

# SMALL GROUP PLANS AT A GLANCE

Effective January 1, 2018



In-Network Benefits	Gold 500 20-CO 1200 A D0500X2	Gold 1000 25-CO 1700 A D1000X2	Gold 2000 30-CO 2500 A D2000X2	Gold 3000 40-CO 3000 A D3000X2	Silver 3500 50-CO 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 HSA 00-NA 0000 P D7350X2
<b>Calendar Year Deductibles (CYD) and OOPMax</b>													
Individual Medical Deductible	\$500	\$1,000	\$2,000	\$3,000	\$3,500	\$4,000	\$5,000	\$1,350	\$7,350	\$2,700	\$1,350	\$6,650	\$7,350
Family Medical Deductible	\$1,000	\$2,000	\$4,000	\$6,000	7,000	\$8,000	\$10,000	\$2,700	\$14,700	\$5,400	\$2,700	\$13,300	\$14,700
Individual Pharmacy Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Combined	\$0	Combined	Combined	Combined	Combined
Family Pharmacy Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Combined	\$0	Combined	Combined	Combined	Combined
Individual Out of Pocket Max	\$4,000	\$4,500	\$5,000	\$5,000	\$7,350	\$7,000	\$7,350	\$6,650	\$7,350	\$6,650	\$6,650	\$6,650	\$7,350
Family Out of Pocket Max	\$8,000	\$9,000	\$10,000	\$10,000	\$14,700	\$14,000	\$14,700	\$13,300	\$14,700	\$13,300	\$13,300	\$13,300	\$14,700
<b>Physician Office Visits</b>													
PCP Office Visits*	\$20*	\$25*	\$30*	\$40*	\$50*	\$45*	\$50*	CYD, \$25	\$50*	CYD, \$25	CYD, \$60	CYD, \$0	CYD, \$0
Specialist Office Visits	\$40	\$50	\$60	\$80	\$100	\$90	\$100	CYD, \$50	\$100	CYD, \$50	CYD, \$120	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
<b>Lab, Imaging and Diagnostics</b>													
Routine Lab Services	\$25	\$30	\$35	\$45	\$50	\$45	\$50	CYD, \$40	\$40	CYD, \$40	CYD, \$50	CYD, \$0	CYD, \$0
Diagnostic and X-Ray	\$60	\$60	\$70	\$70	\$80	\$70	\$80	CYD, \$60	\$100	CYD, \$50	CYD, \$100	CYD, \$0	CYD, \$0
Imaging (CT/PET/MRI)	\$225	\$250	\$300	\$350	\$350	\$350	\$400	CYD, 30%	CYD, \$0	CYD, \$200	CYD, 100%	CYD, \$0	CYD, \$0
<b>Facility/Surgical</b>													
Inpatient Hospital	\$1,200	\$1,700	\$2,500	\$3,000	\$3,000	CYD, 30%	CYD, 30%	CYD, 30%	CYD, \$0	CYD, 30%	CYD, 100%	CYD, \$0	CYD, \$0
Outpatient Surgical Services	\$800	\$900	\$900	\$1,000	\$1,000	\$1,000	\$1,100	CYD, \$1,000	CYD, \$0	CYD, \$1,000	CYD, 100%	CYD, \$0	CYD, \$0
<b>Emergency and Urgent Care</b>													
Urgent Care Center Services	\$75	\$80	\$90	\$100	\$100	\$100	\$100	CYD, \$75	\$100	CYD, \$75	CYD, \$100	CYD, \$0	CYD, \$0
Emergency Room Services	\$500	\$550	\$800	\$1,000	\$1,000	CYD, 30%	CYD, 30%	CYD, \$500	CYD, \$0	CYD, \$500	CYD, 100%	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
<b>Prescription Drugs and Diabetic Supplies</b>													
Rx - Generic Drugs	\$10	\$10	\$10	\$10	\$15	\$10	\$15	CYD, \$10	\$30	CYD, \$10	CYD, \$30	CYD, \$0	CYD, \$0
Rx - Preferred Brand Drugs	\$40	\$50	\$50	\$60	\$60	\$60	\$60	CYD, \$50	\$90	CYD, \$50	CYD, \$80	CYD, \$0	CYD, \$0
Rx - Non-Preferred Brand Drugs	\$80	\$100	\$100	\$120	\$120	\$120	\$120	CYD, \$100	\$140	CYD, \$100	CYD, 60%	CYD, \$0	CYD, \$0
Diabetic Supplies - Preferred	\$40	\$50	\$50	\$60	\$60	\$60	\$60	CYD, \$50	\$90	CYD, \$50	CYD, \$80	CYD, \$0	CYD, \$0
Diabetic Supplies - Non-Preferred	\$80	\$100	\$100	\$120	\$120	\$120	\$120	CYD, \$100	\$140	CYD, \$100	CYD, 60%	CYD, \$0	CYD, \$0
Special Pharmaceuticals	20%	20%	20%	20%	30%	30%	30%	CYD, 30%	30%	CYD, 30%	CYD, 40%	CYD, \$0	CYD, \$0
<b>Pediatric Coverage</b>													
Pediatric Vision	\$0	\$0	\$0	\$0	\$0	\$0	\$0	CYD, \$0	\$0	CYD, \$0	CYD, \$0	CYD, \$0	\$0
Pediatric Dental †	Available	Available	Available	Available	Available	Available	Available	Not Covered	Available	Not Covered	Not Covered	Not Covered	Available
<b>Healthy Tracks</b>													
	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included
<b>Difference in cost from Gold 2000</b>													
	4.7%	2.3%	0.0%	-2.8%	-9.1%	-13.0%	-15.2%	-18.9%	-21.3%	-22.4%	-29.6%	-31.0%	-33.4%

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](http://www.hometownhealth.com) or call (775)-982-3100.

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

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.

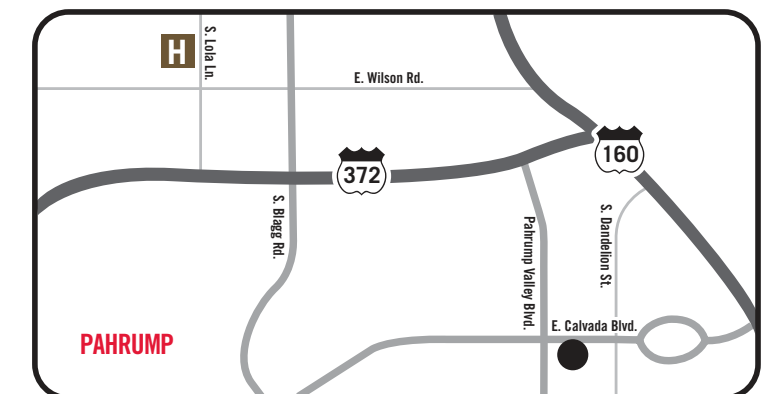
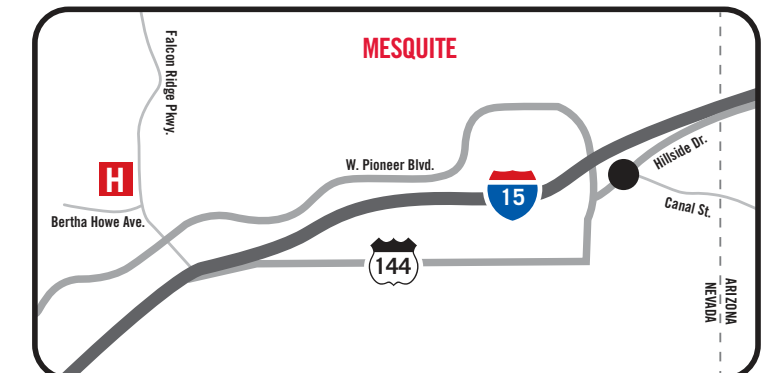
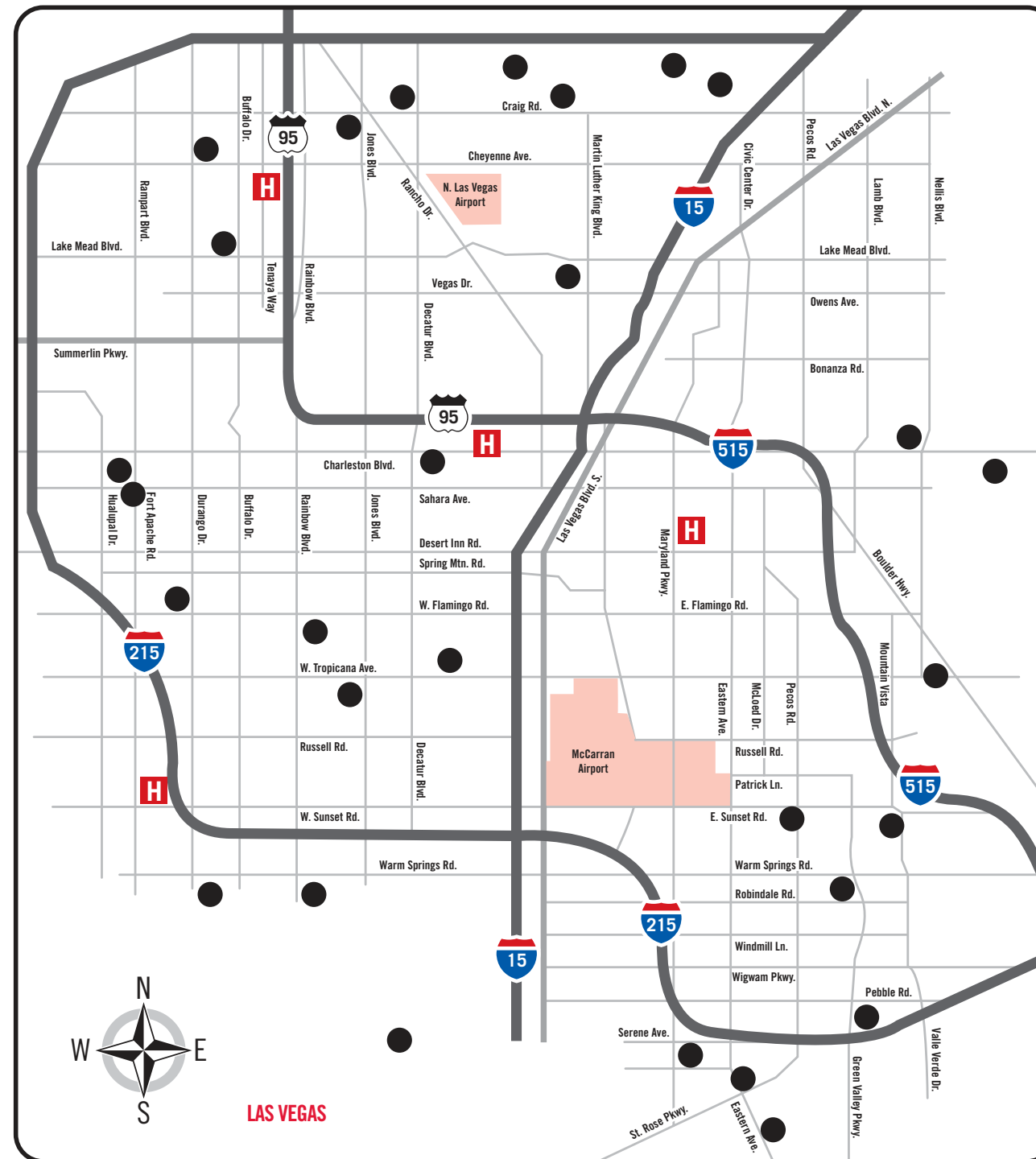
Hometown Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

\* 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.

# HOMETOWN HEALTH SERVICES MAP SOUTHERN NEVADA

HOSPITALS		
<b>H</b>	Desert View Hospital	360 S. Lola Lane Pahrump
<b>H</b>	Mesa View Regional Hospital	1299 Bertha Howe Ave. Mesquite Mountain
<b>H</b>	Mountain View Hospital	3100 Tenaya Way Las Vegas
<b>H</b>	Southern Hills Hospital & Medical Center	9300 W. Sunset Rd. Las Vegas
<b>H</b>	Sunrise Hospital & Medical Center	3816 S. Maryland Pkwy. Las Vegas
<b>H</b>	University Medical Center	1800 W. Charleston Blvd. Las Vegas
URGENT CARES		
●	Advanced Urgent Care & Nightlight Pediatrics	9975 S. Eastern Ave., #110 Las Vegas
●	Clinic 21	5216 Boulder Highway, #105 Las Vegas
●	Encompass Care	6424 Losee Rd., #100 Las Vegas
●	Good Night Pediatrics Nevada	2651 N. Green Pkwy., #101D Henderson
●	Healthcare Partners of Nevada	1501 E. Calvada Blvd. Pahrump
●	Healthcare Partners of Nevada	4800 S. Wynn Rd. Las Vegas
●	Healthcare Partners of Nevada	595 W. Lake Mead Pkwy. Henderson
●	Healthcare Partners of Nevada	9499 W. Charleston Blvd., #150 Las Vegas
●	Mesa View Medical Group	1925 Whipple Ave., #30 Logandale (not mapped)
●	Mesa View Medical Group	450 Hillside Dr., Bldg B, #104 Mesquite
●	Parkway Urgent Care	100 N. Green Valley Pkwy., #110 Henderson
●	UMC Quick Care	1700 Wheeler Peak St. Las Vegas
●	UMC Quick Care	61 N. Nellis Blvd. Las Vegas
●	UMC Quick Care	9320 W. Sahara Ave. Las Vegas
●	UMC Quick Care	423 1-3 N. Rancho Rd. Las Vegas
●	UMC Quick Care	4180 S. Rainbow Blvd., #810 Las Vegas
●	UMC Quick Care	2031 N. Buffalo Dr. Las Vegas
●	UMC Quick Care	525 Mark St. Henderson
●	CareNow Urgent Care	10652 S. Eastern Ave., #A Henderson
●	CareNow Urgent Care	2202 W. Craig Rd. N. Las Vegas
●	CareNow Urgent Care	2269 N. Green Valley Pkwy. Henderson
●	CareNow Urgent Care	3020 W. Ann Rd. N. Las Vegas
●	CareNow Urgent Care	4075 S. Durango Rd., #108-110 Las Vegas
●	CareNow Urgent Care	4575 W. Charleston Blvd., #A Las Vegas
●	CareNow Urgent Care	4900 W. Craig Rd., #B1-B3 Las Vegas
●	CareNow Urgent Care	6125 W. Tropicana Ave., #A Las Vegas
●	CareNow Urgent Care	8300 W. Cheyenne Ave., #106 Las Vegas
●	CareNow Urgent Care	5891 E. Charleston Blvd., #150 Las Vegas
●	CareNow Urgent Care	9785 S. Maryland Pkwy., #A-2 Las Vegas
●	CareNow Urgent Care	7424 S. Rainbow Blvd., #A Las Vegas
●	CareNow Urgent Care	5570 Camino al Norte, #1 N. Las Vegas
●	CareNow Urgent Care	7040 S. Durango Dr., 105 Las Vegas
●	CareNow Urgent Care	10530 Southern Highlands Pkwy., #150 Las Vegas
●	CareNow Urgent Care	585 College Dr., #C Henderson



SMALL GROUP PLANS AT A GLANCE

Visit [hometownhealth.com](http://hometownhealth.com) and click on "Find a Doctor" for a detailed physician directory.

