

National Construction Workforce

Effective January 1, 2019



Weekly Deduction	Medical		Dental
	Copay Plan 20 V	HDHP Plan E5	
Employee	\$ 37.38	\$ 30.46	\$ 7.35
Employee + Spouse	\$ 174.23	\$ 141.92	\$ 15.79
Employee + Child(ren)	\$ 137.08	\$ 111.46	\$ 18.08
Family	\$ 274.15	\$ 223.15	\$ 27.81

I elect the following coverage status:

_____ I elect Copay Plan / #20 Rx V

_____ I elect HDHP Plan / #E5 Rx 5

_____ Waive Coverage

Printed Name: _____

Employee Signature : _____

Date: _____

National Construction Workforce

Copay Plan - Anthem Option #20V / Effective January 1, 2019

www.anthem.com / Blue Access PPO



- \$1,500 Deductible In Network (\$4,500 Family) / \$3,000 Deductible Out of Network (\$9,000 Family)
- 80% In Network Co-Insurance / 60% Out of Network Co-Insurance
- \$5,000 Out of Pocket In Network (\$10,000 Family)
- \$10,000 Out of Pocket Out of Network (\$20,000 Family)
- \$250 Emergency Room Copay then 20% Co-Insurance / \$75 Urgent Care Copay
- \$25 PPO PCP Office Visit Copay / \$25 PPO Specialist Office Visits Copay
- \$15 Tier 1 / \$45 Tier 2 / \$75 Tier 3 / 25% Tier 4 (\$200 Per Rx Max) Drug Card Copay – 30 Days
- \$15 Tier 1 / \$115 Tier 2 / \$225 Tier 3 Mail Service Copay – 90 Days
- Routine & Preventive Paid @ 100% - In Network
- Unlimited Lifetime Maximum
- Vision Benefit: \$5 Eye Exam Copay / Discount on Material with a Blue View Vision Provider



Benefits at a glance for employee review only.
Prepared 12/07/2018



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HDHP Plan - Anthem Lumenos HSA Option #E5 Rx 5 / Effective January 1, 2019

www.anthem.com / Blue Access PPO



- \$4,000 Deductible In Network (\$8,000 Family) / \$8,000 Deductible Out of Network (\$16,000 Family)
- 100% In Network Co-Insurance / 70% Out of Network Co-Insurance
- \$5,000 Out of Pocket In Network (\$10,000 Family)
- \$16,000 Out of Pocket Out of Network (\$32,000 Family)
- Emergency Room Services Apply to Deductible then Co-Insurance
- Urgent Care Expenses Apply to Deductible then Co-Insurance
- Office Visit Expenses Apply to Deductible then Co-Insurance
- Prescription Drug Expenses Apply to Deductible then Drug Card Copays Apply Until Out of Pocket is Met
- \$10 Tier 1 / \$30 Tier 2 / \$60 Tier 3 / 25% Tier 4 (\$200 Per Rx Max) Drug Card Copay – 30 Days
- \$10 Tier 1 / \$75 Tier 2 / \$180 Tier 3 Mail Service Copay – 90 Days
- Routine & Preventive Paid @ 100% - In Network
- Unlimited Lifetime Maximum
- Vision Benefit: \$5 Eye Exam Copay / Discount on Material with a Blue View Vision Provider



Benefits at a glance for employee review only.
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Voluntary Principal Dental Plan / Effective January 1, 2019



- \$50 Deductible – Family Deductible \$150 Max
- 100% Preventive Services In & Out of Network
- 80% Basic Services In & Out of Network
- 50% Major Services In & Out of Network
- \$1,000 Maximum Benefit
- Fees Paid on the 90TH Percentile
- Includes Rollover (One Claim Required / Don't Exceed \$500 / \$250 Will Roll – Max \$1,000)
- No Waiting Periods for Timely Entrants

<i>Weekly Deduction</i>	Dental
Employee	\$ 7.35
Employee + Spouse	\$ 15.79
Employee + Child(ren)	\$ 18.08
Family	\$ 27.81



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