



2020 BASIC HEALTH PLAN OPTIONS

Preferred Blue PPO Benefit Highlights

Medical Benefits	Option 1 \$1,000 Deductible Plan		Option 2 \$1,750 Deductible Plan		Option 3 \$2,750 Deductible Plan		Option 4 \$3,250 Deductible Plan		Option 5 \$5,000 Deductible Plan		Option 6 \$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		Combined in and Out of Network
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%	30%	30%	30%	30%	30%	30%	30%	30%	
Non-Preferred Specialty Drugs	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Life Insurance and EAP Benefits											
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

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

² The \$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

