



2024 Individual & Family (IFP) On Exchange

Effective January 1, 2024 • In-Network Benefits

	Gold	Silver - 20	Silver - 10	Silver - 5	Silver - 0	Silver 70 - HSA	Silver 70	Bronze Plus	Bronze - HSA	Bronze	Catastrophic*
CYD AND OOPMax											
Individual Medical Deductible	\$2,200	\$4,590	\$4,665	\$4,705	\$4,725	\$3,295	\$5,765	\$4,725	\$4,025	\$9,450	\$9,450
Family Medical Deductible	\$4,400	\$9,180	\$9,330	\$9,410	\$9,450	\$6,590	\$11,530	\$9,450	\$8,050	\$18,900	\$18,900
Individual Out-of-Pocket Max	\$4,400	\$9,180	\$9,330	\$9,410	\$9,450	\$6,590	\$5,765	\$9,450	\$8,050	\$9,450	\$9,450
Family Out-of-Pocket Max	\$8,800	\$18,360	\$18,660	\$18,820	\$18,900	\$13,180	\$11,530	\$18,900	\$16,100	\$18,900	\$18,900
PHYSICIAN OFFICE VISITS											
PCP Visit (HMO must use RMG PCP)	\$5	\$20	\$10	\$5	\$0	CYD, \$0	CYD, 0%	\$55	CYD, \$55	CYD, 0%	3 Visits at \$55, CYD then \$0
Specialist Visit	\$50	\$80	\$80	\$80	\$80	CYD, \$80	CYD, 0%	\$100	CYD, \$100	CYD, 0%	CYD, \$0
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LAB, IMAGING AND DIAGNOSTICS											
Routine Lab Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Diagnostic and X-Ray	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Imaging (CT / PET / MRI)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
FACILITY / SURGICAL											
All Inpatient Hospital Services (inc. MH / SUD)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Outpatient Surgical Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
EMERGENCY AND URGENT CARE											
Urgent Care Center Services	\$50	\$50	\$50	\$50	\$50	CYD, \$50	\$50	\$50	CYD, \$50	\$50	CYD, \$0
Emergency Room Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Ambulance Services (ground / air / water)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Rx											
Rx - Generic Drugs	\$5	\$15	\$15	\$15	\$15	CYD, \$15	CYD, \$0	\$20	CYD, \$20	CYD, \$0	CYD, \$0
Rx - Preferred Brand Drugs	\$40	\$65	\$65	\$65	\$65	CYD, \$65	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
Rx - Non-Preferred Drugs	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
Special Pharmaceuticals	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
PRODUCT TYPE(S)	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO

VIEW THE NOTICE OF PRIVACY PRACTICES AT [HometownHealth.com](https://www.hometownhealth.com).

For a free copy of benefits, visit [HometownHealth.com](https://www.hometownhealth.com) or call **775-982-3100**.

Individual and Family Plans available in Washoe, Douglas, Lyon, and Storey Counties, and Carson City.

*Renown Catastrophic plan is only available to qualified individuals. CYD indicates that you must meet the Calendar Year Deductible before benefits will be paid by Hometown Health. HMO plans are available on Nevada Health Link and may qualify for a subsidy. This document is only a summary and is not a Schedule of Benefits.

LADD/2310-2534625