2020 Washoe County Medical Plan 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	Prominence HMO Plan
Deductibles, Out-of-Pocket Maximums, Participating Hospitals			
Plan Year Deductible	$350 individual $700 family	$2,500 individual $2,800 family	N/A
Health Savings Account - Washoe County Contribution	Not Applicable	$2,000 if enrolled on 1/1/2019, prorated thereafter based on coverage effective date	Not Applicable
Plan Year Out of Pocket Maximum	$3,350 individual $6,700 family	$5,000 individual $6,000 family	$3,500 individual $7,000 family
Co-insurance	80% (plan pays) 20% (member pays)	80% (plan pays) 20% (member pays)	None
Participating Hospitals:	Choice of Network: Saint Mary's, Northern Nevada, and Carson-Tahoe **or** Renown	Choice of Network: Saint Mary's, Northern Nevada, and Carson-Tahoe or Renown	Saint Mary's, Northern Nevada, and Carson-Tahoe
Office Visits and Professional Services			
Primary Care Physician	$25 co-pay (PPO) 20% (non-PPO)	0% after deductible	$30 co-pay
Specialist	20% after deductible	0% after deductible	$50 co-pay
Telemedicine (Teledoc)	0% no deductible	0% after deductible	$0 co-pay
Preventative Care	0% no deductible	20% after deductible	$0 co-pay
Outpatient Lab	20% after deductible $5 co-pay (in office)	0% no deductible	$0 co-pay
Outpatient X-Ray	20% after deductible $10 co-pay (in office)	20% after deductible	$30 co-pay
Complex Imaging (MRI, CT, PET)	20% after deductible	20% after deductible	$225 co-pay
Physical Therapy	20% after deductible	20% after deductible	$30 co-pay
Chiropractic	20% after deductible; Limit 25 visits	20% after deductible; Limit 25 visits	$50 co-pay; Limit 20 visits
Mental Health and Substance Abuse (Outpatient)	$25 co-pay (PPO) 20% (non-PPO)	20% after deductible	$30 co-pay

Surgical and Hospital Services			
	Self-funded PPO Plan	**High Deductible PPO Plan**	**Prominence HMO Plan**
Inpatient Hospital	20% (PPO); 40% (non-PPO) + $500 co-pay	20% (PPO); 40% (non-PPO) + $500 co-pay	$1,000 co-pay
Outpatient Surgery	0% (contracted facility) 20% (physician)	0% (contracted facility) 20% (physician)	$500 co-pay
Maternity	20% after deductible	20% after deductible	$1,000 co-pay
Emergency Room	20% + $75 co-pay	20% after deductible	$250 co-pay
Urgent Care	20% after deductible	20% after deductible	$40 co-pay
Ambulance	20% after deductible	20% after deductible	$100 co-pay for ground ; $200 co-pay for air & water
Substance Abuse (In-Patient)	20% after deductible	20% after deductible	$1,000 co-pay
Skilled Nursing Facility	20% after deductible	20% after deductible	$1,000 co-pay
Home Health Care	20% after deductible	20% after deductible	$30 co-pay
Vision Services	See below	See below	See below
Prescription Drugs			
		After deductible:	
Generic	$7 co-pay	$7 co-pay	$7 co-pay
Preferred Brand	$30 co-pay	$30 co-pay	$30 co-pay (When generic available or $30 + ancillary charge)
Non-preferred Brand	$50 co-pay	$50 co-pay	$50 co-pay (When generic available or $50 + ancillary charge)
Specialty	20%	20%	20%
Mail Order Benefit	3 months for 2 co-pays	3 months for 2 co-pays	3 months for 2 co-pays
Rx Maximum	Combined with Medical	Combined with Medical	Combined with Medical

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% $3,000 maximum benefit per calendar year on regular dentistry $1,500 lifetime maximum on Orthodontia
Vision Services	**Vision Service Plan (VSP)** $10 co-pay for annual exam Basic lenses or contacts every 12 months $150 allowance for frames every 24 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