

## 2018 BASIC HEALTH PLAN OPTIONS

### Preferred Blue PPO Benefit Highlights

Medical Benefits	Option 1 \$1,000 Deductible Plan		Option 2 \$1,500 Deductible Plan		Option 3 \$2,500 Deductible Plan		Option 4 \$3,000 Deductible Plan		Option 5 \$4,500 Deductible Plan		Option 6 \$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 <sup>1</sup>	\$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		\$6,500 Ind / \$13,000 Family
Out-of-Network Out-of-Pocket Max <sup>1</sup>	\$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)
Prescription Drugs (Two Options):	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2	Prescription drugs as subject to the medical deductible, coinsurance and out-of-pocket
Prescription Drug Deductible	None	\$250 <sup>2</sup>	None	\$250 <sup>2</sup>	None	\$250 <sup>2</sup>	None	\$250 <sup>2</sup>	None	\$250 <sup>2</sup>	
Preferred Generic Drugs	\$7	\$10	\$7	\$10	\$7	\$10	\$7	\$10	\$7	\$10	
Non-Preferred Generic Drugs	\$7	\$10	\$7	\$10	\$7	\$10	\$7	\$10	\$7	\$10	
Preferred Brand Name Drugs	30%	30% up to \$50	30%	30% up to \$50	30%	30% up to \$50	30%	30% up to \$50	30%	30% up to \$50	
Non-Preferred Brand Name Drugs	50%	50% up to \$100	50%	50% up to \$100	50%	50% up to \$100	50%	50% up to \$100	50%	50% up to \$100	
Preferred Specialty Drugs	30%	30% up to \$225	30%	30% up to \$225	30%	30% up to \$225	30%	30% up to \$225	30%	30% up to \$225	
Non-Preferred Specialty Drugs	50%	50% up to \$275	50%	50% up to \$275	50%	50% up to \$275	50%	50% up to \$275	50%	50% up to \$275	
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 & AD&D	\$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 / week benefit		\$125 / week benefit		\$125 / week benefit		\$125 / week benefit		\$125 / week benefit		\$125 / week benefit
COBRA Administration (groups of 20+)	Included		Included		Included		Included		Included		Included

<sup>1</sup>The Out-of-Pocket includes medical and prescription drug deductibles, coinsurance, and copayments.

<sup>2</sup>The \$250 Drug Individual Deductible applies to Preferred Brand Name, Non-Preferred Brand Name, Preferred Specialty and Non-Preferred Specialty Drugs only

Note: this is 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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