



Anthem BlueCross BlueShield & ABC Benefit Trust are pleased to announce

ASSOCIATED BUILDERS AND CONTRACTORS "BONA FIDE" HEALTH INSURANCE PLAN

designed specifically for Merit Shop Contractors

The ABC Benefit Trust Health Insurance Plan levels the playing field and offers groups in the Construction Industry with 2-500 employees access to Large Group Plans & Rates!

Client Benefits Include

- Employee composite rates starting at \$230 per month – No age banding
- Over the last 6 years the NV ABC Trust has seen a 30% decrease in rates.
- National Blue Cross Blue Shield PPO Network (NATIONAL BLUECARD)
- All hospitals in Nevada are In-Network
- 90% of nation's doctors and hospitals are In-Network including Mayo Clinic, UCLA, UCSF, Cedars-Sinai, Cleveland Clinic, & Stanford
- Compete on Prevailing Wage projects/bids with the ABC Bona Fide Fringe Benefit Package. Lower your payroll costs and tax burden.
- "Expedited Underwriting" approval with group census. No Medical Assessment Forms Required
- Small Group and Large Group Employers are allowed to enter in the plan
- The ABC Benefit Trust has vast buying power and rates are dependable and renewable
- This year rates went down 19% and the program added a National PPO Network.

Call your health insurance broker for a quote today.

For a Quote Contact

Dillon Health • DillonHealth.com • Quotes@dillonhealth.com • 775-430-7500
ABC Trust Northern Nevada (775) 358-7888 • ABC Trust Southern Nevada (702) 227-0536



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 | \$6,500 | \$13,000 | \$5,500 | \$11,000 | \$4,000 | \$8,000 |
| Individual Out of Pocket Max | \$6,150 | \$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 | Blue Cross Blue Shield | Out-of-Network | Blue Cross Blue Shield | Out-of-Network | Blue Cross Blue Shield | 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 | Blue Cross Blue Shield | Out-of-Network | Blue Cross Blue Shield | Out-of-Network | Blue Cross Blue Shield | 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, 2021 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.

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 |

| Rate Tier | Region 1 Zip Code 890, 891 | | Region 2 Zip Code 893, 895, 897, 898 | | Region 1 Zip Code 890, 891 | | Region 2 Zip Code 893, 895, 897, 898 | |
|-----------------------|-------------------------------|--------------|---|--------------|-------------------------------|--------------|---|--------------|
| | 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

| Exams | \$10 |
|-----------------------|-----------------|
| Lenses | 12 Months |
| Contacts | 12 Months |
| Frames | 24 Months |
| Material | \$25 |
| Rate Tier | Monthly Premium |
| Employee | \$6.67 |
| Employee + Spouse | \$11.66 |
| Employee + Child(ren) | \$13.98 |
| Employee Family | \$17.32 |



ABC ANTHEM LIFE, AD&D BENEFIT

| Option 1 Maximum Benefit | \$25,000 |
|--|------------------|
| Option 2 Maximum Benefit | \$50,000 |
| Age Reduction Schedule | To 65% at age 65 |
| | To 50% at age 70 |
| 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, 2021 through March 31, 2022. 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.

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