



**AGC Oregon Health Benefit Trust
Product Grid**



Medical Plans					
AGC Plan Name	*Office Visit	*Specialist Office Visit	Individual Deductible	Coinsurance Preferred/Participating /Non-Contracted	Individual Out-of-Pocket Maximum
\$500 PPO	\$20	\$20	\$500	20%/40%/40%	\$3,000
\$1,000 PPO	\$30	\$30	\$1,000	20%/40%/40%	\$4,000
\$1,500 PPO	\$30	\$30	\$1,500	20%/40%/40%	\$4,500
\$2,000 PPO	\$30	\$30	\$2,000	20%/40%/40%	\$6,000
\$3,000 PPO	\$30	\$30	\$3,000	20%/40%/40%	\$6,000
\$5,000 PPO	\$35	\$35	\$5,000	20%/40%/40%	\$6,350
HSA \$2,500	**30%	**30%	\$2,500	30%/50%/50%	\$6,350
HSA \$6,550	**0%	**0%	\$6,550	0%	\$6,550
Value \$1,000	\$25	\$55	\$1,000	30%/50%/50%	\$6,850
Value \$2,500	\$25	\$55	\$2,500	30%/50%/50%	\$6,850
Value \$5,000	\$25	\$55	\$5,000	30%/50%/50%	\$6,850

All plans have an embedded deductible except H.S.A plans, which have a non-embedded deductible.

All plan deductibles apply toward out-of-pocket maximum and are administered on a calendar year basis.

* Office/Specialist CoPays are applicable to Preferred providers. Participating and out of network providers are subject to coinsurance.

**Subject to the deductible.



Pharmacy Benefit						
	RX 1			RX 2		
	Preferred	Non-Preferred	Mail Order*	Preferred	Non-Preferred	Mail Order*
Generic Medications	\$10	\$15	2X	20%	30%	2X
Brand Medications	\$30	\$50	2X	30%	40%	2X
Specialty Medications	\$150	\$200	N/A	40%	50%	N/A

* Mail Order is 90 day supply

This is a brief summary of benefits. Please refer to the Carrier's Benefit Summary and/or Contract for more details and disclosures.



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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	Ortho Services	Ortho Lifetime Maximum
Plan 1000	\$1,000	\$50	\$150	100%	80%	50%	90% UCR	N/A	N/A
Plan 1500	\$1,500	\$50	\$150	100%	80%	50%	90% UCR	N/A	N/A
Plan 2000	\$2,000	\$50	\$150	100%	80%	50%	90% UCR	N/A	N/A
Plan 1000 w/ Ortho	\$1,000	\$50	\$150	100%	80%	50%	90% UCR	50%	\$1,000
Plan 1500 w/ Ortho	\$1,500	\$50	\$150	100%	80%	50%	90% UCR	50%	\$1,000
Plan 2000 w/ Ortho	\$2,000	\$50	\$150	100%	80%	50%	90% UCR	50%	\$1,000

* Deductible waived for Type 1 Preventative and Diagnostic Services.



Vision Plans					
AGC Plan Name	Plan Type	Exam Copay	Lens Copay	Frame Allowance	Contact Lens Allowance*
Plan 100	Contributory	\$10	\$25	\$100 Retail	\$120 Retail
Plan 150	Contributory	\$10	\$25	\$150 Retail	\$120 Retail
Plan 100V	Voluntary	\$10	\$25	\$100 Retail	\$120 Retail
Plan 150V	Voluntary	\$10	\$25	\$150 Retail	\$120 Retail

Benefits on a 12 month calendar year basis.

* 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
\$20,000	\$20,000	Buy-Up
\$25,000	\$25,000	Buy-Up
\$30,000	\$30,000	Buy-Up
\$50,000	\$50,000	Buy-Up

Life insurance and AD&D benefits both reduce 65 percent at age 65; to 45 percent at age 70; to 30 percent at age 75; and to 20 percent at age 80.

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