

CAGC SC Health Plan Overview

CAGC is pleased to offer its members medical, dental, and vision coverage through BlueCross SC. As a member of the association, you have the opportunity to purchase health insurance for you and your family. Coverage begins on January 1, 2024 and renews January 1, 2025.

MEDICAL PLAN OPTIONS

BLUE CROSS SC

	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
<i>Deductible</i>	\$500	\$1,000	\$1,500	\$2,000
<i>Individual</i>				
<i>Family</i>	\$1,000	\$2,000	\$3,000	\$4,000
<i>Out-of-Pocket Max.</i>	\$7,350	\$7,350	\$7,350	\$7,350
<i>Individual</i>				
<i>Family</i>	\$14,700	\$14,700	\$14,700	\$14,700
<i>Inpatient Services</i>	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
<i>Inpatient Facility</i>				
<i>Physician Office Visits</i>	\$20 Copay	\$25 Copay	\$20 Copay	\$25 Copay
<i>Primary Care</i>				
<i>Specialist Office</i>	\$35 Copay	\$40 Copay	\$40 Copay	\$40 Copay
<i>Outpatient Services</i>	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
<i>Outpatient Surgical</i>				
	PLAN 5	PLAN 6	PLAN 7	PLAN 8
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
<i>Deductible</i>	\$1,500	\$2,500	\$2,500	\$3,000
<i>Individual</i>				
<i>Family</i>	\$3,000	\$5,000	\$5,000	\$6,000
<i>Out-of-Pocket Max.</i>	\$7,350	\$7,350	\$7,350	\$7,350
<i>Individual</i>				
<i>Family</i>	\$14,700	\$14,700	\$14,700	\$14,700
<i>Inpatient Services</i>	30% Coinsurance	25% Coinsurance	30% Coinsurance	25% Coinsurance
<i>Inpatient Facility</i>				
<i>Physician Office Visits</i>	\$30 Copay	\$25 Copay	\$30 Copay	\$30 Copay
<i>Primary Care</i>				
<i>Specialist Office</i>	\$60 Copay	\$50 Copay	\$60 Copay	\$60 Copay
<i>Outpatient Services</i>	30% Coinsurance	25% Coinsurance	30% Coinsurance	25% Coinsurance
<i>Outpatient Surgical</i>				
	PLAN 9	PLAN 10	PLAN 11	PLAN 12
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
<i>Deductible</i>	\$2,000	\$3,500	\$4,000	\$2,800
<i>Individual</i>				
<i>Family</i>	\$4,000	\$7,000	\$8,000	\$5,600
<i>Out-of-Pocket Max.</i>	\$7,350	\$7,350	\$8,500	\$2,800
<i>Individual</i>				
<i>Family</i>	\$14,700	\$14,700	\$17,000	\$5,600
<i>Inpatient Services</i>	50% Coinsurance	25% Coinsurance	50% Coinsurance	0% Coinsurance
<i>Inpatient Facility</i>				
<i>Physician Office Visits</i>	\$30 Copay	\$30 Copay	\$50 Copay	0% Coinsurance
<i>Primary Care</i>				
<i>Specialist Office</i>	\$50 Copay	\$50 Copay	\$100 Copay	0% Coinsurance
<i>Outpatient Services</i>	50% Coinsurance	25% Coinsurance	50% Coinsurance	0% Coinsurance
<i>Outpatient Surgical</i>				

CAGC SC Health Plan, Continued

	PLAN 13	PLAN 14	PLAN 15	PLAN 16
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
<i>Deductible</i>	\$3,000	\$4,000	\$4,000	\$6,350
Individual				
Family	\$6,000	\$8,000	\$8,000	\$12,700
<i>Out-of-Pocket Max.</i>	\$3,000	\$4,000	\$7,000	\$6,350
Individual				
Family	\$6,000	\$8,000	\$14,000	\$12,700
<i>Inpatient Services</i>	0% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance
Inpatient Facility				
<i>Physician Office Visits</i>	0% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance
Primary Care				
Specialist Office	0% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance
<i>Outpatient Services</i>	0% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance
Outpatient Surgical				
		PLAN 17	PLAN 18	
		IN-NETWORK	IN-NETWORK	
<i>Deductible</i>		\$2,000	\$3,500	
Individual				
Family		\$4,000	\$7,000	
<i>Out-of-Pocket Max.</i>		\$7,350	\$7,350	
Individual				
Family		\$14,700	\$14,700	
<i>Inpatient Services</i>		20% Coinsurance	25% Coinsurance	
Inpatient Facility				
<i>Physician Office Visits</i>		\$25 Copay	\$30 Copay	
Primary Care				
Specialist Office		\$40 Copay	\$60 Copay	
<i>Outpatient Services</i>		20% Coinsurance	25% Coinsurance	
Outpatient Surgical				

FAQ

WHO IS ELIGIBLE FOR THE CAGC HEALTH PLAN?

Active CAGC members must have at least one common law employee to be eligible for the CAGC Health Plan. Sole proprietors without at least one common law employee are not eligible to participate in the plan. Please contact Cobbs Allen with questions.

WHAT IF I'M ALREADY OFFERING A GROUP HEALTH PLAN TO MY EMPLOYEES?

You may transfer to the CAGC Plan by submitting a Current Health Census to saugustson@cobbsallen.com. Please note that you must notify all impacted employees of this change and allow them the option to opt out. Employees who wish to change their benefit election must do so by scheduling an appointment with a Benefits Educator during Open Enrollment.

WHEN AND HOW DO I ENROLL?

Open Enrollment is November 15 – December 12

CAGCHEALTHPLAN.COM
 205-874-1268
 PPITTMAN@COBBSALLEN.COM
 MCATE@COBBSALLEN.COM

Carolinas AGC
 SC Health Plan