

**HOMETOWN HEALTH AND BUILDERS ASSOCIATION OF NORTHERN NEVADA  
BRIEF SUMMARY OF HMO PLAN KEY BENEFITS**



<b>HMO</b>					
Medical Plan	10-0100 D OPEN	15-0150 D OPEN	20-0200 D OPEN	30-0500 D OPEN	25-1250 A OPEN
Pharmacy Plan	RX \$10-\$30 (\$50)	RX \$10-\$30 (\$50)	RX \$10-\$30 (\$50)	RX \$10-\$30 (\$50)	RX \$15-\$40 (\$60)
Vision Plan	VSP EXAM PLUS \$0	VSP EXAM PLUS \$0	VSP EXAM PLUS \$0	VSP EXAM PLUS \$0	VSP EXAM PLUS \$0

<b>Maximum Annual Out-of-Pocket co pays –</b>					
Single	\$ 1,750	\$ 2,750	\$ 3,500	\$ 8,250	\$ 5,750
Family	\$ 3,500	\$ 5,500	\$ 7,000	\$ 16,500	\$ 11,500

<b>Key Benefits - Member Responsibilities</b>					
<b>Medical Benefits</b>					
PCP office visits (includes wellness and OBGYN)	\$ 10 copay / visit	\$ 15 copay / visit	\$ 20 copay / visit	\$ 30 copay / visit	\$ 25 copay / visit
Specialty care physician office visits	\$ 20 copay / visit	\$ 30 copay / visit	\$ 40 copay / visit	\$ 50 copay / visit	\$ 50 copay / visit
Acute care hospital inpatient admissions	\$ 100 copay / day (5 day max)	\$ 150 copay / day (5 day max)	\$ 200 copay / day (5 day max)	\$ 500 copay / day (5 day max)	\$ 1250 copay / admit
Emergency room services	\$ 100 copay / visit	\$ 100 copay / visit	\$ 100 copay / visit	\$ 100 copay / visit	\$ 100 copay / visit
Urgent care center services	\$ 35 copay / visit	\$ 35 copay / visit	\$ 40 copay / visit	\$ 50 copay / visit	\$ 50 copay / visit
Imaging services (excluding CT, PET & MRI)	No charge	No charge	No charge	No charge	No charge
General laboratory services	No charge	No charge	No charge	No charge	No charge
<b>Pharmacy Benefits</b>					
Formulary generic drugs	\$10 copay / 30 day supply	\$10 copay / 30 day supply	\$10 copay / 30 day supply	\$10 copay / 30 day supply	\$15 copay / 30 day supply
Formulary brand name drugs	\$30 copay / 30 day supply	\$30 copay / 30 day supply	\$30 copay / 30 day supply	\$30 copay / 30 day supply	\$40 copay / 30 day supply
Non-formulary drugs	\$50 copay / 30 day supply	\$50 copay / 30 day supply	\$50 copay / 30 day supply	\$50 copay / 30 day supply	\$60 copay / 30 day supply
<b>VSP Vision Benefits</b>					
Benefit frequency (exam / lens / frame)	12mo. / na / na	12mo. / na / na	12mo. / na / na	12mo. / na / na	12mo. / na / na
co pay (exam)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Frame allowance	20% Discount	20% Discount	20% Discount	20% Discount	20% Discount

<b>HMO</b>				
Medical Plan	35-1500 A OPEN	30-2000 A OPEN	40-2000 A OPEN	50-2000 A OPEN
Pharmacy Plan	RX \$15-\$40 (\$60)	RX \$15-\$40 (\$60)	RX \$20-\$60 (>\$120,40%)	RX \$20-\$60 (>\$120,40%)
Vision Plan	VSP EXAM PLUS \$0	VSP EXAM PLUS \$0	VSP EXAM PLUS \$0	VSP EXAM PLUS \$0
<b>Maximum Annual Out-of-Pocket co pays –</b>				
Single	\$ 7,000	\$ 8,750	\$ 9,000	\$ 9,000
Family	\$ 14,000	\$ 17,500	\$ 18,000	\$ 18,000
<b>Key Benefits - Member Responsibilities</b>				
<b>Medical Benefits</b>				
PCP office visits (includes wellness and OBGYN)	\$ 35 copay / visit	\$ 30 copay / visit	\$ 40 copay / visit	\$ 50 copay / visit
Specialty care physician office visits	\$ 50 copay / visit	\$ 50 copay / visit	\$ 50 copay / visit	\$ 50 copay / visit
Acute care hospital inpatient admissions	\$ 1500 copay / admit	\$ 2000 copay / admit	\$ 2000 copay / admit	\$ 2000 copay / admit
Emergency room services	\$ 100 copay / visit	\$ 100 copay / visit	\$ 100 copay / visit	\$ 100 copay / visit
Urgent care center services	\$ 50 copay / visit	\$ 50 copay / visit	\$ 50 copay / visit	\$ 50 copay / visit
Imaging services (excluding CT, PET & MRI)	No charge	No charge	No charge	No charge
General laboratory services	No charge	No charge	No charge	No charge
<b>Pharmacy Benefits</b>				
Formulary generic drugs	\$15 copay / 30 day supply	\$15 copay / 30 day supply	\$20 copay / 30 day supply	\$20 copay / 30 day supply
Formulary brand name drugs	\$40 copay / 30 day supply	\$40 copay / 30 day supply	\$60 copay / 30 day supply	\$60 copay / 30 day supply
Non-formulary drugs	\$60 copay / 30 day supply	\$60 copay / 30 day supply	Greater of \$120 copay or 40% / 30 day supply	Greater of \$120 copay or 40% / 30 day supply
<b>VSP Vision Benefits</b>				
Benefit frequency (exam / lens / frame)	12mo. / na / na	12mo. / na / na	12mo. / na / na	12mo. / na / na
co pay (exam)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Frame allowance	20% Discount	20% Discount	20% Discount	20% Discount

D= member hospital copay for the first 5 days of inpatient stay

A= member copay per inpatient hospital admission

OPEN= Open Access HMO / No referral required for Specialist visit in Hometown Health Network

*Complete Summary of Benefits for each plan is available upon request*