

# NEVADA BUILDERS ALLIANCE BENEFIT GUIDE



Statewide HMO with no specialist referrals for members

In-Network Benefits	GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL				
	HMO 1	HMO 2	HMO 3	HMO Freedom 4	PPO 1
<b>Calendar Year Deductible (CYD)</b>					
Single	\$1,500	\$3,000	\$5,000	\$5,000	\$2,500
Family	\$4,500	\$9,000	\$10,000	\$10,000	\$7,500
<b>Coinsurance</b>					
	30%	30%	30%	30%	30%
<b>Out-of-Pocket Maximum</b>					
Single	\$5,500	\$6,600	\$6,600	\$6,600	\$6,600
Family	\$10,000	\$13,200	\$13,200	\$13,200	\$13,200
<b>Provider Office Visits</b>					
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$30 copay
Specialist	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$60 copay
<b>Emergent/Urgent Care</b>					
Ambulance – Ground & Air	CYD/\$200 copay	CYD/30%	CYD/30%	CYD/30%	CYD/30%
Emergency Room	\$500 copay	\$750 copay	\$750 copay	\$750 copay	CYD/\$750 copay
Urgent Care	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
<b>Hospital/Facility/Surgical</b>					
Outpatient Surgical & Observation	\$500 copay	CYD/30%	CYD/30%	\$750 copay	CYD/30%
Inpatient Hospital	CYD/30%	CYD/30%	CYD/30%	CYD/30%	CYD/30%
<b>Pharmacy</b>					
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge
Generic	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Preferred Brand	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Non-Preferred Brand	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Specialty	20%	20%	20%	20%	20%
<b>Radiology</b>					
Routine X-Ray & Diagnostic	\$25 copay	\$25 copay	\$25 copay	\$25 copay	30%
CT Scan & MRI	\$250 copay	\$250 copay	\$250 copay	\$250 copay	30%
Complex Diagnostic	\$250 copay	\$350 copay	\$350 copay	\$250 copay	30%
<b>Maternity</b>					
Prenatal care & delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery
Delivery Room & Well-baby Hospital	CYD/30%	CYD/30%	CYD/30%	CYD/30%	CYD/30%
<b>Mental Health/Alcohol &amp; Drug Abuse Services</b>					
Inpatient	CYD/30%	CYD/30%	CYD/30%	CYD/30%	CYD/30%
Outpatient	\$500 copay	CYD/30%	CYD/30%	\$750 copay	CYD/30%
Office Visit	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$30 copay
<b>Lab and Pathology</b>					
	No Charge	No Charge	CYD/\$0	No Charge	No Charge
<b>Durable Medical Equipment</b>					
	CYD/30%	CYD/30%	CYD/30%	CYD/30%	CYD/30%
<b>NEW BENEFIT! Pediatric Dental (up to age 19) Diagnostic &amp; Preventive</b>					
	No Charge	No Charge	No Charge	No Charge	No Charge
<b>NEW BENEFIT! Pediatric Vision (up to age 19) Eye Exam</b>					
	No Charge	No Charge	No Charge	No Charge	No Charge

Refer to the Summary of Benefits document for benefit details, limitations and exclusions.  
This document is for plan comparison purposes only.