

AGC Health Benefit Trust – Oregon Columbia Chapter Product Grid

Effective October 1, 2023 – September 30, 2023

MEDICAL PLANS – UnitedHealthcare Choice Plus Network

Available to employers domiciled in Oregon and Southwest Washington

Medical deductibles, out-of-pocket maximums, copays, and coinsurance illustrated below and on the following page reflect a member’s responsibility. Copays and coinsurance accumulate to annual out-of-pocket maximum.

All benefits, accumulations, frequencies, and limitations are administered on a calendar year basis.

Family deductibles and out-of-pocket maximums are two (2) times the individual deductible and out-of-pocket maximum.

All medical plans have an embedded deductible except the HSA 2500 with Motion, which has a non-embedded deductible.

| Plan Name | Individual Deductible | Individual OOPM | In-Network Coinsurance | Out-of-Network Coinsurance | Virtual Visit | PCP Visit | Specialist Visit | Urgent Care Visit | Minor Lab/X-Ray |
|-------------------------------|-----------------------|-----------------|------------------------|----------------------------|---------------|-----------|------------------|-------------------|-----------------|
| Premier 500 | \$500 | \$4,000 | 20% | 40% | \$0 | \$20 | \$20 | \$20 | \$0 |
| Premier 1000 | \$1,000 | \$5,500 | 20% | 40% | \$0 | \$30 | \$30 | \$30 | \$0 |
| Premier 1500 | \$1,500 | \$5,500 | 20% | 40% | \$0 | \$30 | \$30 | \$30 | \$25/\$75 |
| Premier 2000 | \$2,000 | \$6,500 | 20% | 40% | \$0 | \$30 | \$30 | \$30 | \$0 |
| Premier 3000 | \$3,000 | \$6,500 | 20% | 40% | \$0 | \$30 | \$30 | \$30 | \$0 |
| Preferred 500 | \$500 | \$6,500 | 30% | 50% | \$0 | \$35 | \$55 | \$35 | \$25/\$75 |
| Preferred 1000 | \$1,000 | \$7,500 | 30% | 50% | \$0 | \$35 | \$55 | \$35 | \$25/\$75 |
| Preferred 2500 | \$2,500 | \$7,500 | 30% | 50% | \$0 | \$35 | \$55 | \$35 | 30% |
| Preferred 3500 | \$3,500 | \$7,500 | 30% | 50% | \$0 | \$35 | \$55 | \$35 | \$25/\$75 |
| Preferred 5000 | \$5,000 | \$7,500 | 30% | 50% | \$0 | \$35 | \$55 | \$35 | \$0 |
| Preferred 6000 | \$6,000 | \$8,150 | 40% | 50% | \$0 | \$35 | \$55 | \$35 | 40% |
| HSA 2500 with Premium Rewards | \$2,500 | \$6,350 | 30% | 50% | \$0 | Ded+30% | Ded+30% | Ded+30% | Ded+30% |
| HSA 4500 Premium Rewards | \$4,500 | \$7,000 | 30% | 50% | \$0 | Ded+30% | Ded+30% | Ded+30% | Ded+30% |

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| Plan Name | Individual Deductible | Individual OOPM | In-Network Coinsurance | Out-of-Network Coinsurance | Virtual Visit | Designated Network Copay | | Network Copay | | Urgent Care Visit | Minor Lab/X-Ray | |
|---------------|-----------------------|-----------------|------------------------|----------------------------|---------------|--------------------------|------------|---------------|------------|-------------------|-----------------|------------|
| | | | | | | PCP | Specialist | PCP | Specialist | | Freestanding | Hospital |
| Advanced 500 | \$500 | \$4,000 | 20% | 50% | \$0 | \$20 | \$40 | \$35 | \$60 | \$50 | \$25/\$75 | \$50/\$100 |
| Advanced 1000 | \$1,000 | \$4,500 | 20% | 50% | \$0 | \$20 | \$40 | \$35 | \$60 | \$50 | \$25/\$75 | \$50/\$100 |
| Advanced 2000 | \$2,000 | \$5,000 | 20% | 50% | \$0 | \$20 | \$40 | \$35 | \$60 | \$50 | \$25/\$75 | \$50/\$100 |
| Advanced 3000 | \$3,000 | \$6,500 | 20% | 50% | \$0 | \$30 | \$40 | \$45 | \$60 | \$50 | \$25/\$75 | \$50/\$100 |
| Advanced 5000 | \$5,000 | \$8,550 | 20% | 50% | \$0 | \$30 | \$40 | \$45 | \$60 | \$50 | \$25/\$75 | \$50/\$100 |

| Plan Name | Individual Deductible | Individual OOPM | In-Network Coinsurance | Out-of-Network Coinsurance | Virtual Visit | Designated Network Copay | | Network Copay | | Urgent Care Visit | Minor Lab/X-Ray |
|---------------|-----------------------|-----------------|------------------------|----------------------------|---------------|--------------------------|------|---------------|-------|-------------------|-----------------|
| NexusAco 500 | \$500 | \$2,250 | 10% | 50% | \$0 | \$15 | \$40 | \$45 | \$100 | \$50 | Ded + 10% |
| NexusAco 1000 | \$1,000 | \$3,500 | 20% | 50% | \$0 | \$25 | \$50 | \$55 | \$110 | \$50 | Ded + 20% |
| NexusAco 1500 | \$1,500 | \$4,000 | 20% | 50% | \$0 | \$25 | \$50 | \$55 | \$110 | \$50 | Ded + 20% |
| NexusAco 2000 | \$2,000 | \$4,500 | 20% | 50% | \$0 | \$25 | \$50 | \$55 | \$110 | \$50 | Ded + 20% |
| NexusAco 2500 | \$2,500 | \$5,000 | 20% | 50% | \$0 | \$30 | \$60 | \$60 | \$120 | \$50 | Ded + 20% |

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PRESCRIPTION PLANS – UnitedHealthcare

| Rx Code | Prescription Drug List | Subject to Medical Deductible | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Mail Service Ratio (90 day supply) |
|------------|------------------------|-------------------------------|--------|---|---|--------|------------------------------------|
| Rx 1 | Advantage | N/A | \$10 | \$30 | \$50 | \$150 | 2x |
| Rx 2 | Advantage | N/A | \$15 | \$40 | 40% | 40% | 2x |
| Rx 3 | Advantage | N/A | \$25 | 30% | 40% | 50% | 2x |
| RX 4 | Advantage | N/A | \$10 | Non-specialty: \$35 Specialty: \$150 | Non-specialty: \$70 Specialty: \$500 | N/A | 2.5x |
| RX 5 (HSA) | Advantage | All Rx Tiers | 30% | 30% | 30% | 30% | 2x |
| RX 6 (HSA) | Advantage | All Rx Tiers | \$10 | Non-specialty: \$35 Specialty: \$150 | Non-specialty: \$70 Specialty: \$500 | N/A | 2.5x |

Prescription copays and coinsurance illustrated reflect member’s responsibility. Prescription copays and coinsurance apply toward medical out-of-pocket maximum. Prescription plans are administered on a calendar year basis.

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DENTAL PLANS – STANDARD INSURANCE COMPANY

Ameritas PPO Network

| Plan Name | Annual Maximum | Deductible Individual / Family | Out-Of-Network Allowance | Class I Diagnostic & Preventative | Class II Restorative | Class III Major | Class IV Orthodontia (Child Only) |
|--------------------|----------------|--------------------------------|--------------------------|-----------------------------------|----------------------|-----------------|------------------------------------|
| Plan 1000 | \$1,000 | \$50 / \$150 | 90 th U&C | Covered in full | Ded+20% | Ded+50% | Not Covered |
| Plan 1500 | \$1,500 | \$50 / \$150 | 90 th U&C | Covered in full | Ded+20% | Ded+50% | Not Covered |
| Plan 2000 | \$2,000 | \$50 / \$150 | 90 th U&C | Covered in full | Ded+20% | Ded+50% | Not Covered |
| Plan 1000 w/ Ortho | \$1,000 | \$50 / \$150 | 90 th U&C | Covered in full | Ded+20% | Ded+50% | 50% up to \$1,000 lifetime maximum |
| Plan 1500 w/ Ortho | \$1,500 | \$50 / \$150 | 90 th U&C | Covered in full | Ded+20% | Ded+50% | 50% up to \$1,000 lifetime maximum |
| Plan 2000 w/ Ortho | \$2,000 | \$50 / \$150 | 90 th U&C | Covered in full | Ded+20% | Ded+50% | 50% up to \$1,000 lifetime maximum |

Deductible and coinsurance illustrated above reflect member's responsibility. Dental plans are administered on a calendar year basis.

VISION PLANS – THE STANDARD

VSP Choice Network

| Plan Name | Exam Deductible | Hardware Deductible | Annual Eye Exam | Lenses (per pair) Single Vision, Bifocal, Trifocal or Lenticular | Frame Allowance | Elective Contacts (in lieu of glasses) | Benefit Frequency (months) Exam/Lens/Frame |
|--------------------------|-----------------|---------------------|-----------------|--|-----------------|--|--|
| Plan 100 | \$10 | \$25 | Covered in full | Covered in full | \$100 | Up to \$120 | 12/12/24* |
| Plan 150 | \$10 | \$25 | Covered in full | Covered in full | \$150 | Up to \$120 | 12/12/24* |
| Plan 150V (Voluntary) | \$10 | \$25 | Covered in full | Covered in full | \$100 | Up to \$120 | 12/12/24* |
| Plan 150-10V (Voluntary) | \$10 | \$25 | Covered in full | Covered in full | \$150 | Up to \$120 | 12/12/24* |

* Benefit frequency based on date of service.

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GROUP LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) – UnitedHealthcare

| Total Benefit | Trust Rules |
|---------------|---|
| \$10,000 | Required Coverage for all Members; Included in all medical plans |
| \$20,000 | Employer Buy-Up Option |
| \$25,000 | Employer Buy-Up Option |
| \$30,000 | Employer Buy-Up Option |
| \$50,000 | Employer Buy-Up Option |

Life Insurance and AD&D benefits both reduce to 65% at age 65, to 45% at age 70, to 30% at age 75, to 20% at age 80, to 15% at age 85, and to 10% at age 90.

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