

Washoe County Health Benefits Comparison Sheet

This is a summary of the group health plans offered through the Health Benefits Program.

	Self-funded PPO Plan	High Deductible PPO Plan	Hometown Health HMO Plan
Plan Year Deductible	\$350 individual \$700 family	\$2,500 individual \$2,500 family	None
Plan Year Out of Pocket Maximum	\$3,350 individual \$6,700 family	\$5,000 individual \$5,000 family	\$2,500 individual \$5,000 family
Co-insurance	80%	80%	None
Participating Hospitals:	Saint Mary's Northern Nevada	Saint Mary's Northern Nevada	Renown

Office Visits and Professional Services

Primary Care Physician	\$20 co-pay (PPO) 80% (non-PPO)	100% after deductible	\$25 co-pay
Specialist	80% after deductible	100% after deductible	\$50 co-pay
Surgeon or Anesthesia	80% after deductible	80% after deductible	\$50 co-pay
Preventative Care	100% no deductible	100% no deductible	\$0 co-pay
Outpatient Lab	80% after deductible \$5 co-pay (in office)	80% after deductible	\$0 co-pay Renown Lab
Outpatient X-Ray	80% after deductible \$10 co-pay (in office)	80% after deductible	\$25 co-pay
Complex Imaging (MRI, CT, PET)	80% after deductible	80% after deductible	\$225 co-pay
Physical Therapy	80% after deductible	80% after deductible	\$25 co-pay
Chiropractic	80% after deductible Limit 25 visits	80% after deductible Limit 25 visits	\$50 co-pay Limit 25 visits
Mental Health and Substance Abuse (Out-patient)	80% after deductible	80% after deductible	\$25 co-pay

Surgical and Hospital Services

	Self-funded PPO Plan	High Deductible PPO Plan	Hometown Health HMO Plan
Inpatient Hospital	80% (PPO) 60% (non-PPO) + \$500 co-pay	80% (PPO) 60% (non-PPO) + \$500 co-pay	\$1,000 co-pay
Outpatient Surgery	100% (contracted facility) 80% (physician)	100% (contracted facility) 80% (physician)	\$500 co-pay
Maternity	80% after deductible	80% after deductible	\$1,000 co-pay
Emergency Room	80% + \$75 co-pay	80% after deductible	\$100 co-pay
Ambulance	80% after deductible	80% after deductible	\$100 co-pay for ground \$200 co-pay for air & water
Substance Abuse	80% after deductible	80% after deductible	\$1,000 co-pay
Skilled Nursing Facility	80% after deductible	80% after deductible	\$1,000 co-pay
Home Health Care	80% after deductible	80% after deductible	\$20 co-pay
Vision Services	See below	See below	See below

Prescription Drugs

Generic	\$5 co-pay	After deductible: \$5 co-pay	\$5 co-pay
Preferred Brand	\$25 co-pay	\$25 co-pay	\$25 co-pay (When generic available or \$25 + cost difference)
Non-preferred Brand	\$40 co-pay	After deductible: \$40 co-pay	\$40
Specialty	Preferred or non-preferred co-pay	Preferred or non-preferred co-pay	20%
Mail Order Benefit	3 months for 2 co-pays	3 months for 2 co-pays	3 months for 2 co-pays

All Enrollees are covered by the following

Dental Services

Self-funded Dental Plan

\$50 Calendar year deductible on Basic, Major and Orthodontic services
Preventative - 100%, Basic - 80%, Major - 50%, Orthodontia - 50%
\$2,500 maximum benefit per calendar year on regular dentistry
\$1,000 lifetime maximum on Orthodontia

Vision Services

Vision Service Plan (VSP)

\$10 co-pay for annual exam
Basic lenses covered annually
\$150 allowance for frames every 24 months or contacts every 12 months

Life Insurance

Enrollee - \$20,000 when under 65; \$13,000 when age 65-69; \$7,000 when age 70 and over. Covered dependents - \$1,000