

In-Network Benefits	Silver 3500 50-C0 3000 A D3500X2	Silver 4000 45-70 CINS P D4000X2	Silver 5000 50-70 CINS P D5000X2	Silver 1350 HSA 25-70 CINS U D1350X2 HSA	Bronze 7350 COPAY 50-NA 0000 P D7350X2	Silver 2700 HSA 25-70 CINS E D2700X2 HSA	Bronze 1350 HSA 60-00 CINS U D1350X2 HSA	Bronze 6650 HSA 00-NA 0000 E D6650X2 HSA	Bronze 7350 00-NA 0000 P D7350X2	IFP Only Catastrophic ^{††} 60-NA 0000 P D7350X2
Calendar Year Deductibles (CYD) and OOPMax										
Individual Medical Deductible Family Medical Deductible Individual Pharmacy Deductible Family Pharmacy Deductible Individual Out of Pocket Max Family Out of Pocket Max	\$3,500 7,000 \$0 \$0 \$7,350 \$14,700	\$4,000 \$8,000 \$0 \$0 \$7,000 \$14,000	\$5,000 \$10,000 \$0 \$0 \$7,350 \$14,700	\$1,350 \$2,700 Combined Combined \$6,650 \$13,300	\$7,350 \$14,700 \$0 \$0 \$7,350 \$14,700	\$2,700 \$5,400 Combined Combined \$6,650 \$13,300	\$1,350 \$2,700 Combined Combined \$6,650 \$13,300	\$6,650 \$13,300 Combined Combined \$6,650 \$13,300	\$7,350 \$14,700 Combined Combined \$7,350 \$14,700	\$7,350 \$14,700 Combined Combined \$7,350 \$14,700
Physician Office Visits										
PCP Office Visits* Specialist Office Visits Preventive (ACA Covered) Screenings	\$50* \$100 No Cost	\$45* \$90 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 CYD, \$0 No Cost
Lab, Imaging and Diagnostics										
Routine Lab Services Diagnostic and X-Ray Imaging (CT/PET/MRI)	\$50 \$80 \$350	\$45 \$70 \$350	\$50 \$80 \$400	CYD, \$40 CYD, \$60 CYD, 30%	\$40 \$100 CYD, \$0	CYD, \$40 CYD, \$50 CYD, \$200	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	\$3,000 \$1,000	CYD, 30% \$1,000	CYD, 30% \$1,100	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)	\$100 \$1,000 CYD, 30%	\$100 CYD, 30% CYD, 30%	\$100 CYD, 30% CYD, 30%	CYD, \$75 CYD, \$500 CYD, 30%	\$100 CYD, \$0 CYD, \$0	CYD, \$75 CYD, \$500 CYD, 30%	CYD, \$100 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	\$15 \$60 \$120 \$60 \$120 30%	\$10 \$60 \$120 \$60 \$120 30%	\$15 \$60 \$120 \$60 \$120 30%	CYD, \$10 CYD, \$50 CYD, \$100 CYD, \$50 CYD, \$100 CYD, 30%	\$30 \$90 \$140 \$90 \$140 30%	CYD, \$10 CYD, \$50 CYD, \$100 CYD, \$50 CYD, \$100 CYD, 30%	CYD, \$30 CYD, \$80 CYD, 60% CYD, \$80 CYD, 60% 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 CYD, \$0
Pediatric Coverage										
Pediatric Vision Pediatric Dental †	\$0 Available	\$0 Available	\$0 Available	CYD, \$0 Not Covered	\$0 Available	CYD, \$0 Not Covered	CYD, \$0 Not Covered	CYD, \$0 Not Covered	\$0 Available	CYD, \$0 Not Covered
Healthy Tracks	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included
Difference in cost from Silver 3500	0.0%	-4.3%	-6.7%	-10.8%	-13.4%	-14.6%	-22.5%	-24.1%	-26.7%	-34.4%

This is a partial list of in-network benefits and should not be construed as a complete list of benefits. All plans available in HMO and PPO designs. For a free copy of benefits visit www.hometownhealth.com or call (775)-982-3100.

In case of conflicts between the Schedule of Benefits and this document, the applicable Schedule of Benefits shall be the document that determines the benefits.

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 in place.

Hometown Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

^{*} Plans that include two (2) free PCP visits are indicated with an asterisk.

[†] For plans that indicate pediatric dental is available, pediatric dental may be added for a small additional premium.

^{††} IFP Catastrophic Plan only available to members not yet 30 years of age; 3 PCP visits at \$60, additional visits subject to deductible.

HOMETOWN HEALTH SERVICES MAP SOUTHERN NEVADA











