

NAHAC

Medical Plan & Rate Analysis

Effective 09-01-2018 to 08-31-2019



CAPSTONE | RISK MANAGEMENT INSURANCE

HPN / SHL

	Option 1 Health Plan of NV HMO GOLD 30/500/80%	Option 3 Sierra Health and Life PPO Silver 25/1500/80%	Option 2 Health Plan of NV HMO Platinum 15/0/90%
Benefits			
Provider Network	Southwest Medical	SHL / UHC	Southwest Medical
Cal Year Deductible	In-Network Only	In-Network Only	In-Network Only
Individual	\$500	\$1,500	\$0
Family	\$1,000	\$3,000	\$0
Coinsurance	80 / 20	80 / 20	90 / 10
Coinsurance Maximum			
Individual	\$7,350	\$7,350	\$7,350
Family	\$14,700	\$14,700	\$14,300
Office Visits & Hospitalization			
PCP Office Visit	\$30 per visit	\$25 per visit	\$15 per visit
Preventive Care	Covered in full	Covered in full	Covered in full
Specialist Office Visit	\$60 per visit	\$50 per visit	\$15 per visit
TeleMedicine Services	\$10 per visit	\$10 per visit	\$10 per visit
In Patient Hospitalization	After CYD, HPN pays 80%	After CYD, SHL pays 80%	\$300 per day (\$900 max)
Out Patient Hospitalization	After CYD, HPN pays 80%	After CYD, \$500 per surgery	HPN pays 90%
Physician Surgical Services			
Performed as a hospital inpatient	After CYD, HPN pays 80%	After CYD, SHL pays 80%	HPN pays 90%
Anesthesia	\$250 per surgery	After CYD, SHL pays 80%	HPN pays 90%
Emergency Services			
ER (CYD waived if admitted)	\$500 per visit	\$1,000 per visit	\$500 per visit
Urgent Care	\$35 per visit	\$50 per visit	\$35 per visit
Routine Lab & X Ray			
Routine Laboratory Services	\$20 per visit	\$25 per visit	\$5 per visit
Routine X-ray	\$40 per test	\$50 per visit	\$15 per visit
Prescription Drugs			
Tier 1	\$15	\$25	\$10
Tier 2	\$40	\$50	\$30
Tier 3	\$70	\$75	\$60
Tier 4	\$300	After CYD, \$350	\$250

THIS COMPARISON IS FOR ILLUSTRATIVE PURPOSES ONLY. PLEASE REFER TO PLAN BROCHURES AND THE CARRIER'S QUOTE FOR COMPLETE BENEFIT AND RATE INFORMATION