

Comparison Chart

EMPLOYEE	Teachers Health Trust			CCSD Plans			Comparable PPO Plans		
	COST		PLAN	School Admin	School Police	School Support	City of Las Vegas	Clark County SF	
PREMIUMS (EMPLOYEE CONTRIBUTION - MONTHLY)	Less	Similar	More						
				<i>Signature Plan w/DPPO</i>	<i>POS</i>	<i>PPO Plan - In Network</i>	<i>PPO Plan - In Network</i>	<i>Life PPO Plus</i>	<i>In Network</i>
Employee Only	✓			\$39	\$160.65	\$236.55	\$196.20	\$0.00	
Employee + One	✓			\$268	\$707.46	\$776.90	\$675.98	\$364.72	
Employee + Child(ren)				N/A	\$552.26	N/A	N/A	\$328.26	
Employee + 2-4	✓			\$766	\$1,199.71	\$1,669.12	\$1,220.12	\$802.38	
Employee + 5 or more	✓			\$951	\$1,199.71	\$1,669.12	\$1,220.12	\$802.38	

BENEFITS

Deductible	✓			\$500 / \$1,500	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$500 / \$1,000	\$250 / \$750
Coinsurance		✓		20%	20%	20%	20%	20%	20%
Out of Pocket Max			✓	\$7,500 / \$15,000	\$8,550 / \$17,100	\$6,000 / \$12,000	\$6,000 / \$12,000	\$3,000 / \$6,000	\$3,750 / \$7,750
Telemedicine Copay		✓		\$0	\$0	\$0	\$0	\$0	\$10
Primary Care Office Visit	✓			\$15	\$25	\$25	\$25	\$35	\$20
Specialist Office Visit	✓			\$30	\$40	\$40	\$40	\$55	20%
Behavioral Health Visit	✓			\$10	\$25	\$25	\$25	\$40	20% after \$100 copay & deductible
Urgent Care Copay			✓	\$30	\$35	\$25	\$25	\$50	20%
CVS Minute Clinic			✓	\$30	\$15	\$15	\$15	N/A	N/A
Emergency Room Copay		✓		\$300 for first visit after deductible/ \$750 for subsequent visits after deductible	\$750 / visit	\$250 copay + 20% EME	\$250 copay + 20% EME	\$150	20% after \$100 copay and deductible
Inpatient Hospital		✓		20%	20%	20%	20%	20%	20% after \$100 copay and deductible
Outpatient Surgery		✓		20%	20%	20%	20%	20%	20% after \$100 copay and deductible
Laboratory	✓			\$0	\$15	20%	20%	\$35	20%

RX Copays

Tier 1 - Generic		✓		\$15 max**	\$15	\$10	\$10	\$15	\$9
Tier 2 – Preferred Formulary Brand		✓		25% up to \$100	\$40	\$50	\$50	\$40	20% up to \$60
Tier 3 – Non-Preferred Formulary Brand		✓		40%	\$70	\$80	\$80	\$60	30% up to \$120

NOTE: Public Information, plans may change based on carrier at any time.

* EE+Spouse premium prevails if EE+Child is also available

** Generic Drug may come in at a lower rate than \$15, this is what the member will pay vs. The full \$15