INDIVIDUAL, FAMILY AND SMALL GROUP PLANS AT A GLANCE

Effective January 1, 2018



In-Network Benefits	Gold 500 20-c0 1200 A D0500X2	Gold 1000 25-c0 1700 A D1000X2	Gold 2000 30-c0 2500 A D2000X2	Gold 3000 40-c0 3000 A D3000X2	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									DISSUAZ		DISSUAZ IISA	DOUJUNZ IISH		D7330A2
Individual Medical Deductible Family Medical Deductible Individual Pharmacy Deductible Family Pharmacy Deductible Individual Out of Pocket Max Family Out of Pocket Max	\$500 \$1,000 \$0 \$0 \$4,000 \$8,000	\$1,000 \$2,000 \$0 \$0 \$4,500 \$9,000	\$2,000 \$4,000 \$0 \$0 \$5,000 \$10,000	\$3,000 \$6,000 \$0 \$0 \$5,000 \$10,000	\$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	\$20* \$40 No Cost	\$25* \$50 No Cost	\$30* \$60 No Cost	\$40* \$80 No Cost	\$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)	\$25 \$60 \$225	\$30 \$60 \$250	\$35 \$70 \$300	\$45 \$70 \$350	\$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	\$1,200 \$800	\$1,700 \$900	\$2,500 \$900	\$3,000 \$1,000	\$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)	\$75 \$500 CYD, 20%	\$80 \$550 CYD, 20%	\$90 \$800 CYD, 20%	\$100 \$1,000 CYD, 20%	\$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	\$10 \$40 \$80 \$40 \$80 20%	\$10 \$50 \$100 \$50 \$100 20%	\$10 \$50 \$100 \$50 \$100 20%	\$10 \$60 \$120 \$60 \$120 20%	\$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 CYD, \$0 CYD, \$0
Pediatric Coverage														
Pediatric Vision Pediatric Dental †	\$0 Available	\$0 Available	\$0 Available	\$0 Available	\$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	Included	Included	Included	Included
Difference in cost from Gold 2000	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%	-40.3%

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.

 $[\]ensuremath{^{\star}}$ Plans that include two (2) free PCP visits are indicated with an asterisk.

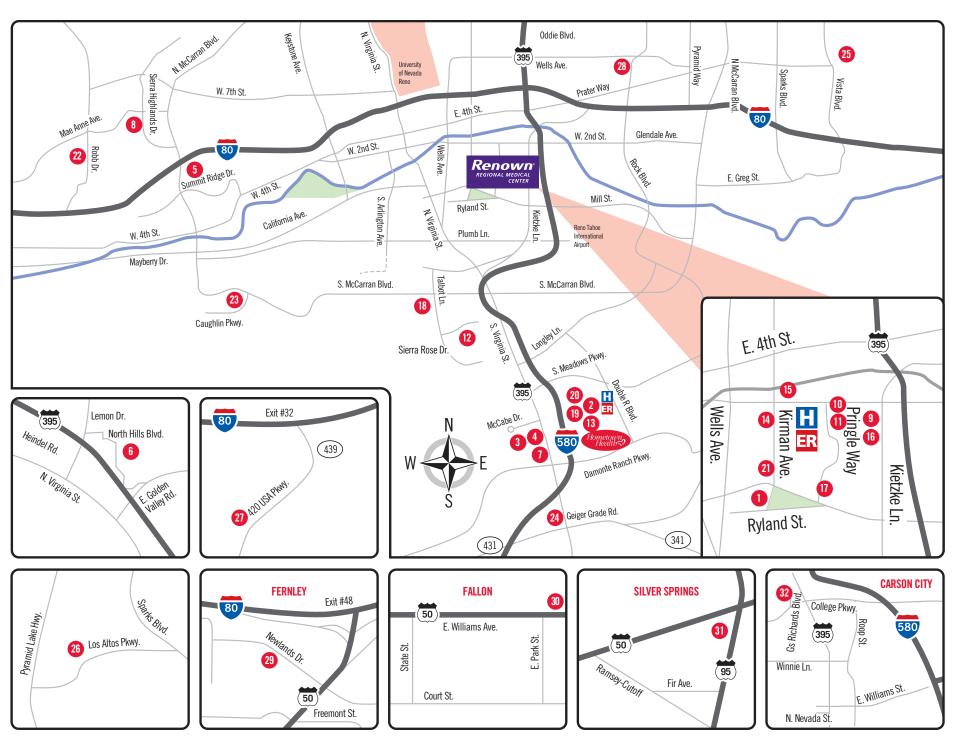
[†] For plans that indicate pediatric dental is available, pediatric dental may be added for a small additional premium.

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

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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	75 Kirman Ave.			•**		
15	901 E. 2nd St., Breast Health Center			•**		
16	1500 E. 2nd St., Suite 302	•				
17	1155 Mill St., Renown Regional			•**		•
18	6630 S. McCarran Blvd., Building C #27			•**		
19	Renown South Meadows Medical Center 10101 Double R Blvd.					•
20	10085 Double R Blvd., Suite 145			•**		
21	Renown Rehabilitation Hospital 1495 Mill St.					•
22	1595 Robb Dr.	•			•	
23	4796 Caughlin Pkwy., Suite 108	•				
24	13945 S. Virginia St., Suite 632	•			•	
SPA	RKS					
25	910 Vista Blvd.	•	•	•**	•	
26	202 Los Altos Pkwy.	•	•	•**	•	
27	420 USA Pkwy., Suite 106		•			
28	Renown Skilled Nursing, 1835 Oddie Blvd.					•
	NLEY				•	
29	1343 W. Newlands Dr.		•	•*	•	
FALL						
30	560 E. Williams Ave.	•	•		•	
	ER SPRINGS					
31	3595 U.S. Highway 50		•	•		
	SON CITY					
32	3641 Gs Richards Blvd.	•			•	
	OPAH					
UN	825 S. Main St.					
	OLU U. IVIdIII U.	•		•	•	

RENOWN HEALTH SERVICES MAP NORTHERN NEVADA



*X-Ray only





^{**} X-Ray & Imaging operated by Renown Regional Medical Center