



Effective January 1, 2021.  
In-Network Benefits.



|  | Platinum 0#<br>CO<br>00-CO 1000A<br>D0000X2 | Gold 500<br>CO<br>10-CO 2000A<br>D0500X2 | Gold 1000<br>CO<br>15-CO 2500A<br>D1000X2 | Gold 2000<br>CO<br>30-CO 3000A<br>D2000X2 | Gold 3000<br>CO<br>30-CO 3500A<br>D3000X2 | Silver 4000<br>CO<br>30-CO 3500A<br>D4000X2 | Silver 4500<br>CO<br>35-70 CINS P<br>D4500X2 | Silver 5500<br>CO<br>40-70 CINS P<br>D5500X2 | Bronze 8550<br>CO<br>45-NA 0000 P<br>D8550X2 | Silver 1400<br>HSA<br>10-70 CINS U<br>D1400X2 HSA | Silver 3700<br>HSA<br>10-70 CINS E<br>D3700X2 HSA | Bronze 3500<br>HSA<br>45-00 CINS E<br>D3500X2 HSA | Bronze 7000<br>HSA<br>00-NA 0000 E<br>D7000X2 HSA | Bronze 8550<br>HSA<br>00-NA 0000 P<br>D8550X2 |
|--|---|--|---|---|---|---|--|--|--|---|---|---|---|---|
| <b>CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax</b>              |   |  |   |   |   |   |  |  |  |   |   |   |   |   |
| Individual Medical Deductible                                  | \$0   | \$500                                    | \$1,000                                   | \$2,000                                   | \$3,000                                   | \$4,000                                     | \$4,500                                      | \$5,500                                      | \$8,550                                      | \$1,400   | \$3,700   | \$3,500   | \$7,000   | \$8,550                                       |
| Family Medical Deductible                                      | \$0   | \$1,000                                  | \$2,000                                   | \$4,000                                   | \$6,000                                   | \$8,000                                     | \$9,000                                      | \$11,000                                     | \$17,100                                     | \$2,800   | \$7,400   | \$7,000   | \$14,000  | \$17,100                                      |
| Individual Pharmacy Deductible                                 | \$0   | \$0                                      | \$0                                       | \$0                                       | \$0                                       | \$0   | \$0  | \$0  | Combined                                     | Combined  | Combined  | Combined  | Combined  | Combined                                      |
| Family Pharmacy Deductible                                     | \$0   | \$0                                      | \$0                                       | \$0                                       | \$0                                       | \$0   | \$0  | \$0  | Combined                                     | Combined  | Combined  | Combined  | Combined  | Combined                                      |
| Individual Out-of-Pocket Max                                   | \$4,000                                     | \$5,000                                  | \$5,500                                   | \$6,000                                   | \$6,500                                   | \$8,000                                     | \$8,200                                      | \$8,400                                      | \$8,550                                      | \$7,000   | \$7,000   | \$7,000   | \$7,000   | \$8,550                                       |
| Family Out-of-Pocket Max                                       | \$8,000                                     | \$10,000                                 | \$11,000                                  | \$12,000                                  | \$13,000                                  | \$16,000                                    | \$16,400                                     | \$16,800                                     | \$17,100                                     | \$14,000  | \$14,000  | \$14,000  | \$14,000  | \$17,100                                      |
| <b>PHYSICIAN OFFICE VISITS</b>                                 |   |  |   |   |   |   |  |  |  |   |   |   |   |   |
| Virtual Visit Renown Provider/PCP Office Visit Renown Provider | \$0/\$0                                     | \$0/\$10                                 | \$0/\$15                                  | \$0/\$20                                  | \$0/\$30                                  | \$0/\$30                                    | \$0/\$35                                     | \$0/\$40                                     | \$0/\$45                                     | \$0/CYD,\$10                                      | \$0/CYD,\$10                                      | \$0/CYD,\$45                                      | \$0/CYD,\$0                                       | \$0/CYD,\$0                                   |
| PCP Office Visits*   | \$10*                                       | \$30*                                    | \$35*                                     | \$40*                                     | \$50*                                     | \$50*                                       | \$55*  | \$60*  | \$65*  | CYD,\$30  | CYD,\$30  | CYD,\$70  | CYD,\$0   | CYD,\$0*                                      |
| Specialist Care Virtual Visit Renown Provider                  | \$40  | \$60                                     | \$70                                      | \$80                                      | \$100                                     | \$100                                       | \$110  | \$120  | \$130  | \$60  | \$60  | CYD, 100% Member Paid\$                           | \$0   | CYD,\$0                                       |
| Specialist Office Visits                                       | \$40  | \$60                                     | \$70                                      | \$80                                      | \$100                                     | \$100                                       | \$110  | \$120  | \$130  | CYD,\$60  | CYD,\$60  | CYD, 100% Member Paid\$                           | CYD,\$0   | CYD,\$0                                       |
| 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                                       |
| <b>LAB, IMAGING AND DIAGNOSTICS</b>                            |   |  |   |   |   |   |  |  |  |   |   |   |   |   |
| Routine Lab Services   | \$10  | \$45                                     | \$50                                      | \$50                                      | \$50                                      | \$50  | \$55   | \$60   | \$60   | CYD,\$50  | CYD,\$50  | CYD,\$55  | CYD,\$0   | CYD,\$0                                       |
| Diagnostic and X-Ray   | \$40  | \$70                                     | \$85                                      | \$95                                      | \$105                                     | \$120                                       | \$120  | \$120  | \$120  | CYD,\$75  | CYD,\$85  | CYD, 100% Member Paid\$                           | CYD,\$0   | CYD,\$0                                       |
| Imaging (CT/PET/MRI)   | \$200                                       | \$280                                    | \$325                                     | \$400                                     | \$450                                     | \$475                                       | \$500  | CYD,\$550                                    | CYD,\$0                                      | CYD,\$450   | CYD,\$550   | CYD, 100% Member Paid\$                           | CYD,\$0   | CYD,\$0                                       |
| <b>FACILITY/SURGICAL</b>                                       |   |  |   |   |   |   |  |  |  |   |   |   |   |   |
| Inpatient Hospital   | \$1,000                                     | \$2,000                                  | \$2,500                                   | \$3,000                                   | \$3,500                                   | \$3,500                                     | CYD, 30%                                     | CYD, 30%                                     | CYD,\$0                                      | CYD, 30%  | CYD, 30%  | CYD, 100% Member Paid\$                           | CYD,\$0   | CYD,\$0                                       |
| Outpatient Surgical Services                                   | \$500                                       | \$1,000                                  | \$1,100                                   | \$1,100                                   | \$1,200                                   | \$1,200                                     | \$1,300                                      | \$1,400                                      | CYD,\$0                                      | CYD,\$1,200                                       | CYD,\$1,200                                       | CYD, 100% Member Paid\$                           | CYD,\$0   | CYD,\$0                                       |
| <b>EMERGENCY AND URGENT CARE</b>                               |   |  |   |   |   |   |  |  |  |   |   |   |   |   |
| Urgent Care Center Services                                    | \$70  | \$70                                     | \$80                                      | \$90                                      | \$100                                     | \$100                                       | \$100  | \$100  | \$120  | CYD,\$75  | CYD,\$75  | CYD,\$120   | CYD,\$0   | CYD,\$0                                       |
| Emergency Room Services  | \$800                                       | \$1,000                                  | \$1,200                                   | \$1,300                                   | \$1,500                                   | \$1,500                                     | CYD, 30%                                     | CYD, 30%                                     | CYD,\$0                                      | CYD, 30%  | CYD, 30%  | CYD, 100% Member Paid\$                           | CYD,\$0   | CYD,\$0                                       |
| Ambulance Services (ground/air/water)                          | \$0   | CYD, 20%                                 | CYD, 20%                                  | CYD, 20%                                  | CYD, 20%                                  | CYD, 30%                                    | CYD, 30%                                     | CYD, 30%                                     | CYD,\$0                                      | CYD, 30%  | CYD, 30%  | CYD, 100% Member Paid\$                           | CYD,\$0   | CYD,\$0                                       |
| <b>PRESCRIPTION DRUGS AND DIABETIC SUPPLIES</b>                |   |  |   |   |   |   |  |  |  |   |   |   |   |   |
| Rx - Generic Drugs   | \$4   | \$10                                     | \$10                                      | \$15                                      | \$15                                      | \$20  | \$20   | \$20   | \$30   | CYD,\$20  | CYD,\$30  | CYD,\$30  | CYD,\$0   | CYD,\$0                                       |
| Rx - Preferred Brand Drugs                                     | \$50  | \$60                                     | \$65                                      | \$75                                      | \$80                                      | \$80  | \$80   | \$80   | \$105  | CYD,\$85  | CYD,\$95  | CYD,\$125   | CYD,\$0   | CYD,\$0                                       |
| Rx - Non-Preferred Brand Drugs                                 | \$100                                       | \$120                                    | \$140                                     | \$160                                     | \$180                                     | \$180                                       | \$180  | \$180  | CYD,\$0                                      | CYD,\$135   | CYD,\$150   | CYD,\$250   | CYD,\$0   | CYD,\$0                                       |
| Diabetic Supplies - Preferred                                  | \$50  | \$60                                     | \$65                                      | \$75                                      | \$80                                      | \$80  | \$80   | \$80   | \$105  | CYD,\$85  | CYD,\$95  | CYD,\$125   | CYD,\$0   | CYD,\$0                                       |
| Diabetic Supplies - Non-Preferred                              | \$100                                       | \$120                                    | \$140                                     | \$160                                     | \$180                                     | \$180                                       | \$180  | \$180  | CYD,\$0                                      | CYD,\$135   | CYD,\$150   | CYD,\$250   | CYD,\$0   | CYD,\$0                                       |
| Special Pharmaceuticals  | 20%   | 20%                                      | 20%                                       | 20%                                       | 20%                                       | 30%   | 30%  | 30%  | CYD,\$0                                      | CYD, 30%  | CYD, 30%  | CYD, 40% Member Paid                              | CYD,\$0   | CYD,\$0                                       |
| <b>DIFFERENCE IN COST FROM GOLD 1000 CO</b>                    | <b>9.9%</b>                                 | <b>1.7%</b>                              | <b>0.0%</b>                               | <b>-1.7%</b>                              | <b>-4.5%</b>                              | <b>-8.5%</b>                                | <b>-12.9%</b>                                | <b>-13.7%</b>                                | <b>-19.4%</b>                                | <b>-20.0%</b>                                     | <b>-23.9%</b>                                     | <b>-27.5%</b>                                     | <b>-27.8%</b>                                     | <b>-27.8%</b>                                 |

National Network available only for PPO members who live and work outside Nevada.  
\$100% paid by member after CYD met until OOPMax is reached.

HMO plans only available in select northern Nevada counties; out of network benefits not available for HMO plans.  
CYD indicates you must satisfy the Calendar Year Deductible before benefits are paid by Hometown Health.

\* Plans that include one (1) free PCP visit are indicated with an asterisk.  
# Platinum Plan is only available in Washoe & Carson City.