



Hometown Health and ABC Benefit Trust are pleased to announce the 2017-2018

ABC BENEFIT TRUST HEALTH INSURANCE PLAN

designed specifically for
Merit Shop Contractors

The ABC Benefit Trust Health Insurance Plan levels the playing field and gives small groups in the Construction Industry access to Large Group Plans & Rates!

Client Benefits Include:

- Competitive per member rates!
- Lowers payroll burden on prevailing wage jobs, making them more competitive
- Composite rates means everyone pays the same - no age-banding!
- Hour banking option protects team members during down times!

Broker Benefits Include:

- Generous commission paid directly by ABC Benefits Trust
- Underwriting guidelines designed to say "Yes"
- 6 PPO plans- offering, Renown and the Hometown Health Large Group PPO Network
- State wide network and National coverage with Multiplan



Hometown Health

INDIVIDUAL | FAMILY | GROUP | MEDICARE

There's a plan for everyone. Find yours.



Contact the Nevada ABC Trust Consultants at 775-560-7006 to learn more about the program.

Contact the Nevada ABC Trust Consultants at 775-560-7006 to learn more about the program.

Available in Nevada through Hometown Health Providers
Benefits at a Glance

BENEFIT	ABC Plan Option 1 H.S.A. PPO D6550x2		ABC Plan Option 2 PPO D5500X2		ABC Plan Option 3 PPO D3500X2	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$6,550	\$13,100	\$5,500	\$11,000	\$3,500	\$7,000
Inpatient Hospitalization	0% (ded)	0% (ded)	30% (ded)	50% (ded)	30% (ded)	50% (ded)
PCP Office Copay	0% (ded)	0% (ded)	\$50	50% (ded)	\$40	50% (ded)
Specialist Office Copay	0% (ded)	0% (ded)	\$80	50% (ded)	\$80	50% (ded)
Emergency Room	0% (ded)	0% (ded)	30% (ded)	30% (ded)	30% (ded)	30% (ded)
Urgent Care Services	0% (ded)	0% (ded)	\$80	50% (ded)	\$60	50% (ded)
Lab Services	0% (ded)	0% (ded)	\$50	50% (ded)	\$40	50% (ded)
X-Ray Services	0% (ded)	0% (ded)	\$80	50% (ded)	\$80	50% (ded)
Ambulance	0% (ded)	0% (ded)	30% (ded)	50% (ded)	30% (ded)	50% (ded)
Same Day Surgery	0% (ded)	0% (ded)	30% (ded)	50% (ded)	30% (ded)	50% (ded)
Out of Pocket Max	\$6,550	\$13,100	\$6,850	\$13,700	\$6,850	\$13,700
Family Max	X2	X2	X2	X2	X2	X2
Prescription Drugs	\$0 (ded)	n/a	\$25/\$50/\$70	n/a	\$25/\$50/\$70	n/a
Preferred Hospital/Network	N. NV = Renown/HTH, Out-of-S. NV = One Health Network		N. NV = Renown/HTH, Out-of-S. NV = One Health Network		N. NV = Renown/HTH, Out-of-S. NV = One Health Network	

MEDICAL PREMIUMS

	MONTHLY/SALARY EMPLOYEES	130 HOURS FIELD EMPLOYEES	MONTHLY/SALARY EMPLOYEES	130 HOURS FIELD EMPLOYEES	MONTHLY/SALARY EMPLOYEES	130 HOURS FIELD EMPLOYEES
Employee Only	\$246.83	\$1.90	\$295.46	\$2.27	\$305.45	\$2.35
Employee + Spouse	\$493.65	\$3.80	\$590.91	\$4.55	\$610.89	\$4.70
Employee + Child(ren)	\$444.28	\$3.42	\$531.82	\$4.09	\$549.80	\$4.23
Employee + Family	\$789.84	\$6.08	\$945.45	\$7.27	\$977.43	\$7.52

BENEFIT	ABC Plan Option 4 H.S.A. PPO D3000x2		ABC Plan Option 5 PPO D2000X3		ABC Plan Option 6 PPO D1000X3	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$3,000	\$6,000	\$2,000	\$4,000	\$1,000	\$4,000
Inpatient Hospitalization	0% (ded)	30% (ded)	\$2,000 (ded)	50% (ded)	30% (ded)	50% (ded)
PCP Office Copay	0% (ded)	30% (ded)	\$40	50% (ded)	\$30	50% (ded)
Specialist Office Copay	0% (ded)	30% (ded)	\$70	50% (ded)	\$60	50% (ded)
Emergency Room	0% (ded)	0% (ded)	\$375	\$375	\$300	\$300
Urgent Care Services	0% (ded)	30% (ded)	\$60	50% (ded)	\$50	50% (ded)
Lab Services	0% (ded)	30% (ded)	\$40	50% (ded)	\$30	50% (ded)
X-Ray Services	0% (ded)	30% (ded)	\$70	50% (ded)	\$60	50% (ded)
Ambulance	0% (ded)	30% (ded)	\$200 (ded)	50% (ded)	30% (ded)	50% (ded)
Same Day Surgery	0% (ded)	30% (ded)	\$1,000 (ded)	50% (ded)	\$1,000 (ded)	50% (ded)
Out of Pocket Max	\$3,000	\$6,000	\$6,600	\$13,200	\$6,600	\$13,200
Family Max	X2	X2	X2	X2	X2	X2
Prescription Drugs	\$0 (ded)	n/a	\$15/\$40/\$60	n/a	\$15/\$40/\$60	n/a
Preferred Hospital/Network	N. NV = Renown/HTH, S. NV = One Health		N. NV = Renown/HTH, S. NV = One Health		N. NV = Renown/HTH, S. NV = One Health	

MEDICAL PREMIUMS

	MONTHLY/SALARY EMPLOYEES	130 HOURS FIELD EMPLOYEES	MONTHLY/SALARY EMPLOYEES	130 HOURS FIELD EMPLOYEES	MONTHLY/SALARY EMPLOYEES	130 HOURS FIELD EMPLOYEES
Employee Only	\$332.44	\$2.56	\$332.44	\$2.56	\$352.55	\$2.71
Employee + Spouse	\$664.88	\$5.11	\$664.88	\$5.11	\$705.10	\$5.42
Employee + Child(ren)	\$598.40	\$4.60	\$598.40	\$4.60	\$634.59	\$4.88
Employee + Family	\$1,063.80	\$8.18	\$1,063.80	\$8.18	\$1,128.16	\$8.68

VISON

Vision Plan	Employee	Employee & Spouse	Employee & Child	Employee & Children	Employee & Family
ACCESS PLUS 10/150	\$5.32	\$10.64	\$10.11	\$10.11	\$17.03