

THE TRADITION CONTINUES...



CONTRACTORS HEALTH TRUST

Building Health Since 1968



Health Benefits Program

For Association Members of

Colorado Contractors Association

&

Associated General Contractors of Colorado

- **Benefit Designed for Contractors**
- **Benefits Managed by Contractors**
- **Customized to meet the Unique Demands of the Industry**

Hour Bank Premium / Eligibility

Choose an Hour Bank model that allows employer contributions based on hours worked (minimum applies) and allows workers to earn benefits based on hours worked. This model often pays for, and extends benefits through periods of temporary lay-offs or furlough and is ideal for compliance with Davis-Bacon prevailing benefit requirements.

Monthly Premium / Eligibility

Flexible Premium Options: Hour Bank per hour rate, flat monthly rate for all employees, or Single/2 Party/Family rates

Choice

- 5 Medical Plans to Choose from (Dental and Vision also Available)
- Choose One or Two Medical Plan Deductibles
- All Plans Qualify for Optional Health Reimbursement Arrangement (HRA) Funding Methods
- One Plan Qualifies for a Health Savings Account (HSA) Option

Dental / Vision* (optional)

Dental

- 100% Preventive and Diagnostic (Preferred Option)
- 80% Basic Services
- 50% Major with additional Orthodontic Services to age 19

No Annual Deductible. Annual maximum benefit \$1,000 per person. Orthodontic Lifetime Maximum Benefit \$2,000

Vision

- \$15 calendar year deductible per person

Once each year

- Exam, Frames, Lenses

Special allowances apply for contact lenses and maximum allowed benefits

CONTRACTORS HEALTH TRUST – MEDICAL PLANS



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Benefits Payable Before Deductible* - All Plans:

Certain in-network cancer screening, adult physicals and tests, immunization, well baby care, and other preventive services..... 100%

Benefits After Co-Payment* – Plan 1, 2, 3 and 4 only:

Primary Care Physician Office Visit..... \$ 30 Copay then paid 100%
 Specialist Office Visit or Urgent Care Facility..... \$ 45 Copay then paid 100%
 Emergency Room \$100 Copay in addition to Plan Deductible and Co-Insurance

Plan Choices	In and Out-of-Network Deductible Individual/Family	In-Network Co-Insurance*	Out-of-Network Co-Insurance*	Out-of-Pocket Maximum*	
				In-Network	Out-of-Network
Plan Option 1 HRA Compatible	\$750 / \$1,500 Certain preventive services are not subject to the deductible	80% after deductible Certain preventive services are paid at 100%	60% After deductible	Individual/Family \$2,000/\$4,000	Individual/Family \$4,000/\$8,000
Plan Option 2 HRA Compatible	\$1,000/\$2,000 Certain preventive services are not subject to the deductible	80% after deductible Certain preventive services are paid At 100%	60% After deductible	Individual/Family \$2,000/\$4,000	Individual/Family \$4,000/\$8,000
Plan Option 3 HRA Compatible	\$1,500/\$3,000 Certain preventive services are not subject to the deductible	80% after deductible Certain preventive services are paid At 100%	60% After deductible	Individual/Family \$2,000/\$4,000	Individual/Family \$4,000/\$8,000
Plan Option 4 HRA Compatible	\$2,500/\$5,000 Certain preventive services are not subject to the deductible	80% after deductible Certain preventive services are paid At 100%	60% After deductible	Individual/Family \$2,000/\$4,000	Individual/Family \$4,000/\$8,000
Plan Option 5 HRA or HSA Compatible	\$3,000 / \$6,000 Certain preventive services are not subject to the deductible	100% after deductible Certain preventive services are paid at 100% .	80% after deductible	Individual / Family \$ 0 / \$ 0	Individual / Family \$2,950 / \$5,900

All covered In-Network charges including Rx are paid at 100% after you have met the deductible.

PRESCRIPTION DRUG COVERAGE* (Plans 1 – 4 Only)

(Up to a 30 day Supply)

Co-insurance/Copay

Generic 20% subject to a Minimum Copay of \$10
 Brand Formulary 30% subject to a Minimum Copay of \$20
 Brand Non-Formulary 50% subject to a Minimum Copay of \$40

Plan 5

Co-insurance

100% payable after deductible
 100% payable after deductible
 100% payable after deductible

Mail Order Drugs (Plans 1 – 4 Only)

(up to a 90-day supply)

Generic: \$20 Copay
 Brand Formulary: \$40 Copay
 Brand Non-Formulary: \$80 Copay
 Specialty: \$75 Copay

*This is only a highlight of the Plan provisions. The actual Plan documents and policies shall prevail if there is any discrepancy between the statements in this brochure and the actual Plan documents and policies.