

<b>2024 Washoe County Medical Plan Comparison Sheet</b>			
Summary of the group health plans offered through the Health Benefits Program			
	Self-Funded PPO Plan	High Deductible PPO Plan	Surest Plan
<b>Deductibles, Out-of-Pocket Maximums, Participating Hospitals</b>			
Plan Year Deductible <b>(In-Network)</b>	Individual: \$375 Family: \$750	Individual: \$2,600 Family: \$3,200	Not Applicable
Plan Year Deductible <b>(Out-of-Network)</b>	Individual: \$1,000 Family: \$2,000	Individual: \$4,500 Family: \$5,500	Not Applicable Not Applicable
Health Savings Account <b>(Washoe County Contribution)</b>	Not Applicable	Employee Only: \$2,250 Employee + Dependent(s): \$2,500 <i>*If enrolled after 1/1/2024, amount will be prorated based on coverage effective date.</i>	Not Applicable
Plan Year Out of Pocket Max <b>(In-Network)</b>	Individual: \$3,450 Family: \$6,900	Individual: \$5,250 Family: \$6,350	Individual: \$4,000 Family: \$8,000
Plan Year Out of Pocket Max <b>(Out-of-Network)</b> *Provider may balance bill above the out of pocket max	Individual: \$6,675* Family: \$13,350*	Individual: \$10,500* Family: \$10,750*	Individual: \$8,000 Family: \$16,000
Co-insurance <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	Not Applicable
Co-insurance <b>(Out-of-Network)</b>	Plan pays: 60% of U&C after deductible Member pays: Remaining Balance	Plan pays: 60% of U&C after deductible Member pays: Remaining Balance	Not Applicable
Participating Hospitals	Renown, Saint Mary's, Northern Nevada, Sierra Medical Center and Carson-Tahoe	Renown, Saint Mary's, Northern Nevada, Sierra Medical Center and Carson-Tahoe	Renown, Saint Mary's, Northern Nevada, Sierra Medical Center and Carson-Tahoe
<b>Office Visits and Professional Services</b>			
Primary Care Physician <b>(In-Network)</b>	Plan pays: 100% after co-pay Member pays: \$25 co-pay; no deductible	Plan pays: 100% after deductible Member pays: 0% after deductible	\$10-\$65 co-pay
Specialist <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 100% after deductible Member pays: \$0 after deductible	\$10-\$65 co-pay
Telemedicine (Teladoc*)	* \$0 - no deductible	* \$49 before meeting deductible * \$0 after deductible	\$0 co-pay
Preventative Care <b>(In-Network)</b>	0% - no deductible	0% - no deductible	\$0 co-pay
Diagnostic Outpatient Lab <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$0 co-pay \$20-\$600 co-pay Non-Routine/Diagnostic
X-Ray <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$0 co-pay
Complex Imaging(MRI,CT,PET) <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$75 - \$500 co-pay
Physical Therapy <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$10 - \$50 co-pay
Chiropractic <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible Limit 25 visits	Plan pays: 80% after deductible Member pays: 20% after deductible Limit 25 visits	\$15 co-pay Limit 60 visits

Mental Health & Substance Abuse (Outpatient) <b>(In-Network)</b>	Plan pays: 100% Member pays: \$25 co-pay; no deductible	Plan pays: 100% after deductible Member pays: \$0 after deductible	\$10 co-pay
<b>Surgical and Hospital Services</b>			
Inpatient Hospital <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$150-\$2,500 co-pay
Outpatient Surgery <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$20 - \$2,500 co-pay
Maternity <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$625 - \$1,375 co-pay
Emergency Room <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: \$75 co-pay + 20% after deductible	Plan pays: 80% after deductible Member Pays: 20% after deductible	\$325 co-pay
Urgent Care <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$30 co-pay
Ambulance <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$160 co-pay
Substance Abuse (In-Patient) <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$1,600 co-pay
Skilled Nursing Facility <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member Pays: 20% after deductible	\$1,200 co-pay
Home Health Care <b>(In-Network)</b>	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member Pays: 20% after deductible	\$30 co-pay
Vision Services	See below	See below	See below
<b>Prescription Drugs</b>			
	<b>Deductible Does Not Apply</b>	<b>After Deductible</b>	<b>Deductible Not Applicable</b>
	Generic: \$7 co-pay	Generic: \$7 co-pay	Tier 1: \$15 co-pay
	Preferred brand: \$30 co-pay	Preferred brand: \$30 co-pay	Tier 2: \$40 co-pay
	Non-preferred brand: \$50 co-pay	Non-preferred brand: \$50 co-pay	Tier 3: \$60 co-pay
<b>Prescription Drugs</b>			
Specialty	ShaRx Advocacy Program	ShaRx Advocacy Program	\$170 - \$230
Mail Order Benefit	3 months for 2 co-pays Mandatory for Maintenance Drugs	3 months for 2 co-pays after deductible Mandatory for Maintenance Drugs	3 months for 2.5 co-pays
Rx Maximum	Combined with Medical	Combined with Medical	Combined with Medical
<b>All Enrollees are covered by the following</b>			
Dental Services	<b>Self-funded Dental Plan</b> \$50 Calendar year deductible on Basic, Major, and Orthodontic services Preventative - 100%, Basic - 80%, Major - 50%, Orthodontic - 50% \$3,000 maximum benefit per calendar year \$1,500 lifetime maximum on Orthodontic		
Vision Services	<b>Vision Service Plan (VSP)</b> \$10 co-pay for annual exam Basic lenses or contacts every 12 months \$175 allowance for frames every 24 months		
Life Insurance	<b>Enrollee:</b> \$20,000 when under 65; \$13,000 when age 65-69; \$7,000 when age 70 and over. <b>Covered Dependents:</b> \$1,000		