

NEVADA AFFORDABLE HOUSING ASSISTANCE CORP

Medical Plan & Rate Analysis

3rd Quarter 2021 Rates- Effective Sept 1, 2021

Current & Renewal Plan Options- HPN & SHL	Current HMO Base Plan Option I		New 2021 "Mapped" HMO Base Plan Option I		Current PPO Plan Option II		New 2021 "Mapped" PPO Plan Option II		Current HMO "Buy-Up" Plan Option III		Alternative HMO "Buy-Up" Plan Option III	
	Health Plan of Nevada HMO Solutions Gold 30/500/20%		Health Plan of Nevada HMO Solutions Gold 30/500/30%		Sierra Health and Life PPO Solutions Silver 25/1500/20%		Sierra Health and Life PPO Solutions Silver 25/1700/20%		Health Plan of Nevada HMO Solutions Platinum 15/0/10%		Health Plan of Nevada HMO Solutions Gold 10/1000/IP	
Benefits	Health Plan of Nevada (Las Vegas Only)		Health Plan of Nevada (Las Vegas Only)		Sierra Health (NV) / UHC- National		Sierra Health (NV) / UHC- National		Health Plan of Nevada (Las Vegas Only)		Health Plan of Nevada (Las Vegas Only)	
Provider Network	In-Network Benefits		In-Network Benefits		In-Network Benefits		In-Network Benefits		In-Network Benefits		In-Network Benefits	
Cal Year Deductible												
Individual	\$500		\$500		\$1,500	\$1,700	\$1,500	\$1,700	\$0		\$0	
Family	\$1,000		\$1,000		\$3,000	\$3,400	\$3,000	\$3,400	\$0		\$0	
Coinsurance	80/20		70/30		80/20	80/20	80/20	80/20	90/10		N/A	
Out of Pocket Maximum												
Individual	\$8,150		\$8,500		\$7,350	\$8,550	\$7,350	\$8,550	\$7,350		\$7,000	
Family	\$16,300		\$17,000		\$14,700	\$17,100	\$14,700	\$17,100	\$14,700		\$14,000	
Office Visits & Hospitalization												
* PCP Office Visit	\$30 per visit		\$30 per visit		\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$15 per visit		\$10 per visit	
Preventive Care	100% Covered		100% Covered		100% Covered	100% Covered	100% Covered	100% Covered	100% Covered		100% Covered	
Specialist Office Visit	\$70 per visit		\$70 per visit		\$50 per visit	\$80 per visit	\$50 per visit	\$80 per visit	\$15 per visit		\$30 per visit	
TeleMedicine Services	\$0 per visit		\$0 per visit		\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit		\$0 per visit	
In Patient Hospitalization	After CYD, Mbr pays 20% coins		After CYD, Mbr pays 30% coins		After CYD, Mbr pays 20%	After CYD, Mbr pays 20%	After CYD, Mbr pays 20%	After CYD, Mbr pays 20%	\$300 copay per day w/ \$900 max per admit		Mbr pays \$1,000 per admit	
Out Patient Hospitalization	After CYD, Mbr pays 20% coins		After CYD, Mbr pays 30% coins		After CYD, Mbr pays \$500 per surgery	After CYD, Mbr pays \$500 per surgery	After CYD, Mbr pays \$500 per surgery	After CYD, Mbr pays \$500 per surgery	Mbr pays 10% coinsurance		Mbr pays \$400 per surgery	
Physician Surgical Services												
Performed as a hospital inpatient	After CYD, Mbr pays 20% coins		After CYD, Mbr pays 30% coins		After CYD, Mbr pays 20%	After CYD, Mbr pays 20%	After CYD, Mbr pays 20%	After CYD, Mbr pays 20%	Mbr pays 10% coinsurance		Mbr pays \$100 per surgery	
Anesthesia	After CYD, Mbr pays 20% coins		After CYD, Mbr pays 30% coins		After CYD, Mbr pays 20%	After CYD, Mbr pays 20%	After CYD, Mbr pays 20%	After CYD, Mbr pays 20%	Mbr pays 10% coinsurance		Mbr pays \$100 per surgery	
Emergency Services												
ER (Ded waived if admitted)	\$750 copay per visit		\$1,000 copay per visit		Mbr pays \$1,000 copay per visit	Mbr pays \$500 copay per visit	Mbr pays \$1,000 copay per visit	Mbr pays \$500 copay per visit	\$500 copay per visit		Mbr pays \$500 copay per visit	
Urgent Care	\$35 per visit		\$35 per visit		\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit	\$35 per visit		Mbr pays \$10 per visit	
Routine Lab & X Ray												
Routine Laboratory Services	\$20 per visit		\$20 per visit		\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$5 per visit		Mbr pays \$5 per visit	
Routine X-ray	\$40 per visit		\$40 per visit		\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit	\$15 per visit		Mbr pays \$10 per visit	
Prescription Drugs												
*Deductible	\$50		\$50		\$350	\$350	\$350	\$350	None		None	
Tier 1	\$0		\$5		\$25	\$25	\$25	\$25	\$10		\$15	
Tier 2	\$50		\$50		\$50	\$50	\$50	\$50	\$30		\$40	
Tier 3	\$75		\$75		\$75	\$75	\$75	\$75	\$60		\$70	
*Tier 4	After Rx CYD, 50% coins		After Rx CYD, 50% coins		After CYD, \$350 copay	After CYD, Mbr pays \$350	After CYD, \$350 copay	After CYD, Mbr pays \$350	\$250		\$300	
Mail-Order	See Plan Description		See Plan Description		See Plan Description	See Plan Description	See Plan Description	See Plan Description	See Plan Description		See Plan Description	
Est. Monthly Cost - Premium	\$544.95			\$596.25	\$2,430.12			\$2,782.11	\$1,102.67	\$1,152.43		\$1,152.43
Est. Annual Cost - Premium	\$6,539.40			\$7,155.00	\$29,161.44			\$33,385.32	\$13,232.04	\$13,829.16		\$13,829.16
Percentage change from Current				9.41%				14.48%		4.51%		4.51%
Cost Change from Current (Monthly)				\$51.30				\$351.99		\$49.76		\$49.76

This is for illustrative and comparison purposes only. Please refer to the carriers proposal, Schedule A and summary benefit of coverage

* Members under age 19 pay \$0 for an Office Visit
* CYD -- Calendar Year Deductible

COMPREHENSIVE INSURANCE SOLUTIONS

