

Benefits at a Glance Washoe County EGWP Rate sheet 1/1/2021 to 12/31/2021

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

| Benefits | 2020 Value Group - 803 Washoe County |
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| Beneficiary Eligibility for Membership | Reside in Nevada and have Part A&B |
| Monthly Plan Premium | \$180 |
| Maximum Out-of-Pocket | \$2,500 per year |
| Out of network benefits | Not covered |
| PCP Office Visits | \$10 per visit |
| Specialist Office Visits | \$25 per visit |
| Inpatient Hospital | \$175 / 3 days (* per period) |
| Skilled Nursing | \$20 day 1-20 / \$100 day (21-34) |
| Home Health Care | \$0 per visit |
| Emergency Room Care | \$75 per visit |
| Urgently Need Care | \$10 / \$20 per visit |
| Ambulance Services | \$150 per trip |
| Diagnostic and X-Ray | \$20 / \$40 / \$60 per visit |
| Routine Lab Services | \$0 per visit |
| Same Day Surgery | \$175 per visit |
| Preventive Services | No copayment |
| Diabetic Supplies | 10 % per supply |
| Durable Medical Equipment | 10 % per item |
| Chiropractic Services | \$10 per visit |
| Outpatient Rehabilitation Services | \$10 per visit |
| Vision (Routine Coverage) | \$25 per exam - \$150 allowance |
| Fitness Club Access | \$20 Max Monthly Reimbursement |
| Rx-Coverage in the Gap | Gap coverage for Generic drugs(Tiers 1, 2, 3, and 4) |
| Rx-Deductible | No Deductible |
| Rx-Preferred Generic (1) Standard / Preferred | \$2 / \$8 (30-day supply) |
| Rx-Non-Preferred Generic (2) Standard / Preferred | \$8 / \$16 (30-day supply) |
| Rx-Preferred Brand (3) Standard / Preferred | \$41 / \$47 (30-day supply) \$112.50 (90-day) |
| Rx-Non-Preferred Brand (4) Standard / Preferred | \$94 / \$100 (30-day supply) \$237.50 (90-day) |
| Rx-Specialty (5) | 33% coins (30-day supply) |
| Rx-Select (6) | \$0 / \$0 (30-day supply) \$0 (Mail Order) |
| Rx-90-day supply | 2.5 times 30-day supply at retail (2 times 30-day supply at mail order) |
| Over-the-Counter Drugs | \$10 max monthly reimbursement -Select List |
| Hearing Exam | \$45 per exam (limit 1 per year) |

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| Hearing Aid Coverage | 2 TruHearing Flyte model hearing aids per year; \$699 or \$999 copay per aid |
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**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.*