

2021 PLAN OVERVIEW

Health benefit costs rank as one of the top concerns for the ABC West Virginia membership today. This program provides members a high-performance group health benefits solution. By offering affordable, value-based benefit designs along with care management planning and wellness features, member companies can strategically manage healthcare costs while still maximizing employee benefits.



HealthyChoice

Healthy100

HealthyValue

HealthyConsumer

Care Plan Deductible Options	\$1000/1500/2000/2500 (With Care Plan Participation)	\$2500/3000/3500/5000 (With Care Plan Participation)	\$2500/3500/6850/10,000 (With Care Plan Participation)	\$3000/3500/5000/6500 (With Care Plan Participation)
Deductible Rewards	Up to \$1,000 in Year 2	Up to \$1,000 in Year 2	Up to \$1,000 in Year 2	Up to \$1,000 in Year 2
Plan Co-insurance	80/20 Co-insurance	No Co-insurance	Varies by Plan	No Co-insurance
Office Visit Copay	\$5 PCP / \$50 Specialist ¹	\$5 PCP / \$50 Specialist ¹	\$5 PCP / \$50 Specialist ¹	After Deductible, \$5 / \$50
Telemedicine	Included, \$0 Copay	Included, \$0 Copay	Included, \$0 Copay	Included, \$0 Copay
Allergy Treatment	\$25 Copay	\$25 Copay	\$25 Copay	Deductible
Urgent Care Visits	\$50 Copay ²	\$50 Copay ²	\$50 Copay ²	Deductible
Hospital ER Visits	\$1,000 Copay ³ (waived if admitted)	\$1,000 Copay ³ (waived if admitted)	\$1,000 Copay ³ (waived if admitted)	Deductible
Rx Benefits Copay	\$15, \$50, \$100, 50% ⁴	\$15, \$50, \$100, 50% ⁴	\$15, \$50, \$100, 50% ⁴	After Deductible, Rx Copays
Diabetic Supplies	100% Coverage*	100% Coverage*	100% Coverage*	Deductible

SAMPLE MEDICAL RATES

Illustrative purposes only. Each client group will go through medical underwriting. Premiums may be higher or lower based on underwriting results.

PLAN OPTION	HealthyChoice 1500	Healthy100 3000	HealthyValue 6850	HealthyConsumer 5000
Employee Only	\$406.92	\$381.28	\$320.58	\$309.04
Employee / Spouse	\$874.88	\$819.74	\$689.24	\$664.43
Employee / Child(ren)	\$793.49	\$743.48	\$625.13	\$602.62
Family	\$1,208.55	\$1,132.39	\$952.12	\$917.84

¹ After Copay, then 100% for all services during visit except lab services. ² After copay, then 100% to \$2,500 per visit, then Deductible / Co-insurance. ³ Hospital ER Facility Charge Only, after Copay then Deductible / Co-insurance. Copay is waived if admitted. ⁴ Copays for Generic / Brand / Non-preferred Brand / Specialty. Preferred Mail Order Options available. *100% Coverage through Preferred Vendor. Plans are underwritten by our re-insurance partners and utilize various provider networks throughout the country. Contact your Lifestyle Sales Representative for more details.

For questions about the ABC West Virginia Health Program or to receive a proposal, call:
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