

Benefits at a Glance – State Of Nevada (PEBP)

This is a partial list of the benefits available for discussions only and should not be construed as a complete list of benefits.

Benefits	2009 Value Group-803	2010 Value Group-803	Changes 2009 to 2010
Monthly Plan Premium	See PEBP Administrator	See PEBP Administrator	See PEBP Administrator
Part B Premium	No Rebate	No Rebate	
Maximum Out-of-Pocket	\$3,500 per year	\$3,000 per year	\$500 less per year
Out of network benefits	Not covered	Not covered	
PCP Office Visits	\$15 – PCP	\$15 – PCP	
Specialist Office Visits	\$40 – Specialist	\$40 – Specialist	
Inpatient Hospital	\$200 / 4 days*	\$150 / 4 days*	\$50 less per day
Skilled Nursing	\$200 per admit / \$50 day-35	\$0 per admit / \$50 day (16-100)	Eliminate admit copay
Home Health Care	\$0 per visit	\$0 per visit	
Emergency Room Care	\$50 per visit	\$50 per visit	
Urgently Need Care	\$20 per visit	\$20 per visit	
Ambulance Services	\$150 per trip	\$150 per trip	
Diagnostic and X-Ray	\$50 per visit	\$50 per visit	
Routine Lab Services	\$0 per visit	\$0 per visit	
Same Day Surgery	\$200 per visit	\$150 per visit	\$50 less per day
Preventive Services	No copayment	No copayment	
Diabetic Supplies	20%	20%	
Vision (Routine Coverage)	\$20 per exam - \$125 allow	\$20 per exam - \$125 allow	
Fitness Club Access	Silver&Fit included	Silver&Fit included	
Rx–Coverage in the Gap	All drugs in the Gap	All drugs in the Gap	
Rx–Deductible	No Deductible	No Deductible	
Rx–Preferred Generic	\$4 (30-day supply)	\$2 (30-day supply)	\$2 less per 30-day supply
Rx–Non-Preferred Generic	\$4 (30-day supply)	\$6 (30-day supply)	\$2 more per 30-day supply
Rx–Preferred Brand	\$40 (30-day supply)	\$35 (30-day supply)	\$5 less per 30-day supply
Rx–Non-Preferred Brand	\$70 (30-day supply)	\$70 (30-day supply)	
Rx–Specialty	\$100 (30-day supply)	33% coins (30-day supply)	Change to coinsurance
Rx–90-day supply	2.5 times 30-day supply	2.5 times (30-day supply)	
Over-the-Counter Drugs	<i>omeprazole,loratadine,cetirizine</i>	<i>omeprazole,loratadine,cetirizine</i>	<i>Added lansoprazole</i>
Hearing Aid Coverage	Not covered	\$300 allowance (every 3 years)	New Benefit
Dental Coverage	State covered	State covered	

**Service Period - There are no additional copayments for Inpatient Hospital-Acute Services when readmitted to a contracted facility during a "service" period or within 30 days of last discharge. A "service" period starts the day you go into a hospital and ends when you go for 30 days without hospital care. If you go into the hospital after one "service" period has ended, a new "service" period begins. You must pay the inpatient hospital copayments for each "service" period. There is no limit to the number of "service" periods you can have in one year.*