11
Glance
<u>G</u>
at a
lans at a (
Group
Smal
and
amily
Щ
Q
.0
>
<del>-</del>

Φ =	Health 💙	SOUTHERN NEVADA  Effective January 1, 2020  In-Network Benefits	Gold 500 CO 25-CO 1600 A D0500X2	<b>Gold 1000</b> <b>CO</b> 30-CO 2000 A D1000X2	Gold 2000 CO 35-CO 2500 A D2000X2	<b>Gold 3000</b> <b>CO</b> 45-CO 3000 A D3000X2	<b>Silver 4000</b> <b>CO</b> 50-CO 3200 A D4000X2	<b>Silver 4500</b> <b>CO</b> 50-70 CINS P D4500X2	<b>Silver 5500</b> <b>CO</b> 50-70 CINS P D5500X2	<b>Silver 1400</b> <b>HSA</b> 25-70 CINS U D1400X2 HSA	Bronze 8150 CO 60-NA 0000 P D8150X2	<b>HSA</b> 25-70 CINS E		HSA	<b>Bronze</b> <b>8150</b> 00-NA 0000 P D8150X2	<b>CATASTROPHIC</b> <b>8150</b> 65-NA 0000 P D8150X2
Ö	CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax															
	Individual Medical Deductible		\$500	\$1,000	\$2,000	\$3,000	\$4,000	\$4,500	\$5,500	\$1,400	\$8,150	\$3,500	\$1,400	\$6,900	\$8,150	\$8,150
<u> </u>	Family Medical Deductible		\$1,000	\$2,000	\$4,000	\$6,000	\$8,000	\$9,000	\$11,000	\$2,800	\$16,300	\$7,000	\$2,800	\$13,800	\$16,300	\$16,300
<u>U</u>	Individual Pharmacy Deductible		\$0	\$0	\$0	\$0	\$0	\$0	\$0	Combined	Combined	Combined	Combined	Combined	Combined	Combined
σ F	Family Pharmacy Deductible		\$0	\$0	\$0	\$0	\$0	\$0	\$0	Combined	Combined	Combined	Combined	Combined	Combined	Combined
ַ בָּ	Individual Out of Pocket Max		\$4,500	\$5,000	\$5,500	\$6,400	\$8,150	\$8,150	\$8,150	\$6,900	\$8,150	\$6,900	\$6,900	\$6,900	\$8,150	\$8,150
F	Family Out of Pocket Max		\$9,000	\$10,000	\$11,000	\$12,800	\$16,300	\$16,300	\$16,300	\$13,800	\$16,300	\$13,800	\$13,800	\$13,800	\$16,300	\$16,300
S	PHYSICIAN OFFICE VISITS															
	PCP Office Visits*		\$25*	\$30*	\$35*	\$45*	\$50*	\$50*	\$50*	CYD, \$25	\$60*	CYD, \$25	CYD, \$60	CYD, \$0	CYD, \$0	\$65, CYD
	Specialist Office Visits		\$50	\$60	\$70	\$90	\$100	\$100	\$100	CYD, \$50	\$120	CYD, \$50	CYD, \$120	CYD, \$0	CYD, \$0	CYD, \$0
<b>△</b> F	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
<u> </u>	LAB, IMAGING AND DIAGNOSTICS															
<b>5</b> T	Routine Lab Services		\$25	\$30	\$40	\$50	\$50	\$50	\$50	CYD, \$50	\$60	CYD, \$50	CYD, \$60	CYD, \$0	CYD, \$0	CYD, \$0
5	Diagnostic and X-Ray		\$60	\$60	\$70	\$70	\$110	\$110	\$110	CYD, \$70	\$120	CYD, \$70	CYD, \$120	CYD, \$0	CYD, \$0	CYD, \$0
	maging (CT/PET/MRI)		\$225	\$300	\$350	\$400	\$450	\$450	CYD, \$450	CYD, \$400	CYD, \$0	CYD, \$400	CYD, 100%	CYD, \$0	CYD, \$0	CYD, \$0
U	FACILITY/SURGICAL															
	npatient Hospital		\$1,600	\$2,000	\$2,500	\$3,000	\$3,200	CYD, 30%	CYD, 30%	CYD, 30%	CYD, \$0	CYD, 30%	CYD, 100%	CYD, \$0	CYD, \$0	CYD, \$0
O	<b>Dutpatient Surgical Services</b>	5	\$800	\$900	\$950	\$1,000	\$1,000	\$1,000	\$1,000	CYD, \$1,000	CYD, \$0	CYD, \$1,000	CYD, 100%	CYD, \$0	CYD, \$0	CYD, \$0
<b>E 1</b>	EMERGENCY AND URGENT CARE															
S	Urgent Care Center Services		\$70	\$80	\$80	\$90	\$100	\$100	\$100	CYD, \$75	\$120	CYD, \$75	CYD, \$120	CYD, \$0	CYD, \$0	CYD, \$0
	Emergency Room Services		\$900	\$1,000	\$1,100	\$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															
<b>&gt;</b> F	Rx - Generic Drugs		\$7	\$7	\$10	\$10	\$20	\$20	\$20	CYD, \$10	\$30	CYD, \$10	CYD, \$35	CYD, \$0	CYD, \$0	CYD, \$0
F	Rx - Preferred Brand Drugs		\$50	\$55	\$60	\$65	\$70	\$70	\$70	CYD, \$65	\$95	CYD, \$65	CYD, \$100	CYD, \$0	CYD, \$0	CYD, \$0
<b>E F</b>	Rx - Non-Preferred Brand Drugs		\$100	\$110	\$120	\$130	\$140	\$140	\$140	CYD, \$130	CYD, \$0	CYD, \$130	CYD, 40%	CYD, \$0	CYD, \$0	CYD, \$0
	Diabetic Supplies - Preferred	I	\$50	\$55	\$60	\$65	\$70	\$70	\$70	CYD, \$65	\$95	CYD, \$65	CYD, \$100	CYD, \$0	CYD, \$0	CYD, \$0
	Diabetic Supplies - Non-Pref	erred	\$100	\$110	\$120	\$130	\$140	\$140	\$140	CYD, \$130	CYD, \$0	CYD, \$130	CYD, 40%	CYD, \$0	CYD, \$0	CYD, \$0
S	Special Pharmaceuticals		20%	20%	20%	20%	30%	30%	30%	CYD, 30%	CYD, \$0	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
	Healthy Tracks Wellness Pro	gram / Gym Benefit**	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included
	DIFFERENCE IN COST	T FROM GOLD 2000 CO	3.6%	1.6%	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 **hometownhealth.com** or call **702-914-0863** or **888-775-7003**.

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

HMO plans only available in select northern Nevada counties; out-of-network benefits not available for HMO plans. You 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.

<sup>\*</sup> Plans that include two (2) free PCP visits are indicated with an asterisk

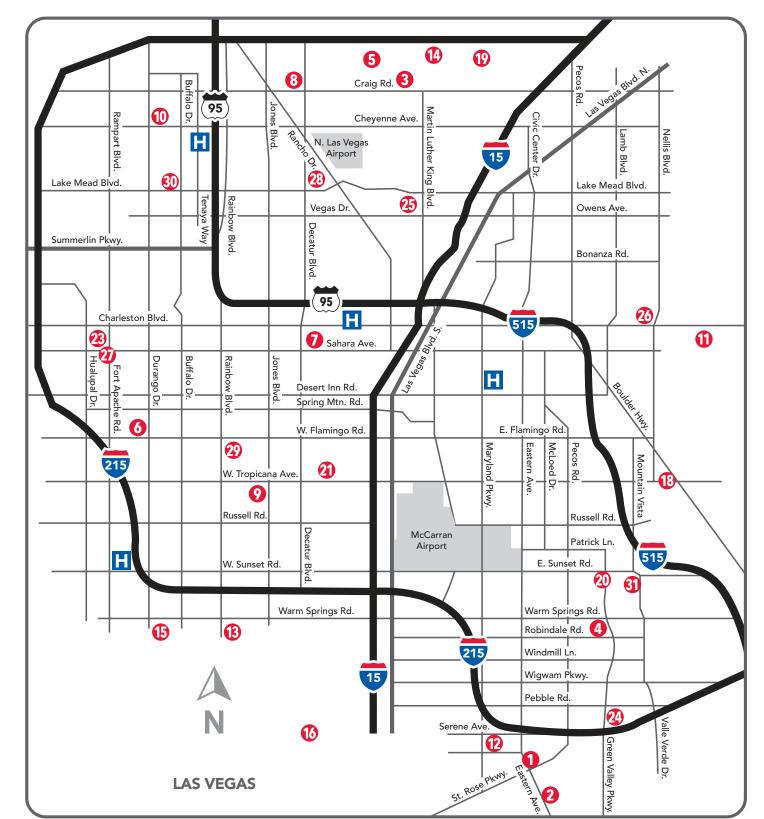
\*\* Gym Benefit requires completion of an online Health Risk Assessment each year.

† Gold 500 and Gold 1000 not available to individuals in southern Nevada †† Catastrophic Plan is only available to individuals.

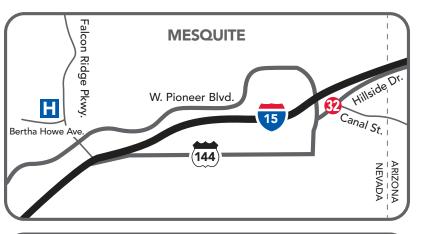
## HOSPITALS Desert View Hospital 360 S. Lola Lane - PAHRUMP Mesa View Regional Hospital 1299 Bertha Howe Ave. – **MESQUITE** Mountain View Hospital 3100 Tenaya Way – LAS VEGAS Southern Hills Hospital & Medical Center 9300 W. Sunset Rd. – LAS VEGAS Sunrise Hospital & Medical Center 3816 S. Maryland Pkwy. – LAS VEGAS University Medical Center 1800 W. Charleston Blvd. – LAS VEGAS LAS VEGAS & HENDERSON 1 Advanced Urgent Care & Nightlight Pediatrics 9975 S. Eastern Ave., #110 2 CareNow Urgent Care 10652 S. Eastern Ave., #A 3 | CareNow Urgent Care 2202 W. Craig Rd. 4 | CareNow Urgent Care 2269 N. Green Valley Pkwy. 5 | CareNow Urgent Care 3020 W. Ann Rd. 6 CareNow Urgent Care 4075 S. Durango Dr., #108-110 7 CareNow Urgent Care 4575 W. Charleston Blvd., #A 8 CareNow Urgent Care 4900 W. Craig Rd., #B1-B3 9 CareNow Urgent Care 6125 W. Tropicana Ave., #A **10** CareNow Urgent Care 8300 W. Cheyenne Ave., #106 11 CareNow Urgent Care 5891 E. Charleston Blvd., #150 12 CareNow Urgent Care 9785 S. Maryland Pkwy., #A-2 13 CareNow Urgent Care 7424 S. Rainbow Blvd., #A 14 | CareNow Urgent Care 5570 Camino al Norte, #1 15 CareNow Urgent Care 7040 S. Durango Dr., 105 16 | CareNow Urgent Care 10530 Southern Highlands Pkwy., #150 17 CareNow Urgent Care 585 College Dr., #C 5216 Boulder Highway., #105 **18** Clinic 21 6424 Losee Rd., #100 19 Encompass Care **20** Good Night Pediatrics Nevada 2651 N. Green Pkwy., #101D 21 | Healthcare Partners of Nevada 4800 S. Wynn Rd. **22** Healthcare Partners of Nevada 595 W. Lake Mead Pkwy. 23 Healthcare Partners of Nevada 9499 W. Charleston Blvd., #150 Mesa View Medical Group/NOT ON MAP 1925 Whipple Ave., #30 – LONG DALE **24** Parkway Urgent Care 100 N. Green Valley Pkwy., #110 25 UMC Quick Care 1700 Wheeler Peak St. **26** UMC Quick Care 61 N. Nellis Blvd. 27 UMC Quick Care 9320 W. Sahara Ave. 28 UMC Quick Care 423 1-3 N. Rancho Rd. 29 UMC Quick Care 4180 S. Rainbow Blvd., #810 **30** UMC Quick Care 2031 N. Buffalo Dr. 31 UMC Quick Care 525 Mark St.

## Hometown Health Service Map Southern Nevada











MESQUITE						
32 Mesa View Medical Group	450 Hillside Dr., Bldg B, #104					
PAHRUMP						
<b>33</b> Healthcare Partners of Nevada	1501 E. Calvada Blvd.					

## Individual and Family Plans at a Glance

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

LADD/1908 - 1047227