



Nevada

# Anthem/Las Vegas Metro Chamber Medical Products

# Anthem/Las Vegas Metro Chamber Product Details

Chamber plans include a \$5,000 life benefit for any employee that enrolls in any medical plan.

The below overview represents in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [plan-summaries.anthem.com/sobdps/](https://plan-summaries.anthem.com/sobdps/).

*All product offerings are subject to regulatory review and approval and are subject to change.*

Plan type	PPO				HMO		PPO
Plan name	Nevada Chamber Choice PPO 0/30%/4500	Nevada Chamber Choice PPO 500/20%/6500	Nevada Chamber Choice PPO 1500/20%/6500	Nevada Chamber Choice PPO 2500/30%/7000	Nevada Chamber Pathway HMO 1500/20%/5000	Nevada Chamber Pathway HMO 4000/30%/6500	Nevada Chamber PPO 1000/20%/6500
Deductible (individual/family)	Tier 1: \$0/\$0 Tier 2: \$250/\$500	Tier 1: \$500/\$1,000 Tier 2: \$1,000/\$2,000	Tier 1: \$1,500/\$3,000 Tier 2: \$2,500/\$5,000	Tier 1: \$2,500/\$5,000 Tier 2: \$3,500/\$7,000	\$1,500/\$3,000	\$4,000/\$8,000	\$1,000/\$3,000
Coinsurance	Tier 1: 30% Tier 2: 40%	Tier 1: 20% Tier 2: 30%	Tier 1: 20% Tier 2: 40%	Tier 1: 30% Tier 2: 40%	20%	30%	20%
Out-of-pocket maximum <sup>1</sup> (individual/family)	\$4,500/\$9,000	\$6,500/\$13,000	\$6,500/\$13,000	\$7,000/\$14,000	\$5,000/\$10,000	\$6,500/\$13,000	\$6,500/\$13,000
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	Tier 1 / Tier 2 PCP: \$10 / \$20 SPC: \$30 / \$40 RHC: \$10/\$10	Tier 1 / Tier 2 PCP: \$15/ \$20 SPC: \$35 / \$40 RHC: \$15/\$15	Tier 1 / Tier 2 PCP: \$15/ \$25 SPC: \$40 / \$50 RHC: \$15/\$15	Tier 1 / Tier 2 PCP: \$20/ \$30 SPC: \$50 / \$60 RHC: \$20/\$20	PCP: \$20 SPC: \$40 RHC: \$20	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25
Doctor visits: LiveHealth Online	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Reference lab	Tier 1: 0% coinsurance Tier 2: 0% coinsurance	Tier 1: 0% coinsurance Tier 2: 0% coinsurance	Tier 1: 0% coinsurance Tier 2: 0% coinsurance	Tier 1: 0% coinsurance Tier 2: 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	0% coinsurance
Urgent care (facility)	Tier 1: \$30 Tier 2: \$40	Tier 1: \$35 Tier 2: \$40	Tier 1: \$40 Tier 2: \$50	Tier 1: \$50 Tier 2: \$60	\$40	\$50	\$50
Emergency room (facility)	Tier 1: Deductible, then 30% coinsurance	Tier 1: Deductible, then 20% coinsurance	Tier 1: Deductible, then 20% coinsurance	Tier 1: Deductible, then 30% coinsurance	Deductible, then \$400 copay	Deductible, then \$400 copay	\$250, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 40% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 40% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 40% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tier 1: No deductible Tiers 2-3: \$500/\$1,000 Pharmacy deductible Tier 4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>3,4,5</sup>	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script

\* Choice PPO is a tiered network that includes Pathway PPO and PPO providers.

1 Out-of-pocket maximum includes deductible, coinsurance and copays.

2 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, that deductible is combined for retail and home delivery.

3 All pharmacy plans use the National Plus network with R90/ with Essential drug list. Drugs not on the Essential drug list are not covered.

4 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 5-tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at [plan-summaries.anthem.com/sobdps/](https://plan-summaries.anthem.com/sobdps/).

5 Home delivery (90-day supply) cost shares are 2.5x the retail copay for tier 1 drugs and 3x the retail pharmacy copay for all other tiers for plans with pharmacy copays.

# Anthem/Las Vegas Metro Chamber Product Details

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Plan type	PPO HSA	
Plan name	Nevada Chamber HSA PPO 3000/20%/5000	Nevada Chamber HSA PPO 6000/0%/6000
Deductible (individual/family)	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance	20%	0%
Out-of-pocket maximum <sup>1</sup> (individual/family)	\$5,000/\$10,000	\$6,000/\$12,000
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Doctor visits: LiveHealth Online	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Reference lab	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Urgent care (facility)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply <sup>3,4,5</sup>	20%	0%

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## Together, we make a real difference!

We want to thank you, again, for trusting us with the health of your employees. We know that offering health coverage is a big and very important decision for your business. This valuable coverage is one we're committed to in every way – from helping your employees get and stay healthy to helping you, and them, save as much as possible through lower cost plan and care options. If you ever have any questions, please feel free to call your Anthem representative.

Our purpose is to transform health care with trusted and caring solutions.

And it's great that we can do this together!



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