



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](http://hometownhealth.com) to download documents related to ABC Benefit Trust Health Insurance Plan.






## 2021 Associated Builders and Contractors Health Insurance Plan Options

Benefit	Anthem Blue Secure ABC Plan 1 PPO 6500		Anthem Blue Secure ABC Plan 2 PPO 5500		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
Individual 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 Premiums		Medical Premiums		Medical Premiums	
Employee Only	\$230.00		\$290.00		\$318.00	
Employee + Spouse	\$530.00		\$640.00		\$698.00	
Employee + Child(ren)	\$430.00		\$524.00		\$572.00	
Employee + Family	\$738.00		\$898.00		\$984.00	
Benefit	Anthem Blue Secured ABC Plan Option 4 PPO H.S.A 3000		Anthem Blue Secure ABC Plan PPO Option 5 PPO 2500		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	\$3,000	\$6,000	\$2,500	\$5,000	\$1,000	\$2,000
Individual Out of Pocket Max	\$3,000	\$9,000	\$7,500	\$15,000	\$7,500	\$15,000
Family Max	X2	X2	X2	X2	X2	X2
Preventive (ACA Covered) Screenings	No Charge	30% (ded)	No Charge	50% (ded)	No Charge	50% (ded)
Primary Care Physician Office Visits	0% (ded)	30% (ded)	\$40	50% (ded)	\$30	50% (ded)
Specialist Office Visits	0% (ded)	30% (ded)	\$80	50% (ded)	\$60	50% (ded)
Routine Lab Services	0% (ded)	30% (ded)	No Charge	50% (ded)	\$25	50% (ded)
Diagnostic and X-Ray Services	0% (ded)	30% (ded)	\$80	50% (ded)	\$60	50% (ded)
Imaging (CT/PET/MRI)	0% (ded)	30% (ded)	20% (ded)	50% (ded)	30% (ded)	50% (ded)
Urgent Care Services	0% (ded)	30% (ded)	\$50	50% (ded)	\$50	50% (ded)
Emergency Room Services	0% (ded)	0% (ded)	\$300 + 20%	\$300 + 20%	\$250 + 30%	\$250 + 30%
Ambulance Services (ground/air/water)	0% (ded)	0% (ded)	20% (ded)	20% (ded)	30% (ded)	30% (ded)
Inpatient Hospital Services	0% (ded)	30% (ded)	20% (ded)	50% (ded)	30% (ded)	50% (ded)
Outpatient Surgical Services	0% (ded)	30% (ded)	20% (ded)	50% (ded)	30% (ded)	50% (ded)
Prescription Drugs	\$0 (ded)	30% (ded)	\$15/\$40/\$60/30% up to \$500	50% (ded)	\$15/\$40/\$60/30% up to \$500	50% (ded)
Virtual Health/Telemedicine	\$0 (ded)	N/A	No Charge first 6 visits/ then \$10	N/A	No Charge for the first 6 visits / then \$10	N/A
Network	Anthem BCBS	Out-of-Network	Anthem BCBS	Out-of-Network	Anthem BCBS	Out-of-Network
	Medical Premiums		Medical Premiums		Medical Premiums	
Employee Only	\$318.00		\$340.00		\$380.00	
Employee + Spouse	\$698.00		\$746.00		\$820.00	
Employee + Child(ren)	\$572.00		\$610.00		\$680.00	
Employee + Family	\$984.00		\$1,050.00		\$1,200.00	
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% participation of eligible employees is required. Medical underwriting required for all new groups. See "ABC Employer Trust Underwriting Guidelines" for all eligibility requirements.						

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## 2021 Associated Builders and Contractors Dental, Vision and Life/AD&D

ABC ANTHEM DENTAL BENEFIT									
Benefit	Anthem Essential Choice Plan 1 - 1500				Anthem Essential Choice Plan 2 - 2000				
Individual Annual Deductible	\$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	*Children 50%, Lifetime Max \$1,500				Children 50%, Lifetime Max \$1,500				
Network	Prime Network				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			<div><div><p>Associated Builders and Contractors</p></div><div></div><div></div></div>					
Lenses	12 Months								
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Material	\$25								
Rate Tier	Monthly Premium			Option 1 Maximum Benefit \$25,000					
Employee	\$6.67			Option 2 Maximum Benefit \$50,000					
Employee + Spouse	\$11.66			Age Reduction Schedule To 65% at age 65					
Employee + Child(ren)	\$13.98			To 50% at age 70					
Employee Family	\$17.32			Accidental Death & Dismemberment Benefit Matches Life Benefit of chosen Option					
				*Premium Per Employee Per Month (PEMP) Rate Monthly Premium					
				Option 1 \$7.00					
				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% participation of eligible employees is required. Minimum of 5 enrolling employees required for all lines. See "ABC Employer Trust Underwriting Guidelines" for all eligibility requirements.									

