

Nevada 1500 (60/40) Plan

Medical Deductible, Rx Deductible, and Out-of-Pocket Maximum	Individual	Family
Calendar Year Deductible	\$1,500	\$3,000
Rx Deductible is per person (no family maximum) (Optional Benefit)	\$250	N/A
Out-of-Pocket Maximum (includes deductible)	\$3,000	\$6,000
Lifetime Maximum Per Person	\$2,000,000	N/A
Professional Services	PLAN PAYS:	
	PPO	Non-PPO
	THE CALENDAR YEAR DEDUCTIBLE IS WAIVED UP TO A COMBINED TOTAL OF \$500 FOR ALL MEDICAL SERVICES (EXCEPT WHERE OTHERWISE SPECIFIED)	
Office Visit*	60%	40%
Well Child	80% (Deductible waived, see policy for details).	60% (Deductible waived, see policy for details).
Preventive Care (Insureds 19 or older have \$300 annual maximum)*	60%	40%
Maternity Care*	60%	40%
Urgent Care Clinic/Emergency Room*	60%	40%
Facility Services	PLAN PAYS:	
	PPO	Non-PPO
	THE CALENDAR YEAR DEDUCTIBLE IS WAIVED UP TO A COMBINED TOTAL OF \$500 FOR ALL MEDICAL SERVICES (EXCEPT WHERE OTHERWISE SPECIFIED)	
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)*	60%	40%
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)*	60%	40%
Emergency Room*	60%	40%
Inpatient Mental Illness Care*	Eligible expenses are paid at up to a maximum of 40 days for Severe Mental Illness and 15 days for non-Severe Mental Illness each calendar year.	
Outpatient Mental Illness*	Eligible outpatient visits are limited to 40 visits for Severe Mental Illness (excluding visits for the management of medication) and 25 visits for non-Severe Mental Illness each calendar year.	
Alcohol or Substance Abuse*	Expenses for treatment for withdrawal from the physiological effects are covered up to a maximum of \$1,500 per calendar year. Inpatient treatment is covered up to a maximum of \$9,000 per calendar year. Outpatient counseling is covered up to a maximum of \$2,500 per calendar year.	
Miscellaneous	PLAN PAYS:	
	PPO	Non-PPO
	THE CALENDAR YEAR DEDUCTIBLE IS WAIVED UP TO A COMBINED TOTAL OF \$500 FOR ALL MEDICAL SERVICES (EXCEPT WHERE OTHERWISE SPECIFIED)	
Prescriptions (Optional Benefit)	After per person deductible, member pays the greater of \$10 or 25% for generic prescription drugs and the greater of \$50 or 50% for brand prescription drugs. (For prescription deductible, please refer to deductible information listed above.) Annual Prescription Drug Maximum is \$3,000. Prescription drugs are ineligible for the \$500 pre-deductible benefit.	
Ambulance Services*	The benefit for ground ambulance is limited to \$1,000 per occurrence and the benefit for air ambulance is limited to \$10,000 per occurrence.	
Durable Medical Equipment*	50% up to a maximum benefit of \$3,000 per Calendar Year. Certain types of Equipment are paid at 50% up to a maximum benefit of \$7,500 per Calendar Year. Please see policy for specific details.	
Prosthetics*	50% for a natural limb or eye which is lost while insured. (Only the initial prosthesis is eligible to a maximum payable amount of \$5,000 by plan.)	
Colonoscopies*	60%	40%
Mammograms*	Subject to the guidelines of the American Cancer Society	
Circumcision*	60%	40%
Sleep Studies*	Subject to the following guidelines: One baseline for women between ages 35 and 39; and annually for women 40 years or older.	
Sleep Apnea*	If performed within 30 days of birth or adoption to a maximum plan payment of \$150.	
Diabetes*	50% of eligible expenses to a lifetime maximum plan payment of \$1,000.	
Chiropractic*	50% of eligible expenses to a lifetime maximum plan payment of \$5,000.	
Organ Transplants	60% of expenses related to diagnosis, monitoring, treatment, control, and education for self-management of diabetes.	
	60%	40%
	Plan payment will not exceed \$1,000 per calendar year (\$1,000 limitation does not apply for treatment rendered within six months of spinal surgery)	
	Please see policy for specific details.	
*The \$500 pre-deductible benefit for these services is per person per calendar year. Deductible applies once the \$500 benefit has been met. Amounts paid by the insured for these services prior to the satisfaction of the \$500 benefit do not apply toward the satisfaction of the deductible.		

This is a partial summary of benefits only. The benefit booklet contains complete benefits, exclusions and limitations and is the governing document. Preexisting conditions are excluded from coverage for a period of 12 months (18 months for late enrollees), however, credit will be given toward the satisfaction of the preexisting condition exclusionary period for prior creditable coverage.