

## Clark County School District Support Staff 2017 Benefit Overview

Plan Name	HMO 1	HMO 2	POS Plan 1			POS Plan 2			PPO Diamond	
Provider Network (HMO/Plan/Non-Plan)	HMO	HMO	HMO	Plan	Non-Plan	HMO	Plan	Non-Plan	Plan	Non-Plan
Calendar Year Deductible per EE	N/A	N/A	N/A	\$1,000	\$2,000	N/A	\$2,000	\$4,000	\$1,000	\$2,000
Calendar Year Deductible per Fam	N/A	N/A	N/A	\$2,000	\$4,000	N/A	\$4,000	\$8,000	\$2,000	\$4,000
Out of Pocket Max - Employee	\$6,850	\$7,100	\$6,850		\$13,700	\$6,850		\$13,700	\$6,850	\$13,700
Out of Pocket Max - Family	\$13,700	\$14,200	\$13,700		\$27,400	\$13,700		\$27,400	\$13,700	\$27,400
<b>Medical Benefits</b>	All benefits paid at a percentage are subject to calendar year deductible, and paid based on eligible medical expense (EME).									
Convenient Care/NowClinic Copay	\$10 Copay	\$10 Copay	\$10 Copay	30%	50%	\$10 Copay	\$25 Copay	50%	\$10 Copay	50%
Primary Care Provider Copay	\$20 Copay	\$25 Copay	\$15 Copay	30%	50%	\$15 Copay	\$30 Copay	50%	\$20 Copay	50%
Specialist Copay	\$40 Copay	\$50 Copay	\$30 Copay	30%	50%	\$30 Copay	\$60 Copay	50%	\$35 Copay	50%
Laboratory Copay	\$10 Copay	\$10 Copay	\$10 Copay	30%	50%	\$10 Copay	\$25 Copay	50%	\$10 Copay	50%
Routine Radiology Copay	\$20 Copay	\$20 Copay	\$20 Copay	30%	50%	\$20 Copay	\$50 Copay	50%	\$30 Copay	50%
Urgent Care Copay	\$35 Copay	\$35 Copay	\$40 Copay (Paid thru HMO Benefit)			\$40 Copay (Paid thru HMO Benefit)			\$20 Copay	50%
Emergency Room Visit	\$500 Copay	\$750 Copay	\$500 Copay (Paid thru HMO Benefit)			\$1,000 Copay (Paid thru HMO Benefit)			\$500 per visit + 20% EME	
Inpatient Hospital Stay or Surgery	\$750 per Admission	\$1,500 per admission + 30% EME	\$500/day; \$1,500 max.	30%	50%	\$1,000/day; \$3,000 max.	30%	50%	20%	50%
Outpatient Hospital Surgery	\$500 per Surgery	\$750 per Surgery	\$500 per Surgery	30%	50%	\$500 per Surgery	30%	50%	20%	50%
Ambulatory Surgical Facility	\$100 per Surgery	\$100 per Surgery	\$100 per Surgery	30%	50%	\$100 per Surgery	30%	50%	20%	50%
Rx Copays	\$10/\$35/\$60	\$20/\$50/\$75	\$10/\$35/\$60			\$20/\$40/\$60			\$10/\$50/\$80	
<b>Employee contributions per paycheck (20 payrolls)</b>										
Employee Only	\$41.90	\$0.00	\$75.90			\$61.90			\$75.90	
Employee + 1	\$161.30	\$66.73	\$275.30			\$191.30			\$275.30	
Employee + 2 (or more)	\$245.40	\$99.23	\$506.40			\$280.40			\$506.40	
Two District Employees (Couple)	\$50.00	\$0.00	\$84.90			\$57.90			\$84.90	
Two District Employees (Family)	\$140.90	\$0.00	\$296.90			\$186.90			\$296.90	

Please refer to your health plan's Evidence of Coverage and plan documents for further details and specific plan information.