

Nevada 1500 (60/40) Plan

Applicable to plans that existed prior to March 23, 2010 and are grandfathered under federal health care law.

Medical Deductible, Rx Deductible, and Out-of-Pocket Maximum	Individual	Family
Calendar Year Deductible (Medical deductible applies unless specifically stated otherwise.)	\$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
Annual Maximum Per Person	\$2,000,000	N/A
Professional Services	PPO	Non-PPO
	PLAN PAYS: 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 Baby (as set forth in the policy)	80% (Not subject to Deductible)	60% (Not subject to Deductible)
Well Child (as set forth in the policy)	60%	40%
Preventive Care (Insureds 19 or older have \$500 annual maximum)*	60%	40%
Maternity Care*	60%	40%
Urgent Care Clinic/Emergency Room*	60%	40%
Facility Services	PPO	Non-PPO
	PLAN PAYS: 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**	60%	40%
Outpatient Mental Illness**	60%	40%
Alcohol or Substance Abuse**	60%	40%
Inpatient and Outpatient Treatment of Mental Illness***	60%	40%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse***	60%	40%
^These are the benefits for mental illness and alcohol or substance abuse for small employers (employers with 50 or fewer employees).		
**There are two employer options for mental illness and alcohol or substance abuse for large employers (employers with 51 or more employees). (1) The one listed above ("parity"), or (2) no mental illness and alcohol or substance abuse coverage.		
Miscellaneous	PPO	Non-PPO
	PLAN PAYS: 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.) Prescription drugs are ineligible for the \$500 pre-deductible benefit.	
Ambulance Services*	60%	40%
Durable Medical Equipment*	60%	40%
Prosthetics*	50%	40%
Colonoscopies*	60%	40%
Mammograms*	60%	40%
Circumcision*	60%	40%
Sleep Studies*	60%	40%
Sleep Apnea*	60%	40%
Diabetes*	60%	40%
Chiropractic*	60%	40%
Organ Transplants	60%	40%
	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. Children 18 and younger are exempt from the preexisting condition exclusion.