

Nevada 80/60 Plans

Medical Deductible, Rx Deductible, and Out-of-Pocket Maximum	Individual		Family
	In-Network	Out-of-Network	
Calendar Year Deductible and Rx Deductible (Rx Deductible is per person, no family maximum)	\$150 (Rx \$50)		\$450
	\$300 (Rx \$75)		\$900
	\$500 (Rx \$100)		\$1,500
	\$1,000 (Rx \$200)		\$3,000
Out-of-Pocket Maximum (includes deductible and eligible charges paid by insured)			No individual may contribute more than one-half of the family out-of-pocket maximum and each individual must satisfy an individual deductible (unless the family deductible has been satisfied).
	\$150 Deductible	\$2,000	\$4,000
	\$300 Deductible	\$2,000	\$4,000
	\$500 Deductible	\$4,000	\$8,000
	\$1000 Deductible	\$4,000	\$8,000
Lifetime Maximum Per Person	\$2,000,000		N/A
Professional Services	Plan Pays:		
	PPO	Non-PPO	
Office Visit*	80% (After Deductible)	60% (After Deductible)	
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)**	80% (After Deductible)	60% (After Deductible)	
Maternity Care	80% (After Deductible)	60% (After Deductible)	
Urgent Care Clinic/Emergency Room	80% (After Deductible)	60% (After Deductible)	
*Copay option available on the \$150 and \$300 Deductibles. \$150 Deductible is \$10 In-network / \$20 Out-of-network; \$300 Deductible is \$15 In-network / \$30 Out-of-network			
**\$300 preventive care benefit is paid before deductible on the \$150 deductible and the \$300 deductible plans			
Facility Services	Plan Pays:		
	PPO	Non-PPO	
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)	80% (After Deductible)	60% (After Deductible)	
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)	80% (After Deductible)	60% (After Deductible)	
Emergency Room	80% (After Deductible)	60% (After Deductible)	
Inpatient Treatment for Severe Mental Illness and Mental Illness	80% (After Deductible)	60% (After Deductible)	
	Eligible expenses are paid at up to a maximum of 40 days for Severe Mental Illness and 15 days for Mental Illness each calendar year.		
Outpatient Severe Mental Illness and Mental Illness	80% (After Deductible)	60% (After Deductible)	
	Eligible outpatient visits are limited to 40 visits for Severe Mental Illness (excluding visits for the management of medication) and 20 visits for Mental Illness covered by plan per calendar year.		
Alcohol or Substance Abuse	80% (After Deductible)	60% (After Deductible)	
	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	
Prescriptions	After the per person deductible, the member pays the greater of \$10 or 20% for generic prescription drugs and the greater of \$30 or 30% for brand prescription drugs. (For prescription deductible, please refer to deductible information listed above.)		
Ambulance Services	80% (After Deductible)	60% (After Deductible)	
	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	80% up to a maximum benefit of \$3,000 per Calendar Year. Certain types of Equipment are paid at 80% up to a maximum benefit of \$7,500 per Calendar Year. Please see policy for specific details.		
Chiropractic	80% (After Deductible)	60% (After Deductible)	
	Subject to a maximum benefit payment of \$35 per visit and not to exceed a maximum of 25 visits per calendar year (maximum benefit limitation for visits does not apply for treatment rendered within six months of spinal surgery)		
Prosthetics	80% (after deductible) 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	80% (After Deductible)	60% (After Deductible)	
	Subject to the guidelines of the American Cancer Society		
Mammograms	80% (After Deductible)	60% (After Deductible)	
	Subject to the following guidelines: One baseline for women between ages 35 and 40; and annually for women 40 years or older.		
Circumcision	80% (After Deductible)	60% (After Deductible)	
	If performed within 30 days of birth or adoption to a maximum plan payment of \$150.		
Sleep Apnea	50% (after deductible) of eligible expenses to a lifetime maximum plan payment of \$5,000.		
Organ Transplants	Please see policy for specific details.		

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.