

# Sarpy County

## Medical Benefit Analysis

Williams-Deras & Associates

Effective Date January 1, 2016

November-15

2016 - 2017 / Partial Self Fund BC/BS of Nebraska PPO		
Preferred Provider Organization	In-Network	Out-of-Network
<b>BENEFIT OVERVIEW</b>		
<u>Deductible</u>		
Single	\$500	\$8,000
Family	\$1,000	\$16,000
Coinsurance	70% / 30%	50% / 50%
<u>Out of Pocket Maximum</u>		
Single (includes the deductible)	\$3,500	\$11,900
Family (includes the deductible)	\$7,000	\$23,800
<b>BENEFIT HIGHLIGHTS</b>		
<u>Physician Visit</u>	\$30 Copayment per visit \$75 Copayment for Specialist	Deductible then 50% Deductible then 50%
<u>Preventive Services</u>		
ADULT	Plan Pays 100%	Deductible then 50%
CHILD/BABY	Plan Pays 100%	Deductible then 50%
Emergency Room Urgent Care Center	\$250 Copayment per visit then 30% \$45 Copayment per visit	\$250 Copayment per visit then 30% Deductible then 50%
<u>Hospital Services</u>		
Inpatient	Deductible then 30%	Deductible then 50%
Outpatient	Deductible then 30%	Deductible then 50%
Maternity	Deductible then 30%	Deductible then 50%
<u>Prescription Drugs</u>	\$100 Deductible / 2 Per Family then Tier 1 --- \$10.00 / Tier 2 --- \$40.00 / Tier 3 --- \$75.00 Specialty --- \$100.00	\$100 Deductible / 2 Per Family then Tier 1 --- \$10.00 + 25% Tier 2 --- \$40.00 + 25% Tier 3 --- \$75.00 + 25% Specialty --- Not Covered
Overall Lifetime Maximum	UNLIMITED	

**NOTE:**

1) This is a summary of benefits provided by the plans. Refer to the carrier's descriptive material for a full discussion of benefits and rates.