

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-CO 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 ^{††} 7900 60-NA 0000 P D7900X2 |
|--|--|---|---|---|---|---|---|--|---|--|--|--|--|---|
| Calendar Year Deductibles (CYD) and OOPMax | | | | | | | | | | | | | | |
| Individual Medical Deductible | \$500 | \$1,000 | \$2,000 | \$3,000 | \$4,000 | \$4,500 | \$5,500 | \$1,350 | \$7,900 | \$3,000 | \$1,350 | \$6,750 | \$7,900 | \$7,900 |
| Family Medical Deductible | \$1,000 | \$2,000 | \$4,000 | \$6,000 | \$8,000 | \$9,000 | \$11,000 | \$2,700 | \$15,800 | \$6,000 | \$2,700 | \$13,500 | \$15,800 | \$15,800 |
| Individual Pharmacy Deductible | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | Combined | \$0 | Combined | Combined | Combined | Combined | Combined |
| Family Pharmacy Deductible | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | Combined | \$0 | Combined | Combined | Combined | Combined | Combined |
| Individual Out of Pocket Max | \$4,000 | \$4,500 | \$5,000 | \$5,500 | \$7,900 | \$7,900 | \$7,900 | \$6,750 | \$7,900 | \$6,750 | \$6,750 | \$6,750 | \$7,900 | \$7,900 |
| Family Out of Pocket Max | \$8,000 | \$9,000 | \$10,000 | \$11,000 | \$15,800 | \$15,800 | \$15,800 | \$13,500 | \$15,800 | \$13,500 | \$13,500 | \$13,500 | \$15,800 | \$15,800 |
| Physician Office Visits | | | | | | | | | | | | | | |
| PCP Office Visits* | \$25* | \$30* | \$35* | \$45* | \$50* | \$50* | \$50* | CYD, \$25 | \$50* | CYD, \$25 | CYD, \$60 | CYD, \$0 | CYD, \$0 | \$60, CYD |
| Specialist Office Visits | \$50 | \$60 | \$70 | \$90 | \$100 | \$100 | \$100 | CYD, \$50 | \$100 | CYD, \$50 | CYD, \$120 | CYD, \$0 | CYD, \$0 | \$0, CYD |
| Preventive (ACA Covered) Screenings | No Cost | No Cost | No Cost | No Cost | No Cost | No Cost | No Cost | No Cost | No Cost | No Cost | No Cost | No Cost | No Cost | No Cost |
| Lab, Imaging and Diagnostics | | | | | | | | | | | | | | |
| Routine Lab Services | \$25 | \$30 | \$40 | \$50 | \$50 | \$50 | \$50 | CYD, \$35 | \$50 | CYD, \$35 | CYD, \$50 | CYD, \$0 | CYD, \$0 | CYD, \$0 |
| Diagnostic and X-Ray | \$60 | \$60 | \$70 | \$70 | \$75 | \$70 | \$70 | CYD, \$70 | \$95 | CYD, \$70 | CYD, \$100 | CYD, \$0 | CYD, \$0 | CYD, \$0 |
| Imaging (CT/PET/MRI) | \$240 | \$275 | \$325 | \$400 | \$425 | \$350 | CYD, \$350 | CYD, \$350 | CYD, \$0 | CYD, \$350 | CYD, 100% | CYD, \$0 | CYD, \$0 | CYD, \$0 |
| Facility/Surgical | | | | | | | | | | | | | | |
| Inpatient Hospital | \$1,200 | \$1,700 | \$2,500 | \$3,000 | \$3,200 | CYD, 30% | CYD, 30% | CYD, 30% | CYD, \$0 | CYD, 30% | CYD, 100% | CYD, \$0 | CYD, \$0 | CYD, \$0 |
| Outpatient Surgical Services | \$800 | \$900 | \$900 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | CYD, \$1,000 | CYD, \$0 | CYD, \$1,000 | CYD, 100% | CYD, \$0 | CYD, \$0 | CYD, \$0 |
| Emergency and Urgent Care | | | | | | | | | | | | | | |
| Urgent Care Center Services | \$70 | \$80 | \$80 | \$90 | \$100 | \$100 | \$100 | CYD, \$75 | \$110 | CYD, \$75 | CYD, \$120 | CYD, \$0 | CYD, \$0 | CYD, \$0 |
| Emergency Room Services | \$600 | \$800 | \$1,000 | \$1,200 | \$1,300 | CYD, 30% | CYD, 30% | CYD, 30% | CYD, \$0 | CYD, 30% | CYD, 100% | CYD, \$0 | CYD, \$0 | CYD, \$0 |
| Ambulance Services (ground/air/water) | CYD, 20% | CYD, 20% | CYD, 20% | CYD, 20% | CYD, 30% | CYD, 30% | CYD, 30% | CYD, 30% | CYD, \$0 | CYD, 30% | CYD, 100% | CYD, \$0 | CYD, \$0 | CYD, \$0 |
| Prescription Drugs and Diabetic Supplies | | | | | | | | | | | | | | |
| Rx - Generic Drugs | \$10 | \$10 | \$10 | \$10 | \$15 | \$15 | \$15 | CYD, \$10 | \$30 | CYD, \$10 | CYD, \$30 | CYD, \$0 | CYD, \$0 | CYD, \$0 |
| Rx - Preferred Brand Drugs | \$50 | \$55 | \$60 | \$65 | \$65 | \$65 | \$65 | CYD, \$65 | \$90 | CYD, \$65 | CYD, \$90 | CYD, \$0 | CYD, \$0 | CYD, \$0 |
| Rx - Non-Preferred Brand Drugs | \$100 | \$110 | \$120 | \$130 | \$130 | \$130 | \$130 | CYD, \$130 | \$150 | CYD, \$130 | CYD, 40% | CYD, \$0 | CYD, \$0 | CYD, \$0 |
| Diabetic Supplies - Preferred | \$50 | \$55 | \$60 | \$65 | \$65 | \$65 | \$65 | CYD, \$65 | \$90 | CYD, \$65 | CYD, \$90 | CYD, \$0 | CYD, \$0 | CYD, \$0 |
| Diabetic Supplies - Non-Preferred | \$100 | \$110 | \$120 | \$130 | \$130 | \$130 | \$130 | CYD, \$130 | \$150 | CYD, \$130 | CYD, 40% | CYD, \$0 | CYD, \$0 | CYD, \$0 |
| Special Pharmaceuticals | 20% | 20% | 20% | 20% | 30% | 30% | 30% | CYD, 30% | 30% | CYD, 30% | CYD, 40% | CYD, \$0 | CYD, \$0 | CYD, \$0 |
| Pediatric Coverage | | | | | | | | | | | | | | |
| Pediatric Vision | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | CYD, \$0 | \$0 | CYD, \$0 | CYD, \$0 | CYD, \$0 | \$0 | CYD, \$0 |
| Pediatric Dental † | Available | Available | Available | Available | Available | Available | Available | Available | Available | Available | Available | Available | Available | 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.

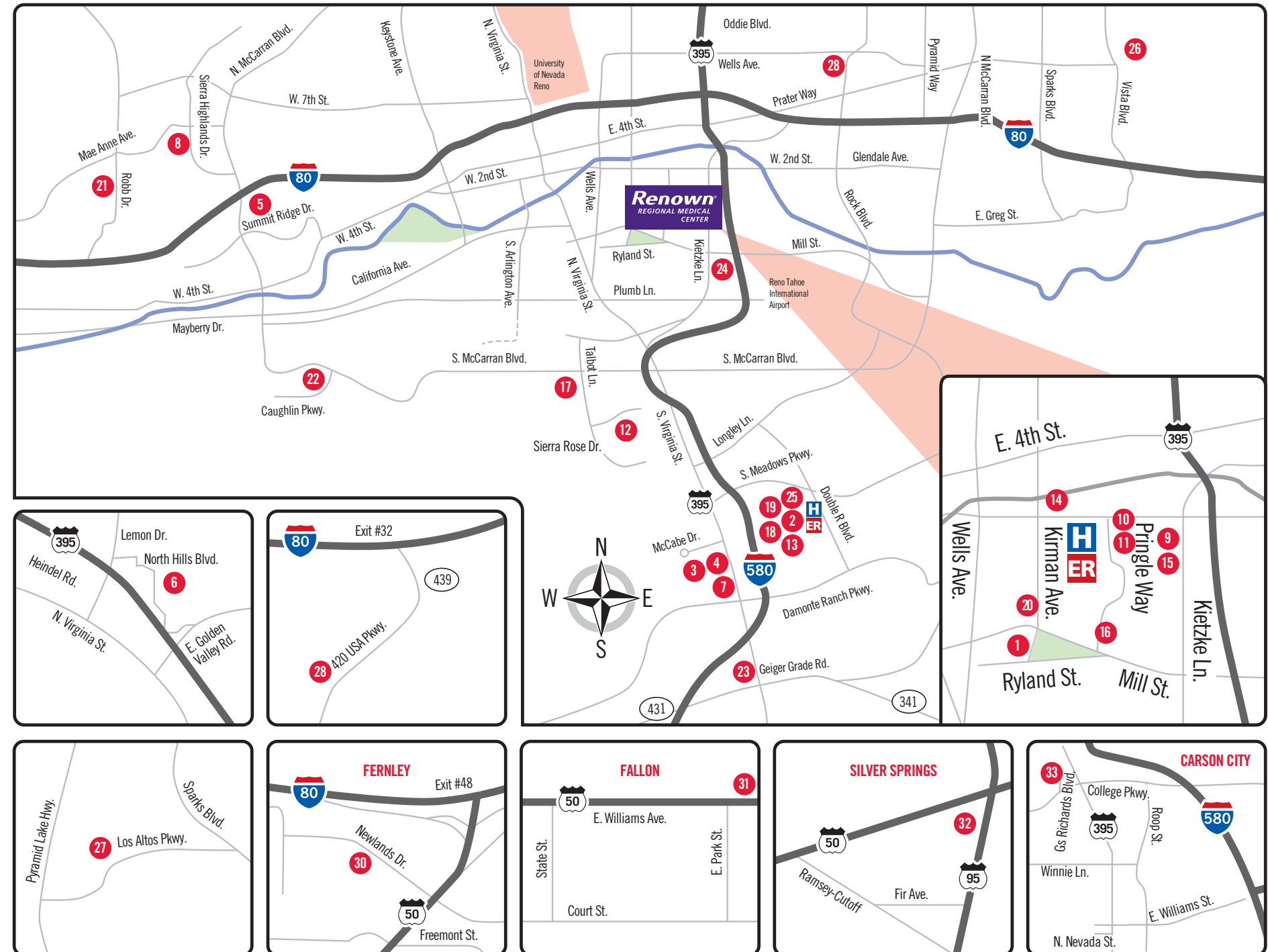
† Stand-alone pediatric dental and other supplemental dental plans are available as a separate purchase.

†† Catastrophic Plan is only available to IFP.

NORTHERN NEVADA

| RENO | Primary Care | Urgent Care | X-Ray & Imaging | Lab | Hospital & Facilities |
|-----------------------|---|-------------|-----------------|-----|-----------------------|
| 1 | 975 Ryland St. | ^ | ^ | * | • |
| 2 | 10085 Double R Blvd., Suites 120 & 220 | • | | | |
| 3 | 15 McCabe Dr., Suite 100 (Pediatrics) | | | | |
| 4 | 25 McCabe Dr. | • | | ** | • |
| 5 | 4791 Summit Ridge Dr. | ^ | ^ | * | |
| 6 | 1075 North Hills Blvd., Suite 180 | • | ^ | * | • |
| 7 | 197 Damonte Ranch Pkwy., Suite 8A | ^ | ^ | * | |
| 8 | 5100 Mae Anne Ave., Suite 102 | | | | • |
| 9 | 75 Pringle Way | | | ** | • |
| 10 | 75 Pringle Way (Pediatrics) | • | | | |
| 11 | 75 Pringle Way | • | | | |
| 12 | 630 Sierra Rose, Suite 230 | | | | • |
| 13 | 10101 Double R Blvd | | | • | • |
| 14 | 901 E. 2nd St., Breast Health Center | | | ** | |
| 15 | 1500 E. 2nd St., Suite 302 | • | | | |
| 16 | 1155 Mill St., Renown Regional | | | ** | • |
| 17 | 6630 S. McCarran Blvd., Building C #27 | | | ** | |
| 18 | Renown South Meadows Medical Center | | | | • |
| 19 | 10085 Double R Blvd., Suite 145 | | | ** | |
| 20 | Renown Rehabilitation Hospital 1495 Mill St. | | | | • |
| 21 | 1595 Robb Dr., Suite 2 | • | | | • |
| 22 | 4796 Caughlin Pkwy., Suite 108 | • | | | |
| 23 | 13945 S. Virginia St., Suite 632 | • | | | • |
| 24 | Request for Medical Records 850 Harvard Way | | | | • |
| 25 | Hometown Health 10315 Professional Cir. | | | | • |
| SPARKS | | | | | |
| 26 | 910 Vista Blvd. | • | • | ** | • |
| 27 | 202 Los Altos Pkwy. | • | • | ** | • |
| 28 | 420 USA Pkwy., Suite 106 | | • | | |
| 29 | Renown Skilled Nursing, 1835 Oddie Blvd. | | | | • |
| FERNLEY | | | | | |
| 30 | 1343 W. Newlands Dr. | • | • | * | • |
| FALLON | | | | | |
| 31 | 560 E. Williams Ave. | • | • | | • |
| SILVER SPRINGS | | | | | |
| 32 | 3595 U.S. Highway 50 | • | • | • | |
| CARSON CITY | | | | | |
| 33 | 3641 Gs Richards Blvd. | • | | | • |
| TONOPAH | | | | | |
| | 825 S. Main St. | • | • | • | |

RENOWN HEALTH SERVICES MAP NORTHERN NEVADA



^ 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.

