





		2025 ASSOCIATED BUILDERS AND CONTRACTORS HEALTH INSURANCE PLAN OPTIONS							
Benefit	ABC Plan 1 HPN/SHL Solutions *POS 30/4000/8000/50% 9200-3D	ABC Plan 2 HPN/SHL Solutions *POS 30/3000/6000/50%8550-3D	ABC Plan 3 HPN/SHL Solutions *POS 30/1500/3000/50%/8550-3D	ABC Plan 4 SHL Solutions HSA PPO 5000/0%/6500 (Out of State (EE/Dep))	ABC Plan 5 HPN/SHL Solutions *POS 25/2000/2000/30%	ABC Plan 6 HPN/SHL Solutions *POS 25/1000/1000/20%	ABC Plan 7 HPN Balance HMO 40/6000/20	ABC Plan 8 HPN Balance HMO 20/3800	ABC Plan 9 SHL Solutions PPO 30/1000/30% (Out of State (EE/Dep))
	In-Network (<i>T1 & T2</i>)	In-Network (<i>T1 & T2</i>)	In-Network (<i>T1 & T2</i>)	In-Network	In-Network (<i>T1 & T2</i>)	In-Network (<i>T1 & T2</i>)	In-Network	In-Network	In-Network
Network Name	HPN/SHL Nevada	HPN/SHL Nevada	HPN/SHL Nevada	SHL/UHC Nevada	HPN/SHL Nevada	HPN/SHL Nevada	HPN Nevada	HPN Nevada	SHL/UHC
Deductible (Single/Family)	<i>T1</i> : \$4,000/ <i>T1</i> : \$8,000 <i>T2</i> : \$8,000/ <i>T2</i> : \$16,000	<i>T1</i> : \$3,000/ <i>T1</i> : \$6,000 <i>T2</i> : \$6,000/ <i>T2</i> : \$12,000	<i>T1</i> : \$1,500/ <i>T1</i> : \$3,000 <i>T2</i> : \$3,000/ <i>T2</i> : \$6,000	\$5,000/\$10,000	<i>T1 & T2</i> : \$2,000 <i>T1 & T2</i> : \$4,000	<i>T1 & T2</i> : \$1,000/ <i>T1 & T2</i> : \$2,000	\$6,000/\$12,000	\$3,800/\$7,600	\$1,000/\$2,000
Max Out-of-Pocket (Single/Family)	<i>T1</i> : \$9,200/ <i>T1</i> : \$18,400 <i>T2</i> : \$18,400/ <i>T2</i> : \$36,800	<i>T1 & T2</i> : \$8,550/ <i>T1 & T2</i> : \$17,100	<i>T1 & T2</i> : \$8,550/ <i>T1 & T2</i> : \$17,100	\$6,500/\$13,000	<i>T1 & T2</i> : \$6,250 <i>T1 & T2</i> : \$12,500	<i>T1 & T2</i> : \$6,250/ <i>T1 & T2</i> : \$12,500	\$8,150/\$16,300	\$7,800/\$15,600	\$5,000/\$10,000
Preventative	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Office Visits (PCP/Specialist)	<i>T1</i> : \$30/ <i>T1</i> : \$60 <i>T2</i> : \$40/ <i>T2</i> : \$80	<i>T1</i> : \$30/ <i>T1</i> : \$60 <i>T2</i> : \$40/ <i>T2</i> : \$80	<i>T1</i> : \$30/ <i>T1</i> : \$60 <i>T2</i> : \$40/ <i>T2</i> : \$80	\$0 (AD)	<i>T1</i> : \$25/ <i>T1</i> : \$45 <i>T2</i> : \$40/ <i>T2</i> : \$60	<i>T1</i> : \$25/ <i>T1</i> : \$45 <i>T2</i> : \$40/ <i>T2</i> : \$60	\$40/\$80	\$20/\$40	\$30/\$45
Virtual/Telehealth Visit	\$0	\$0	\$0	0% (AD)	\$0	\$0	\$0	\$0	\$0
Coinsurance (After Deductible (AD))	<i>T1</i> : 0%/ <i>T2</i> : 50%	<i>T1</i> : 0%/ <i>T2</i> : 50%	<i>T1</i> : 0%/ <i>T2</i> : 50%	0%	<i>T1 & T2</i> : 30%	<i>T1 & T2</i> : 20%	20%	20%	30%
Urgent Care Copay	<i>T1</i> : \$50 (paid under T1)	<i>T1</i> : \$50 (paid under T1)	<i>T1</i> : \$50 (paid under T1)	0% (AD)	<i>T1</i> : \$45 (paid under T1)	<i>T1</i> : \$45 (paid under T1)	\$50	\$35	\$30
Emergency Room	<i>T1 & T2</i> : \$1,500 (AD)	<i>T1 & T2</i> : \$1,500 (AD)	<i>T1 & T2</i> : \$1,500 (AD)	0% (AD)	<i>T1 & T2</i> : \$350 + 30%	<i>T1 & T2</i> : \$250 + 20%	20% (AD)	\$1,000 (AD)	\$150 + 30%
Ambulance Services (air/ground/water)	<i>T1 & T2</i> : \$1,000 (AD)	<i>T1 & T2</i> : \$1,000 (AD)	<i>T1 & T2</i> : \$1,000 (AD)	0% (AD)	<i>T1 & T2</i> : \$350 (AD)	<i>T1 & T2</i> : \$300 (AD)	20% (AD)	\$1,000 (AD)	30% (AD)
Routine Lab and X-Ray Services	<i>T1</i> : \$20/ <i>T1</i> : \$40 <i>T2</i> : \$30/ <i>T2</i> : \$60	<i>T1</i> : \$20/ <i>T1</i> : \$40 <i>T2</i> : \$30/ <i>T2</i> : \$60	<i>T1</i> : \$20/ <i>T1</i> : \$40 <i>T2</i> : \$30/ <i>T2</i> : \$60	0% (AD)	<i>T1</i> : \$15/ <i>T1</i> : \$25 <i>T2</i> : \$30/ <i>T2</i> : \$40	<i>T1</i> : \$15/ <i>T1</i> : \$25 <i>T2</i> : \$30/ <i>T2</i> : \$40	\$10/\$10	\$10/\$10	\$25/\$50
Imaging Services (CT/MRI)	<i>T1</i> : \$300/ <i>T2</i> : 50% (AD)	<i>T1</i> : \$300/ <i>T2</i> : 50% (AD)	<i>T1</i> : \$300/ <i>T2</i> : 50% (AD)	0% (AD)	<i>T1</i> : \$100 (AD)/ <i>T2</i> : 30% (AD)	<i>T1</i> : \$100 (AD)/ <i>T2</i> : 20% (AD)	20% (AD)	20% (AD)	30% (AD)
Inpatient Hospital (additional charges may apply)	<i>T1</i> : \$1,500 per day (Max \$4,500) (AD)/ <i>T2</i> : 50% (AD)	<i>T1</i> : \$1,500 per day (Max \$4,500) (AD)/ <i>T2</i> : 50% (AD)	<i>T1</i> : \$1,500 per day (Max \$4,500) (AD)/ <i>T2</i> : 50% (AD)	0% (AD)	<i>T1 & T2</i> : 30% (AD)	<i>T1 & T2</i> : 20% (AD)	20% (AD)	\$1,000 per day (Max \$3,000) (AD)	30% (AD)
Outpatient Hospital (additional charges may apply)	<i>T1</i> : \$750/ <i>T2</i> : 50% (AD)	<i>T1</i> : \$500/ <i>T2</i> : 50% (AD)	<i>T1</i> : \$500/ <i>T2</i> : 50% (AD)	0% (AD)	<i>T1</i> : \$350 (AD)/ <i>T2</i> : 30% (AD)	<i>T1</i> : \$350 (AD)/ <i>T2</i> : 20% (AD)	20% (AD)	\$1,000 (AD)	30% (AD)
Rx Deductible (Single/Family)	\$150/X2 (Tiers 2-4)	\$150/X2 (Tiers 2-4)	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
Rx Copays									
Tier 1	\$25	\$25	\$25	\$10 (AD)	\$25	\$25	\$10	\$10	\$25
Tier 2	\$50	\$50	\$50	\$35 (AD)	\$50	\$50	\$50	\$50	\$50
Tier 3	\$75	\$75	\$75	\$65 (AD)	\$75	\$75	\$95	\$95	\$75
Tier 4	\$250	\$250	\$250	\$250 (AD)	\$250	\$250	\$250	\$250	\$250
Medicare Part D Credible	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MONTHLY PREMIUMS									
Employee Only	\$369.73	\$422.11	\$444.58	\$501.11	\$472.66	\$497.34	\$241.09	\$261.81	\$638.38
Employee + Spouse	\$813.39	\$928.64	\$978.08	\$1,102.44	\$1,039.85	\$1,094.15	\$530.39	\$575.98	\$1,404.43
Employee + Child(ren)	\$665.51	\$759.81	\$799.44	\$902.00	\$850.79	\$895.20	\$433.95	\$471.26	\$1,149.08
Employee + Family	\$1,146.16	\$1,308.56	\$1,378.20	\$1,553.44	\$1,465.24	\$1,541.74	\$747.36	\$811.60	\$1,978.98
The HSA 5000(Plan 4) plan and the new 1000 plan (Plan 9) highlighted in yellow are the only options for employees who reside AND work outside of Nevada.									
For groups who have an employee that meets this criteria, may have a 3rd option for that employee.									
Employees who do not work OR reside in Nevada are not eligible to enroll in any HPN or POS plan options and must enroll in a PPO Plan									
Employees with Dependents living outside of the State of Nevada should enroll in POS plans or the H.S.A. PPO plan.									
*POS plans offer two tiers of benefits (HMO/PPO). The benefits listed are broken down by the two tiers (T1: HMO/T2: PPO) The HMO tier offers the lowest cost option. AD=After Deductible									

2025 DENTAL & VISION INSURANCE PLAN OPTIONS								
DENTAL	CENSUS	Plan 1	Plan 2	VISION	CENSUS	Vision Plan		
	Employee Only	\$37.15	\$39.94		Employee Only	\$7.71		
	Employee + Spouse	\$74.29	\$79.89		Employee + Spouse	\$13.48		
	Employee + Child(ren)	\$83.57	\$89.87		Employee + Child(ren)	\$16.16		
	Employee + Family	\$120.72	\$129.81		Employee + Family	\$20.02		
DENTAL		Passive PPO 1	Passive PPO 2	VISION		Plan 1	  	
Network Name		UHC/Diversified		Network Name		UHC Vision		
Calendar Year Deductible (Single / Family)		\$50/\$150	\$50/\$150	Vision Exam Copay (every 12 months)		\$10		
Calendar Year Max Benefit		\$1,500	\$2,000	Materials Copay		\$25		
PREVENTIVE SERVICES				Frame Allowance (every 24 months)		Up to \$130		
Diagnostic & Preventative		0%	0%	Elective Contact Lenses (every 12 months)		Up to \$130		
Basic Services		20%	20%					
Endodontics/Periodontics		20%	20%					
Major Services		50%	50%					
ORTHODONTICS (Children up to age 19)		N/A	50%,\$1,500 Lifetime Max					