

2025 Washoe County Medical Plan Comparison Sheet			
Summary of the group health plans offered through the Health Benefits Program			
	Self-Funded PPO Plan	High Deductible PPO Plan	Surest Plan
Deductibles, Out-of-Pocket Maximums, Participating Hospitals			
Plan Year Deductible (In-Network)	Individual: \$375 Family: \$750	Individual: \$2,600 Family: \$3,300	Not Applicable
Plan Year Deductible (Out-of-Network)	Individual: \$1,000 Family: \$2,000	Individual: \$4,500 Family: \$5,500	Not Applicable Not Applicable
Health Savings Account (Washoe County Contribution)	Not Applicable	Employee Only: \$2,250 Employee + Dependent(s): \$2,500 <i>*If enrolled after 1/1/2025, amount will be prorated based on coverage effective date.</i>	Not Applicable
Plan Year Out of Pocket Max (In-Network)	Individual: \$1,450 medical \$2,000 pharmacy Family: \$2,900 medical \$4,000 pharmacy	Individual: \$5,250 Family: \$6,350	Individual: \$4,000 Family: \$8,000
Plan Year Out of Pocket Max (Out-of-Network) <i>*Provider may balance bill above the out of pocket max</i>	Individual: \$6,675* Family: \$13,350*	Individual: \$10,500* Family: \$10,750*	Individual: \$8,000 Family: \$16,000
Co-insurance (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	Not Applicable
Co-insurance (Out-of-Network)	Plan pays: 60% of U&C after deductible Member pays: Remaining Balance	Plan pays: 60% of U&C after deductible Member pays: Remaining Balance	Not Applicable
Participating Hospitals	Renown, Saint Mary's, Northern Nevada, Sierra Medical Center and Carson-Tahoe	Renown, Saint Mary's, Northern Nevada, Sierra Medical Center and Carson-Tahoe	Renown, Saint Mary's, Northern Nevada, Sierra Medical Center and Carson-Tahoe
Office Visits and Professional Services			
Primary Care Physician (In-Network)	Plan pays: 100% after co-pay Member pays: \$25 co-pay; no deductible	Plan pays: 100% after deductible Member pays: 0% after deductible	\$10-\$65 co-pay
Specialist (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 100% after deductible Member pays: \$0 after deductible	\$10 - \$65 co-pay
Telemedicine Teladoc* Dr. On Demand**	* \$0 - no deductible	* \$54 before meeting deductible * \$0 after deductible	**\$0 co-pay
Preventative Care (In-Network)	0% - no deductible	0% - no deductible	\$0 co-pay
Diagnostic Outpatient Lab (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$0 co-pay \$20 - \$600 co-pay Non-Routine/Diagnostic
X-Ray (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$0 co-pay
Complex Imaging(MRI,CT,PET) (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$60 - \$450 co-pay
Physical Therapy (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$10 - \$50 co-pay
Chiropractic (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible 25 visits	Plan pays: 80% after deductible Member pays: 20% after deductible 25 visits	\$15 co-pay Limit 60 visits
Mental Health & Substance Abuse (Outpatient) (In-Network)	Plan pays: 100% Member pays: \$25 co-pay; no deductible	Plan pays: 100% after deductible Member pays: \$0 after deductible	\$10 co-pay

Weight-Loss Program	\$25 co-pay	Plan pays: 100% after deductible	Not Applicable
Surgical and Hospital Services			
Inpatient Hospital (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$150 - \$2,500 co-pay
Outpatient Surgery (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$20 - \$2,500 co-pay
Maternity (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$625 - \$1,375 co-pay
Emergency Room (In-Network)	Plan pays: 80% after deductible Member pays: \$75 co-pay + 20% after deductible	Plan pays: 80% after deductible Member Pays: 20% after deductible	\$350 co-pay
Urgent Care (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$35 co-pay
Ambulance (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$160 co-pay
Substance Abuse (In-Patient) (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member pays: 20% after deductible	\$1,600 co-pay
Skilled Nursing Facility (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member Pays: 20% after deductible	\$1,200 co-pay
Home Health Care (In-Network)	Plan pays: 80% after deductible Member pays: 20% after deductible	Plan pays: 80% after deductible Member Pays: 20% after deductible	\$30 co-pay
Vision Services	See below	See below	See below
Prescription Drugs			
	Deductible Does Not Apply	After Deductible	Deductible Not Applicable
	Generic: \$7 co-pay	Generic: \$7 co-pay	Tier 1: \$10 co-pay
	Preferred brand: \$30 co-pay	Preferred brand: \$30 co-pay	Tier 2: \$35 co-pay
	Non-preferred brand: \$50 co-pay	Non-preferred brand: \$50 co-pay	Tier 3: \$70 co-pay
Prescription Drugs			
Specialty	ShaRx Advocacy Program	ShaRx Advocacy Program	\$170 - \$230
Mail Order Benefit	3 months for 2 co-pays Mandatory for Maintenance Drugs	3 months for 2 co-pays after deductible Mandatory for Maintenance Drugs	3 months for 2.5 co-pays
Rx Maximum	\$2,000 individual \$4,000 family	Combined with Medical	Combined with Medical
All Enrollees are covered by the following			
Dental Services	Self-funded Dental Plan \$50 Calendar year deductible on Basic, Major, and Orthodontic services Preventative - 100%, Basic - 80%, Major - 50%, Orthodontic - 50% \$3,000 maximum benefit per calendar year \$1,500 lifetime maximum on Orthodontic		
Vision Services	Vision Service Plan (VSP) \$10 co-pay for annual exam Basic lenses or contacts every 12 months \$175 allowance for frames every 12 months		
Life Insurance	Enrollee: \$20,000 when under 65; \$13,000 when age 65-69; \$7,000 when age 70 and over. Covered Dependents: \$1,000		