

2019 BASIC HEALTH PLAN OPTIONS

Preferred Blue PPO Benefit Highlights

| Medical Benefits | Option 1 | | Option 2 | | Option 3 | | Option 4 | | Option 5 | | Option 6 |
|---|----------------------------------|--------------------|----------------------------------|--------------------|----------------------------------|--------------------|----------------------------------|------------------|----------------------------------|--------------------|--|
| | \$1,000 Deductible Plan | | \$1,750 Deductible Plan | | \$2,750 Deductible Plan | | \$3,250 Deductible Plan | | \$5,000 Deductible Plan | | \$3,000 Deductible HDHP Plan |
| Deductible | \$1,000 Ind / \$2,000 Family | | \$1,750 Ind / \$3,500 Family | | \$2,750 Ind / \$5,500 Family | | \$3,250 Ind / \$6,500 Family | | \$5,000 / \$10,000 Family | | \$3,000 Ind / \$6,000 Family |
| Coinsurance | 30% / 50% (In/Out) | | 30% / 50% (In/Out) | | 30% / 50% (In/Out) | | 30% / 50% (In/Out) | | 30% / 50% (In/Out) | | 30% / 50% (In/Out) |
| In-Network Out-of-Pocket Max ¹ | \$7,350 Ind / \$14,700 Family | | \$7,350 Ind / \$14,700 Family | | \$7,350 Ind / \$14,700 Family | | \$7,350 Ind / \$14,700 Family | | \$7,350 Ind / \$14,700 Family | | \$6,750 Ind / \$13,500 Family |
| Out-of-Network Out-of-Pocket Max ¹ | \$14,700 Ind / \$29,400 Family | | \$14,700 Ind / \$29,400 Family | | \$14,700 Ind / \$29,400 Family | | \$14,700 Ind / \$29,400 Family | | \$14,700 Ind / \$29,400 Family | | \$13,500 Ind / \$27,000 Family |
| Office Visit Copayment | \$30 PCP / \$50 Specialist | | \$30 PCP / \$50 Specialist | | \$30 PCP / \$50 Specialist | | \$30 PCP / \$50 Specialist | | \$30 PCP / \$50 Specialist | | Subject to ded/coinsurance |
| 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 | \$500 ² | None | \$500 ² | None | \$500 ² | None | 500 ² | None | \$500 ² | |
| 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 Assistance 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 |

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

²The \$500 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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