## INDIVIDUAL, FAMILY AND SMALL GROUP PLANS AT A GLANCE

### Effective January 1, 2019

In-Network Benefits	Gold 500 CO 25-CO 1200 A D0500X2	Gold 1000 CO 30-C0 1700 A D1000X2	Gold 2000 CO 35-CO 2500 A D2000X2	Gold 3000 CO 45-CO 3000 A D3000X2	Silver 4000 CO 50-CO 3200 A D4000X2	Silver 4500 CO 50-70 CINS P D4500X2	Silver 5500 CO 50-70 CINS P D5500X2	Silver 1350 HSA 25-70 CINS U D1350X2 HSA	Bronze 7900 CO 50-NA 0000 P D7900X2	Silver 3000 HSA 25-70 CINS E D3000X2 HSA	Bronze 1350 HSA 60-00 CINS U D1350X2 HSA	Bronze 6750 HSA 00-NA 0000 E D6750X2 HSA	Bronze 7900 00-NA 0000 P D7900X2	Catastrophic <sup>††</sup> 7900 60-NA 0000 P D7900X2
Calendar Year Deductibles (CYD) and OOPMax					2 1000112									B7000A2
Individual Medical Deductible Family Medical Deductible Individual Pharmacy Deductible Family Pharmacy Deductible Individual Out of Pocket Max Family Out of Pocket Max	\$500 \$1,000 \$0 \$0 \$4,000 \$8,000	\$1,000 \$2,000 \$0 \$0 \$4,500 \$9,000	\$2,000 \$4,000 \$0 \$0 \$5,000 \$10,000	\$3,000 \$6,000 \$0 \$0 \$5,500 \$11,000	\$4,000 \$8,000 \$0 \$0 \$7,900 \$15,800	\$4,500 \$9,000 \$0 \$0 \$7,900 \$15,800	\$5,500 \$11,000 \$0 \$0 \$7,900 \$15,800	\$1,350 \$2,700 Combined Combined \$6,750 \$13,500	\$7,900 \$15,800 \$0 \$7,900 \$15,800	\$3,000 \$6,000 Combined Combined \$6,750 \$13,500	\$1,350 \$2,700 Combined Combined \$6,750 \$13,500	\$6,750 \$13,500 Combined Combined \$6,750 \$13,500	\$7,900 \$15,800 Combined Combined \$7,900 \$15,800	\$7,900 \$15,800 Combined Combined \$7,900 \$15,800
Physician Office Visits														
PCP Office Visits* Specialist Office Visits Preventive (ACA Covered) Screenings	\$25* \$50 No Cost	\$30* \$60 No Cost	\$35* \$70 No Cost	\$45* \$90 No Cost	\$50* \$100 No Cost	\$50* \$100 No Cost	\$50* \$100 No Cost	CYD, \$25 CYD, \$50 No Cost	\$50* \$100 No Cost	CYD, \$25 CYD, \$50 No Cost	CYD, \$60 CYD, \$120 No Cost	CYD, \$0 CYD, \$0 No Cost	CYD, \$0 CYD, \$0 No Cost	\$60, CYD \$0, CYD No Cost
Lab, Imaging and Diagnostics														
Routine Lab Services Diagnostic and X-Ray Imaging (CT/PET/MRI)	\$25 \$60 \$240	\$30 \$60 \$275	\$40 \$70 \$325	\$50 \$70 \$400	\$50 \$75 \$425	\$50 \$70 \$350	\$50 \$70 CYD, \$350	CYD, \$35 CYD, \$70 CYD, \$350	\$50 \$95 CYD, \$0	CYD, \$35 CYD, \$70 CYD, \$350	CYD, \$50 CYD, \$100 CYD, 100%	CYD, \$0 CYD, \$0 CYD, \$0	CYD, \$0 CYD, \$0 CYD, \$0	CYD, \$0 CYD, \$0 CYD, \$0
Facility/Surgical														
Inpatient Hospital Outpatient Surgical Services	\$1,200 \$800	\$1,700 \$900	\$2,500 \$900	\$3,000 \$1,000	\$3,200 \$1,000	CYD, 30% \$1,000	CYD, 30% \$1,000	CYD, 30% CYD, \$1,000	CYD, \$0 CYD, \$0	CYD, 30% CYD, \$1,000	CYD, 100% CYD, 100%	CYD, \$0 CYD, \$0	CYD, \$0 CYD, \$0	CYD, \$0 CYD, \$0
Emergency and Urgent Care														
Urgent Care Center Services Emergency Room Services Ambulance Services (ground/air/water)	\$70 \$600 CYD, 20%	\$80 \$800 CYD, 20%	\$80 \$1,000 CYD, 20%	\$90 \$1,200 CYD, 20%	\$100 \$1,300 CYD, 30%	\$100 CYD, 30% CYD, 30%	\$100 CYD, 30% CYD, 30%	CYD, \$75 CYD, 30% CYD, 30%	\$110 CYD, \$0 CYD, \$0	CYD, \$75 CYD, 30% CYD, 30%	CYD, \$120 CYD, 100% CYD, 100%	CYD, \$0 CYD, \$0 CYD, \$0	CYD, \$0 CYD, \$0 CYD, \$0	CYD, \$0 CYD, \$0 CYD, \$0
Prescription Drugs and Diabetic Supplies														
Rx - Generic Drugs Rx - Preferred Brand Drugs Rx - Non-Preferred Brand Drugs Diabetic Supplies - Preferred Diabetic Supplies - Non-Preferred Special Pharmaceuticals	\$10 \$50 \$100 \$50 \$100 20%	\$10 \$55 \$110 \$55 \$110 20%	\$10 \$60 \$120 \$60 \$120 20%	\$10 \$65 \$130 \$65 \$130 20%	\$15 \$65 \$130 \$65 \$130 30%	\$15 \$65 \$130 \$65 \$130 30%	\$15 \$65 \$130 \$65 \$130 30%	CYD, \$10 CYD, \$65 CYD, \$130 CYD, \$65 CYD, \$130 CYD, \$130 CYD, 30%	\$30 \$90 \$150 \$90 \$150 30%	CYD, \$10 CYD, \$65 CYD, \$130 CYD, \$65 CYD, \$130 CYD, 30%	CYD, \$30 CYD, \$90 CYD, 40% CYD, \$90 CYD, 40% CYD, 40%	CYD, \$0 CYD, \$0 CYD, \$0 CYD, \$0 CYD, \$0 CYD, \$0	CYD, \$0 CYD, \$0 CYD, \$0 CYD, \$0 CYD, \$0 CYD, \$0	CYD, \$0 CYD, \$0 CYD, \$0 CYD, \$0 CYD, \$0 CYD, \$0
Pediatric Coverage														
Pediatric Vision Pediatric Dental †	\$0 Available	\$0 Available	\$0 Available	\$0 Available	\$0 Available	\$0 Available	\$0 Available	CYD, \$0 Available	\$0 Available	CYD, \$0 Available	CYD, \$0 Available	CYD, \$0 Available	\$0 Available	CYD, \$0 Available
Healthy Tracks Wellness Program / Gym Benefit**	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included
Difference in cost from Gold 2000	3.6%	1.6%	0.0%	-2.7%	-7.5%	-11.9%	-12.9%	-15.6%	-17.4%	-18.8%	-24.3%	-25.1%	-28.5%	-32.1%

For a free copy of benefits, visit www.hometownhealth.com or call (775) 982-3232.

National network available only for Small Group PPO members who live and work outside Nevada.

Out-of-network benefits not available for HMO plans. PPO members may be charged (balance billed) for billed charges greater than the allowable rate paid by Hometown Health. CYD indicates that you must meet the Calendar Year Deductible before benefits will be paid by Hometown Health.

\* Plans that include two (2) free PCP visits are indicated with an asterisk. \*\* Gym Benefit requires completion of an online Health Risk Assessment each year.

† Stand-alone pediatric dental and other supplemental dental plans are available as a separate purchase.

†† Catastrophic Plan is only available to IFP.

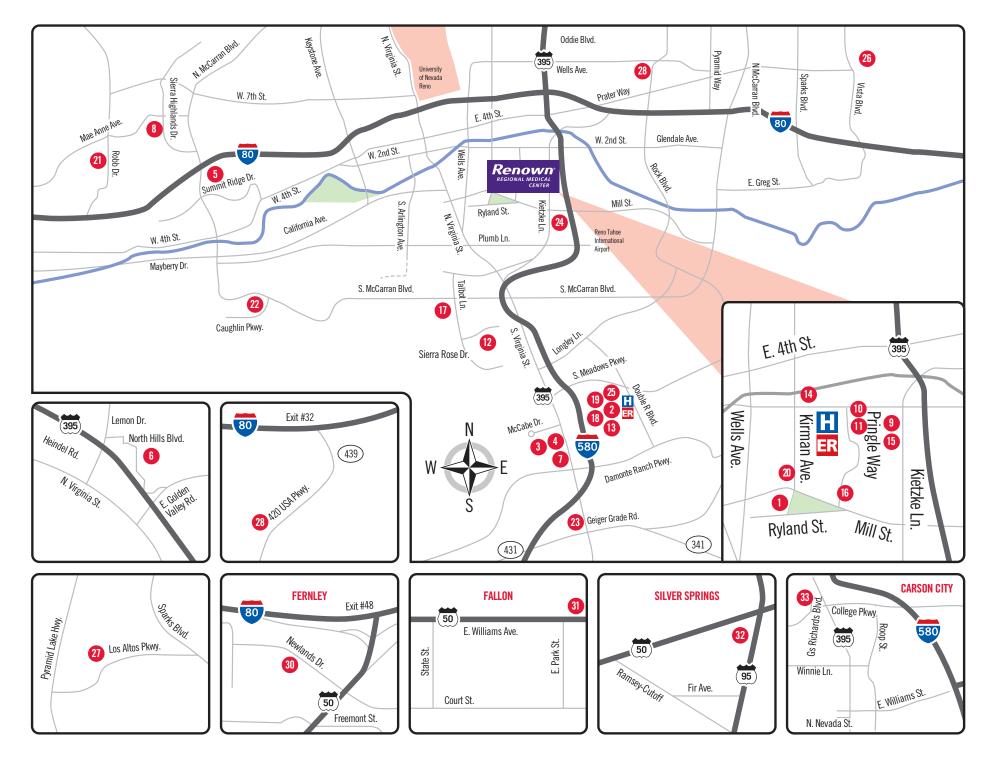
Hometown **Health** 

# NORTHERN NEVADA

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X-Ray available through Urgent Care visit

\*X-Ray only

\*\* X-Ray & Imaging operated by Renown Regional Medical Center

Call 775-982-5000 to make an appointment.

Visit hometownhealth.com and click on "Find a Doctor" for a detailed physician directory.

# **RENOWN HEALTH SERVICES MAP**



