



## 2021 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		\$1,750 Deductible Plan		\$2750 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 <sup>1</sup>	\$8,500 Ind / \$17,000 Family		\$8,500 Ind / \$17,000 Family		\$8,500 Ind / \$17,000 Family		\$8,500 Ind / \$17,000 Family		\$8,500 Ind / \$17,000 Family		\$6,750 Ind / \$13,500 Family
Out-of-Network Out-of-Pocket Max <sup>1</sup>	\$17,000 Ind / \$34,000 Family		\$17,000 Ind / \$34,000 Family		\$17,000 Ind / \$34,000 Family		\$17,000 Ind / \$34,000 Family		\$17,000 Ind / \$34,000 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 <sup>2</sup>	None	\$500 <sup>2</sup>	None	\$500 <sup>2</sup>	None	500 <sup>2</sup>	None	\$500 <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%	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

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

<sup>2</sup>The \$500 Drug Individual Deductible applies to Preferred Brand Name, Non-Preferred Brand Name, Preferred Specialty and Non-Preferred Specialty Drugs only

<sup>3</sup>ConnectedCare requires participants to see a provider within the Saint Alphonsus Health Care Alliance or the Mountain View Network depending on the employer's physical location

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





## 2021 BASIC HEALTH PLAN OPTIONS

### ConnectedCare Benefit Highlights

ConnectedCare Benefit Highlights
Must be paired with the SAHA or MVN Network

Medical Benefits	CCO Option
	<b>\$2,750 Deductible Plan</b>
Deductible	\$2,750 Ind / \$5,500 Family
Coinsurance	30% / 50% (In/Out)
In-Network Out-of-Pocket Max <sup>1</sup>	\$8,500 Ind / \$17,000 Family
Out-of-Network Out-of-Pocket Max <sup>1</sup>	\$17,000 Ind / \$34,000 Family
Office Visit Copayment	\$30 PCP / \$50 Specialist
Preventive Services	Paid at 100% / 50% coin (in/out)
<b>Prescription Drugs (Two Options):</b>	<b>Option 2</b>
Prescription Drug Deductible	500 <sup>2</sup>
Preferred Generic Drugs	\$10
Non-Preferred Generic Drugs	\$10
Preferred Brand Name Drugs	30% up to \$50
Non-Preferred Brand Name Drugs	50% up to \$100
Preferred Specialty Drugs	30%
Non-Preferred Specialty Drugs	50%
<b>Life Insurance and EAP Benefits</b>	
Life Insurance & AD&D	\$25,000 emp / \$5,000 dependent
Short-term disability	\$125 / week benefit
COBRA Administration (groups of 20+)	Included

ConnectedCare plans place a Primary Care Provider (PCP) at the center of a member's care. The PCP treats members and refers them for specialty care or other services as needed. Groups in the Treasure Valley utilize the Saint Alphonsus Health Alliance (SAHA). Groups in Eastern Idaho utilize the Mountain View Network (MVN).  
Please refer to available brochures for a detailed explanation of the benefits and where to access an updated list of the participating providers.

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<sup>2</sup> The \$500 Drug Individual Deductible applies to Preferred Brand Name, Non-Preferred Brand Name, Preferred Specialty and Non-Preferred Specialty Drugs only

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