

Anthem BlueCross BlueShield & ABC Benefit Trust are pleased to announce

# ASSOCIATED BUILDERS AND CONTRACTORS 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:**

- ACA compliant
- Meets minimum essential coverage guidelines
- Lowers payroll burden on prevailing wage jobs, making them more competitive
- Composite rates means everyone pays the same no age-banding!
- Fully insured
- PPO National Network for all plans
- No referrals needed

## **Partner Hospitals Include:**

#### Northern Nevada

- Renown Health
- Carson Tahoe Medical Center
- Carson Valley Medical Center

#### **Southern Nevada**

- Sunrise & Sunrise Children's
- Southern Hills
- Mountain View
- University Medical Center

Call your health insurance broker for a quote today.

#### **Contact Information**

Anthem (775) 448-4000

ABC Trust Northern Nevada (775) 358-7888 • ABC Trust Southern Nevada (702) 227-0536 Visit the "Broker" section of hometownhealth.com to download documents related to ABC Benefit Trust Health Insurance Plan.







# 2021 Associated Builders and Contractors Health Insurance Plan Options



Benefit	Anthem BI ABC Plan 1		Anthem BI ABC Plan 2		Anthem Blue Secure ABC Plan 3 PPO 4000		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Individual Medical Deductible	\$6,550	\$13,000	\$5,500	\$11,000	\$4,000	\$8,000	
Indvidual Out of Pocket Max	\$8,150	\$24,450	\$7,900	\$15,800	\$7,900	\$15,800	
Family Max	X2	X2	X2	X2	X2	X2	
Preventive (ACA Covered) Screenings	No Charge	50% (ded)	No Charge	50% (ded)	No Charge	50% (ded)	
Primary Care Physician Office Visits	\$30	50% (ded)	\$50	50% (ded)	\$40	50% (ded)	
Specialist Office Visits	\$60	50% (ded)	\$80	50% (ded)	\$80	50% (ded)	
Routine Lab Services	\$50	50% (ded)	\$50	50% (ded)	\$40	50% (ded)	
Diagnostic and X-Ray Services	\$50	50% (ded)	\$80 50% (ded)		\$80	50% (ded)	
Imaging (CT/PET/MRI)	40% (ded)	50% (ded)	30% (ded)	50% (ded)	30% (ded)	50% (ded)	
Urgent Care Services	\$60	50% (ded)	\$50	50% (ded)	\$40	50% (ded)	
Emergency Room Services	40% (ded)	40% (ded)	\$300 + 30%	\$300 + 30%	\$300 + 30%	\$300 + 30%	
Ambulance Services (ground/air/water)	40% (ded)	40% (ded)	30% (ded)	30% (ded)	30% (ded)	30% (ded)	
Inpatient Hospital Services	40% (ded)	50% (ded)	30% (ded)	50% (ded)	30% (ded)	50% (ded)	
Outpatient Surgical Services	40% (ded)	50% (ded)	30% (ded)	50% (ded)	30% (ded)	50% (ded)	
Prescription Drugs	\$25/\$50/\$70/20% up to \$500	50% (ded)	\$25/\$50/\$70/20% up to \$500	50% (ded)	\$25/\$50/\$70/20% up to \$500	50% (ded)	
Virtual Health/Telemedicine	No Charge first 6 visits/ then \$10	N/A	No Charge first 6 visits/ then \$10	N/A	No Charge first 6 visits/ then \$10	N/A	
Network	Anthem BCBS Out-of-Network		Anthem BCBS Out-of-Network		Anthem BCBS Out-of-Network		
	Medical P	remiums	Medical P	remiums	Medical Premiums		
Employee Only	\$230	0.00	\$290	0.00	\$318.00		
Employee + Spouse	\$530	0.00	\$640.00		\$698.00		
Employee + Child(ren)	\$430	0.00	\$524.00		\$572.00		
Employee + Family	\$738.00		\$898.00		\$984.00		
Benefit	Anthem Blu ABC Plan Option		Anthem BI ABC Plan PPO O		Anthem Blue Secure ABC Plan Option 6 PPO 1000		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Individual Medical Deductible	In-Network \$3,000	Out-of-Network \$6,000	In-Network \$2,500	Out-of-Network \$5,000	In-Network \$1,000	Out-of-Network \$2,000	
Individual Medical Deductible Indvidual Out of Pocket Max	72.00 (0.000) 10.000 (0.000)		100.00 100.0000000000000000000000000000	100000000000000000000000000000000000000	A1111-A111-A111-A111-A111-A111-A111-A1	00 - 00 - 00 - 00 - 00 - 00 - 00 - 00	
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Indvidual Out of Pocket Max	\$3,000 \$3,000	\$6,000 \$9,000	\$2,500 \$7,500	\$5,000 \$15,000	\$1,000 \$7,500	\$2,000 \$15,000	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings	\$3,000 \$3,000 X2	\$6,000 \$9,000 X2	\$2,500 \$7,500 X2	\$5,000 \$15,000 X2	\$1,000 \$7,500 X2	\$2,000 \$15,000 X2	
Indvidual Out of Pocket Max Family Max	\$3,000 \$3,000 X2 No Charge	\$6,000 \$9,000 X2 30% (ded)	\$2,500 \$7,500 X2 No Charge	\$5,000 \$15,000 X2 50% (ded)	\$1,000 \$7,500 X2 No Charge	\$2,000 \$15,000 X2 50% (ded)	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits Specialist Office Visits	\$3,000 \$3,000 X2 No Charge 0% (ded)	\$6,000 \$9,000 X2 30% (ded) 30% (ded)	\$2,500 \$7,500 X2 No Charge \$40	\$5,000 \$15,000 X2 50% (ded) 50% (ded)	\$1,000 \$7,500 X2 No Charge \$30	\$2,000 \$15,000 X2 50% (ded) 50% (ded)	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits	\$3,000 \$3,000 X2 No Charge 0% (ded) 0% (ded)	\$6,000 \$9,000 X2 30% (ded) 30% (ded) 30% (ded)	\$2,500 \$7,500 X2 No Charge \$40 \$80	\$5,000 \$15,000 X2 50% (ded) 50% (ded) 50% (ded)	\$1,000 \$7,500 X2 No Charge \$30 \$60	\$2,000 \$15,000 X2 50% (ded) 50% (ded) 50% (ded)	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits Specialist Office Visits Routine Lab Services Diagnostic and X-Ray Services	\$3,000 \$3,000 X2 No Charge 0% (ded) 0% (ded)	\$6,000 \$9,000 X2 30% (ded) 30% (ded) 30% (ded) 30% (ded)	\$2,500 \$7,500 X2 No Charge \$40 \$80 No Charge	\$5,000 \$15,000 X2 50% (ded) 50% (ded) 50% (ded) 50% (ded)	\$1,000 \$7,500 X2 No Charge \$30 \$60 \$25	\$2,000 \$15,000 X2 50% (ded) 50% (ded) 50% (ded) 50% (ded)	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits Specialist Office Visits Routine Lab Services Diagnostic and X-Ray Services	\$3,000 \$3,000 X2 No Charge 0% (ded) 0% (ded) 0% (ded)	\$6,000 \$9,000 X2 30% (ded) 30% (ded) 30% (ded) 30% (ded) 30% (ded)	\$2,500 \$7,500 X2 No Charge \$40 \$80 No Charge \$80	\$5,000 \$15,000 X2 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded)	\$1,000 \$7,500 X2 No Charge \$30 \$60 \$25	\$2,000 \$15,000 X2 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded)	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits Specialist Office Visits Routine Lab Services Diagnostic and X-Ray Services Imaging (CT/PET/MRI) Urgent Care Services	\$3,000 \$3,000 X2 No Charge 0% (ded) 0% (ded) 0% (ded) 0% (ded) 0% (ded)	\$6,000 \$9,000 X2 30% (ded) 30% (ded) 30% (ded) 30% (ded) 30% (ded) 30% (ded)	\$2,500 \$7,500 X2 No Charge \$40 \$80 No Charge \$40	\$5,000 \$15,000 X2 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded)	\$1,000 \$7,500 X2 No Charge \$30 \$60 \$25 \$60 30% (ded)	\$2,000 \$15,000 X2 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded)	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits Specialist Office Visits Routine Lab Services	\$3,000 \$3,000 X2 No Charge 0% (ded) 0% (ded) 0% (ded) 0% (ded) 0% (ded) 0% (ded)	\$6,000 \$9,000 X2 30% (ded)	\$2,500 \$7,500 X2 No Charge \$40 \$80 No Charge \$80 20% (ded) \$50	\$5,000 \$15,000 X2 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded)	\$1,000 \$7,500 X2 No Charge \$30 \$60 \$25 \$60 30% (ded) \$50	\$2,000 \$15,000 X2 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded)	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits Specialist Office Visits Routine Lab Services Diagnostic and X-Ray Services Imaging (CT/PET/MRI) Urgent Care Services Emergency Room Services	\$3,000 \$3,000 X2 No Charge 0% (ded) 0% (ded) 0% (ded) 0% (ded) 0% (ded) 0% (ded) 0% (ded)	\$6,000 \$9,000 X2 30% (ded) 0% (ded)	\$2,500 \$7,500 X2 No Charge \$40 \$80 No Charge \$80 20% (ded) \$50 \$300 + 20%	\$5,000 \$15,000 X2 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) \$0% (ded) \$0% (ded)	\$1,000 \$7,500 X2 No Charge \$30 \$60 \$25 \$60 30% (ded) \$50 \$250 + 30%	\$2,000 \$15,000 X2 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) \$250 + 30%	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits Specialist Office Visits Routine Lab Services Diagnostic and X-Ray Services Imaging (CT/PET/MRI) Urgent Care Services Emergency Room Services Ambulance Services (ground/air/water)	\$3,000 \$3,000  X2  No Charge  0% (ded)	\$6,000 \$9,000 X2 30% (ded) 30% (ded) 30% (ded) 30% (ded) 30% (ded) 30% (ded) 0% (ded) 0% (ded)	\$2,500 \$7,500 X2 No Charge \$40 \$80 No Charge \$80 20% (ded) \$50 \$300 + 20% 20% (ded)	\$5,000 \$15,000 X2 50% (ded) \$300 + 20% 20% (ded)	\$1,000 \$7,500 X2 No Charge \$30 \$60 \$25 \$60 30% (ded) \$50 \$250 + 30%	\$2,000 \$15,000 X2 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) \$250 + 30% 30% (ded)	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits Specialist Office Visits Routine Lab Services Diagnostic and X-Ray Services Imaging (CT/PET/MRI) Urgent Care Services Emergency Room Services Ambulance Services (ground/air/water) Inpatient Hospital Services Outpatient Surgical Services	\$3,000 \$3,000 X2 No Charge 0% (ded)	\$6,000 \$9,000 X2 30% (ded) 30% (ded) 30% (ded) 30% (ded) 30% (ded) 30% (ded) 0% (ded) 0% (ded) 0% (ded) 0% (ded)	\$2,500 \$7,500 X2 No Charge \$40 \$80 No Charge \$80 20% (ded) \$50 \$300 + 20% 20% (ded) 20% (ded) 20% (ded) \$20% (ded) \$20% (ded) \$20% (ded) \$20% (ded) \$20% (ded)	\$5,000 \$15,000 X2 50% (ded) \$300 + 20% 20% (ded)	\$1,000 \$7,500 X2 No Charge \$30 \$60 \$25 \$60 30% (ded) \$50 \$250 + 30% 30% (ded) 30% (ded) \$30% (ded) \$30% (ded) \$30% (ded) \$30% (ded) \$30% (ded)	\$2,000 \$15,000 X2 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) \$250 + 30% 30% (ded) 50% (ded)	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits Specialist Office Visits Routine Lab Services Diagnostic and X-Ray Services Imaging (CT/PET/MRI) Urgent Care Services Emergency Room Services Ambulance Services (ground/air/water) Inpatient Hospital Services	\$3,000 \$3,000 X2 No Charge 0% (ded)	\$6,000 \$9,000 X2 30% (ded) 0% (ded) 0% (ded) 30% (ded) 30% (ded)	\$2,500 \$7,500 X2 No Charge \$40 \$80 No Charge \$80 20% (ded) \$50 \$300 + 20% 20% (ded) 20% (ded) 20% (ded) \$0,000 (ded) \$15/\$40/\$60/30% up to \$500 No Charge first 6 visits/	\$5,000 \$15,000  X2  50% (ded)  \$300 + 20%  20% (ded)  50% (ded)  50% (ded)	\$1,000 \$7,500  X2  No Charge \$30 \$60 \$25 \$60 30% (ded) \$50 \$250 + 30% 30% (ded) 30% (ded) 30% (ded) \$15/\$40/\$60/30% up to \$500  No Charge for the first 6	\$2,000 \$15,000  X2  50% (ded) \$250 + 30% 30% (ded) 50% (ded) 50% (ded)	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits Specialist Office Visits Routine Lab Services Diagnostic and X-Ray Services Imaging (CT/PET/MRI) Urgent Care Services Emergency Room Services Ambulance Services (ground/air/water) Inpatient Hospital Services Outpatient Surgical Services Prescription Drugs	\$3,000 \$3,000 X2 No Charge 0% (ded)	\$6,000 \$9,000 X2 30% (ded) 0% (ded) 0% (ded) 30% (ded) 30% (ded) 30% (ded) 30% (ded)	\$2,500 \$7,500 X2 No Charge \$40 \$80 No Charge \$80 20% (ded) \$50 \$300 + 20% 20% (ded) 20% (ded) 20% (ded) \$20% (ded) \$20% (ded) \$20% (ded) \$20% (ded) \$20% (ded)	\$5,000 \$15,000 X2 50% (ded) \$300 + 20% 20% (ded) 50% (ded) 50% (ded) 50% (ded)	\$1,000 \$7,500 X2 No Charge \$30 \$60 \$25 \$60 30% (ded) \$50 \$250 + 30% 30% (ded) 30% (ded) \$30% (ded) \$30% (ded) \$30% (ded) \$30% (ded) \$30% (ded)	\$2,000 \$15,000  X2  50% (ded)  \$250 + 30%  30% (ded)  50% (ded)  50% (ded)  50% (ded)	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits Specialist Office Visits Routine Lab Services Diagnostic and X-Ray Services Imaging (CT/PET/MRI) Urgent Care Services Emergency Room Services Ambulance Services (ground/air/water) Inpatient Hospital Services Outpatient Surgical Services Prescription Drugs	\$3,000 \$3,000 X2 No Charge 0% (ded) \$0 (ded) \$0 (ded) \$0 (ded) \$0 (ded) \$0 (ded)	\$6,000 \$9,000 X2 30% (ded) 0% (ded) 0% (ded) 30% (ded) N/A Out-of-Network	\$2,500 \$7,500 X2 No Charge \$40 \$80 No Charge \$80 20% (ded) \$50 \$300 + 20% 20% (ded) 20% (ded) 20% (ded) No Charge (ded) 20% (ded) No Charge (ded) Store (ded)	\$5,000 \$15,000 X2 50% (ded) \$300 + 20% 20% (ded) 50% (ded) 50% (ded) 50% (ded)  N/A Out-of-Network	\$1,000 \$7,500  X2  No Charge \$30 \$60 \$25 \$60 30% (ded) \$50 \$250 + 30% 30% (ded) 30% (ded) 30% (ded) \$0% (ded)  No Charge for the first 6 visits / then \$10	\$2,000 \$15,000  X2  50% (ded) \$250 + 30% 30% (ded) 50% (ded) 50% (ded) N/A Out-of-Network	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits Specialist Office Visits Routine Lab Services Diagnostic and X-Ray Services Imaging (CT/PET/MRI) Urgent Care Services Emergency Room Services Ambulance Services (ground/air/water) Inpatient Hospital Services Outpatient Surgical Services Prescription Drugs Virtual Health/Telemedicine Network	\$3,000 \$3,000 X2 No Charge 0% (ded) Anthem BCBS	\$6,000 \$9,000 X2 30% (ded) 0% (ded) 0% (ded) 30% (ded) 0% (ded) N/A Out-of-Network	\$2,500 \$7,500 X2 No Charge \$40 \$80 No Charge \$80 20% (ded) \$50 \$300 + 20% 20% (ded) 20% (ded) 20% (ded) \$15/\$40/\$60/30% up to \$500 No Charge first 6 visits/ then \$10 Anthem BCBS	\$5,000 \$15,000 X2 50% (ded) \$300 + 20% 20% (ded) 50% (ded) 50% (ded)  50% (ded)  Cut-of-Network	\$1,000 \$7,500  X2  No Charge \$30 \$60 \$25 \$60 30% (ded) \$50 \$250 + 30% 30% (ded) 30% (ded) 30% (ded) \$0% (ded)  No Charge for the first 6 visits / then \$10  Anthem BCBS	\$2,000 \$15,000 X2 50% (ded) \$250 + 30% 30% (ded) 50% (ded) 50% (ded)  50% (ded)  N/A Out-of-Network	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits Specialist Office Visits Routine Lab Services Diagnostic and X-Ray Services Imaging (CT/PET/MRI) Urgent Care Services Emergency Room Services Ambulance Services (ground/air/water) Inpatient Hospital Services Outpatient Surgical Services Prescription Drugs Virtual Health/Telemedicine Network Employee Only	\$3,000 \$3,000 X2 No Charge 0% (ded) \$0 (ded) \$0 (ded) \$0 (ded) \$1 (ded) \$2 (ded) \$3 (ded) \$4 (ded) \$5 (ded) \$5 (ded) \$5 (ded) \$6 (ded) \$7 (ded)	\$6,000 \$9,000 X2 30% (ded) 0% (ded) 0% (ded) 30% (ded) 0% (ded) 0% (ded) 0% (ded) 30% (ded) 30% (ded) 30% (ded)	\$2,500 \$7,500 X2 No Charge \$40 \$80 No Charge \$80 20% (ded) \$50 \$300 + 20% 20% (ded) 20% (ded) 20% (ded) \$0,000 (ded) \$15,\$40,\$60,30% up to \$500 No Charge first 6 visits/ then \$10 Anthem BCBS	\$5,000 \$15,000 X2 50% (ded) \$300 + 20% 20% (ded) 50% (ded) 50% (ded) 50% (ded)  \$70% (ded) \$10% (ded) \$10% (ded) \$10% (ded) \$10% (ded) \$10% (ded) \$10% (ded)	\$1,000 \$7,500 X2 No Charge \$30 \$60 \$25 \$60 30% (ded) \$50 \$250 + 30% 30% (ded) 30% (ded) 30% (ded) \$15/\$40/\$60/30% up to \$500 No Charge for the first 6 visits / then \$10 Anthem BCBS  Medical P	\$2,000 \$15,000  X2  50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) \$250 + 30% 30% (ded) 50% (ded) 50% (ded)  \$70% (ded) 50% (ded) \$10% (ded) 50% (ded) \$250 + 30% \$	
Indvidual Out of Pocket Max Family Max Preventive (ACA Covered) Screenings Primary Care Physician Office Visits Specialist Office Visits Routine Lab Services Diagnostic and X-Ray Services Imaging (CT/PET/MRI) Urgent Care Services Emergency Room Services Ambulance Services (ground/air/water) Inpatient Hospital Services Outpatient Surgical Services Prescription Drugs	\$3,000 \$3,000 X2 No Charge 0% (ded) Anthem BCBS	\$6,000 \$9,000 X2 30% (ded) 0% (ded) 0% (ded) 30% (ded) 0% (ded) 30% (ded) 30% (ded) 30% (ded) 800 (ded)	\$2,500 \$7,500 X2 No Charge \$40 \$80 No Charge \$80 20% (ded) \$50 \$300 + 20% 20% (ded) 20% (ded) 20% (ded) \$15/\$40/\$60/30% up to \$500 No Charge first 6 visits/ then \$10 Anthem BCBS  Medical F	\$5,000 \$15,000 X2 50% (ded) \$300 + 20% 20% (ded) 50% (ded) 50% (ded)  50% (ded)  \$70% (ded) \$10% (ded)	\$1,000 \$7,500  X2  No Charge \$30 \$60 \$25 \$60 30% (ded) \$50 \$250 + 30% 30% (ded) 30% (ded) \$0% (ded) \$0% (ded) \$15/\$40/\$60/30% up to \$500  No Charge for the first 6 visits / then \$10  Anthem BCBS	\$2,000 \$15,000  X2  50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) 50% (ded) \$250 + 30% 30% (ded) 50% (ded) 50% (ded)  \$70% (ded) 50% (ded) \$10% (ded) 50% (ded) \$20% (ded) \$20% (ded) \$20% (ded) \$20% (ded) \$20% (ded) \$20% (ded)	

ABC Trust is offering 6 PPO Plans in Nevada, effective January 1, 2020 through March 31, 2022. Employer may choose up to 2 plan options to offer (at least 1 member enrollment required in each plan selected). Employer must contribute a minimum 50% to base plan employee premium. 75% participtation of eligible employees is required. Medical underwriting required for all new groups. See "ABC Employer Trust Underwriting Guidlines" for all eligibility requrements.





2021 Asso	ciated Bu	ilders an	id Contra	ctors De	ntal, Visi	on and L	_ife/AD&[	)	
		AE	C ANTHEM DE	NTAL BENEFIT					
Benefit	Anth	em Essential (	Choice Plan 1 - 1	500	Anthem Essential Choice Plan 2 - 2000				
Individual Annual Deductible		\$5	50		\$50				
Annual Max		\$1,500				\$2,000			
Diagnostic & Preventative		100%				100%			
Basic		80	)%		80%				
Endodontic Treatment		80%				80%			
Periodontal Treatment		80%				80%			
Major		50%				50%			
Orthodontics	*C	*Childern 50%, Lifetime Max \$1,500				Childern 50%, Lifetime Max \$1,500			
Network		Prime I	Vetwork		Prime Network				
	Region 1		Region 2		Region 1		Region 2		
	Zip Code 890, 891		Zip Code 893, 895, 897, 898		Zip Code 890, 891		Zip Code 893, 895, 897, 898		
Rate Tier	No Child Ortho	*Child Ortho	No Child Ortho	*Child Ortho	No Child Ortho	*Child Ortho	No Child Ortho	*Child Ortho	
Employee	\$24.95	\$24.95	\$28.55	\$28.55	\$26.70	\$26.70	\$30.57	\$30.57	
Employee + Spouse	\$50.64	\$50.64	\$57.95	\$57.95	\$54.20	\$54.20	\$63.00	\$63.00	
Employee + Child(ren)	\$61.08	\$71.47	\$68.40	\$78.79	\$63.36	\$73.75	\$72.40	\$82.79	
Employee Family	\$95.28	\$108.12	\$108.40	\$121.32	\$99.84	\$112.69	\$113.72	\$126.56	
ABC ANTHEM VISION BENEFIT				ABC ANTHEM LIFE, AD&D BENEFIT					
Exams	\$10		WRC Novada		Option 1 Maximum Benefit		\$25,000		
Lenses	12 Mc	onths	Associated Builders and Contractors		Option 2 Maximum Benefit		\$50,000		
Lenses	12 Mc	onths			Age Reduction Schedule		To 65% at age 65		
Lenses	12 Months \$25 Monthly Premium		Anthem. BlueCross BlueShield		Age Reduction ochedule		To 50% at age 70		
Material					Accidental Death & Dismemberment Benefit Matches Life Benefit of chosen Option				
Rate Tier									
Employee	\$6.67 \$11.66 \$13.98		DILLON		*Premium Per Employee Per Month (PEMP) Rate		Monthly Premium		
Employee + Spouse									
Employee + Child(ren)					Option 1		\$7.00		
Employee Family	\$17.	\$17.32				Option 2		\$14.00	

ABC Trust is offering Dental, Vision, Life and AD&D effective January 1, 2020 through March 31, 2023. Employer may choose 1 dental plan options to offer. \*Life/ D&D options 100% employer paid, 100% participtation of eligible employees is required. Minimum of 5 enrolling employees required for all lines. See "ABC Employer Trust Underwriting Guidlines" for all eligibility requrements.



