Specialist		\$30 PCP / \$45 Specialist		\$30 PCP / \$45 Specialist		Subject to ded/coinsurance
Preventive Services	Paid 100% / 45% (In/Out)		Paid at 100% / 45% coin (in/out)		Paid at 100% / 45% coin (in/out)		Paid at 100% / 45% coin (in/out)		Paid at 100% / 45% coin (in/out)		Paid at 100% / 45% coin (in/out)
Annual Maximum	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited
Prescription Drug Choices	Choice 1	Choice 2	Choice 1	Choice 2	Choice 1	Choice 2	Choice 1	Choice 2	Choice 1	Choice 2	Prescription drugs as subject to the medical deductible, coinsurance and out-of-pocket
Prescription Drug Deductible	None	\$250 Brand Ded	None	\$250 Brand Ded	None	\$250 Brand Ded	None	\$250 Brand Ded	None	\$250 Brand Ded	
Coinsurance/Copayment	\$7/30%/50%	\$10/\$30/\$50/\$200**	\$7/30%/50%	\$10/\$30/\$50/\$200**	\$7/30%/50%	\$10/\$30/\$50/\$200**	\$7/30%/50%	\$10/\$30/\$50/\$200**	\$7/30%/50%	\$10/\$30/\$50/\$200**	
Life Insurance and EAP Benefits											
Employee Assitance Program (EAP)	3 visits per incident		3 visits per incident		3 visits per incident		3 visits per incident		3 visits per incident		3 visits per incident
Life Insurance	\$25,000 emp / \$5,000 dependent		\$25,000 emp / \$5,000 dependent		\$25,000 emp / \$5,000 dependent		\$25,000 emp / \$5,000 dependent		\$25,000 emp / \$5,000 dependent		\$25,000 emp / \$5,000 dependent
Short-term disability	\$125 weekly benefit		\$125 weekly benefit		\$125 weekly benefit		\$125 weekly benefit		\$125 weekly benefit		\$125 weekly benefit
COBRA Administration (groups of 20+)	Included		Included		Included		Included		Included		Included

*The Out-of-Pocket includes medical and prescription drug deductibles, coinsurance, and copayments.

**Members pays: \$10 generic drugs (no deductible), \$250 Deductible plus applicable copayment for preferred, non-preferred and speciality drugs, \$30 for preferred drugs, \$50 for non-preferred drugs and \$200 for speciality drugs.

The highlights provide a brief overview of the features of the plans; it is not a contract. All provisions of the Master Group Plan and Participating Employee Certificate apply to the plans.

This coverage is not insurance and the Idaho AGC Self-Funded Benefit Trust does not participate in the State Guaranty Association

Partners of the Idaho AGC Health Plan



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