

**AGC Health Benefit Trust - Washington Chapters  
Product Grid**



Medical Plans									Pharmacy			
AGC Plan Name	Plan Type	Office Visit	Specialist Office Visit	Individual Deductible	Coinsurance	Individual Out-of-Pocket Maximum	Routine Lab and X-ray	Tier 1	Tier 2	Tier 3	Tier 4	Mail Order
Premier 250	FLAT COPAY	\$20	\$20	\$250	80%	\$3,500	80%	\$15	\$40	\$70	\$250	2.5x
Premier 500	FLAT COPAY	\$20	\$20	\$500	80%	\$4,000	80%	\$15	\$40	\$70	\$250	2.5x
Premier 1000	FLAT COPAY	\$25	\$25	\$1,000	80%	\$5,000	80%	\$15	\$40	\$70	\$250	2.5x
Premier 1500	FLAT COPAY	\$25	\$25	\$1,500	80%	\$5,500	80%	\$15	\$40	\$70	\$250	2.5x
Preferred 1000	SPLIT COPAY	\$25	\$55	\$1,000	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x
Preferred 2000	SPLIT COPAY	\$25	\$55	\$2,000	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x
Preferred 3000	SPLIT COPAY	\$25	\$55	\$3,000	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x
Preferred 5000	SPLIT COPAY	\$35	\$65	\$5,000	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x
HSA 1500	HSA	20% after deductible	20% after deductible	\$1,500	20% after deductible	\$4,000	20% after deductible	\$15	\$40	\$70	\$250	2.5x
HSA 3500	HSA	30% after deductible	30% after deductible	\$3,500	30% after deductible	\$6,350	30% after deductible	\$15	\$40	\$70	\$250	2.5x
Charter* 500	SPLIT COPAY	\$35	\$65	\$500	80%	\$4,500	80%	\$15	\$40	\$70	\$250	2.5x
Charter* 1000	SPLIT COPAY	\$35	\$65	\$1,000	80%	\$5,000	80%	\$15	\$40	\$70	\$250	2.5x
Charter* 1750	SPLIT COPAY	\$35	\$65	\$1,750	80%	\$6,850	80%	\$15	\$40	\$70	\$250	2.5x
Charter* 2500	SPLIT COPAY	\$35	\$65	\$2,500	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x
Charter* 3500	SPLIT COPAY	\$45	\$70	\$3,500	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x
Navigate* 500	SPLIT COPAY	\$35	\$65	\$500	80%	\$4,500	80%	\$15	\$40	\$70	\$250	2.5x
Navigate* 1000	SPLIT COPAY	\$35	\$65	\$1,000	80%	\$5,000	80%	\$15	\$40	\$70	\$250	2.5x
Navigate* 1750	SPLIT COPAY	\$35	\$65	\$1,750	80%	\$6,850	80%	\$15	\$40	\$70	\$250	2.5x
Navigate* 2500	SPLIT COPAY	\$35	\$65	\$2,500	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x
Navigate* 3500	SPLIT COPAY	\$45	\$70	\$3,500	70%	\$6,850	70%	\$15	\$40	\$70	\$250	2.5x

All plans have an embedded deductible except the HSA 3500, which has a non-embedded deductible. All plans deductible applies toward out-of-pocket maximum. All benefit plans are administered on a calendar year basis.

\* Navigate & Charter plans require an in-network Primary Care Physician (PCP) for all enrolled members and referrals to specialists are coordinated by PCP.



Dental Plans									
AGC Plan Name	Individual Calendar Year Benefit Maximum	Individual Deductible	Family Deductible	Type 1*: Preventative and Diagnostic Services	Type 2: Basic Services	Type 3: Major Services	Payment Basis	Orthodontia Services	Orthodontia Lifetime Maximum
Plan 1000	\$1,000	\$50	\$150	80%	80%	50%	95% UCR	N/A	N/A
Plan 1500	\$1,500	\$50	\$150	100%	80%	50%	95% UCR	N/A	N/A
Plan 2000	\$2,000	\$50	\$150	100%	80%	50%	95% UCR	N/A	N/A
Plan 1000 w/ Ortho	\$1,000	\$50	\$150	80%	80%	50%	95% UCR	50%	\$1,500
Plan 1500 w/ Ortho	\$1,500	\$50	\$150	100%	80%	50%	95% UCR	50%	\$1,500
Plan 2000 w/ Ortho	\$2,000	\$50	\$150	100%	80%	50%	95% UCR	50%	\$1,500

\* Deductible waived for Type 1 Preventative and Diagnostic Services.



Vision Plans					
AGC Plan Name	Plan Type	Exam Copy Frequency: 12 months	Lens Copy Frequency: 12 months	Frame Allowance Frequency: 12 months	Contact Lens Allowance* Frequency: 12 months
Plan \$10/\$0	Contributory	\$10	\$0	\$150 Retail	\$150 Retail
Plan \$10/\$25	Contributory	\$10	\$25	\$150 Retail	\$150 Retail
Plan \$10/\$0V	Voluntary	\$10	\$0	\$150 Retail	\$150 Retail
Plan \$10/\$25V	Voluntary	\$10	\$25	\$150 Retail	\$150 Retail

\* Contact lenses are in lieu of eyeglass lenses and frames benefit.



Group Life and Accidental Death & Dismemberment (AD&D)		
AGC Plan Name	Total Benefit	Trust Rules
\$10,000	\$10,000	Required Coverage for all Members
Additional \$10,000	\$20,000	Buy-Up Option at Employer Level
Additional \$20,000	\$30,000	Buy-Up Option at Employer Level
Additional \$30,000	\$40,000	Buy-Up Option at Employer Level
Additional \$40,000	\$50,000*	Buy-Up Option at Employer Level

\*\$50,000 total benefit available for employers with 6 or more employees. Life insurance and AD&D benefits both reduce 65 percent at age 65; to 50 percent at age 70; to 30 percent at age 75; and to 20 percent at age 80.