



Effective January 1, 2021.
In-Network Benefits.
Plans are guaranteed
through March 31, 2022.



	NEV 10-CO 2000 A D0500X2 A1	PPO 30-70 CINS S D1000X3 A4	NEV 30-70 CINS S D1000X3 A4	PPO HD-NA CINS E D3000X2 HSA A2	PPO 40-CO 2000 A D2500X3 A1	PPO 40-70 CINS S D4000X2 A1	PPO 50-70 CINS S D5500X2 A3	NEV 50-70 CINS S D5500X2
CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax								
Individual Medical Deductible	\$500	\$1,000	\$1,000	\$3,000	\$2,500	\$4,000	\$5,500	\$5,500
Family Medical Deductible	\$1,000	\$3,000	\$3,000	\$6,000	\$7,500	\$8,000	\$11,000	\$11,000
Individual Pharmacy Deductible	\$0	\$0	\$0	Combined	\$0	\$0	\$0	\$0
Family Pharmacy Deductible	\$0	\$0	\$0	Combined	\$0	\$0	\$0	\$0
Individual Out of Pocket Max	\$4,500	\$7,500	\$7,500	\$3,000	\$7,500	\$7,900	\$7,900	\$8,150
Family Out of Pocket Max	\$9,000	\$15,000	\$15,000	\$6,000	\$15,000	\$15,800	\$15,800	\$16,300
PHYSICIAN OFFICE VISITS								
PCP Office Visits (Renown/non-Renown)	\$0/\$10	\$30	\$0/\$30	CYD, \$0	\$40	\$40	\$50	\$0/\$30
Specialist Office Visits	\$20	\$60	\$60	CYD, \$0	\$80	\$80	\$80	\$60
Preventive (ACA Covered) Screenings	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
LAB, IMAGING AND DIAGNOSTICS								
Routine Lab Services	No Cost	\$25	\$25	CYD, \$0	\$25	\$40	\$50	\$30
Diagnostic and X-Ray	\$20	\$60	\$60	CYD, \$0	\$80	\$80	\$80	\$60
Imaging (CT/PET/MRI)	\$250	CYD, 30%	CYD, 30%	CYD, \$0	CYD, \$250	CYD, 30%	CYD, 30%	CYD, 30%
FACILITY/SURGICAL								
Inpatient Hospital	\$2,000	CYD, 30%	CYD, 30%	CYD, \$0	CYD, \$2,000	CYD, 30%	CYD, 30%	CYD, 30%
Outpatient Surgical Services	\$400	\$1000	\$1,000	CYD, \$0	CYD, \$1,000	CYD, 30%	CYD, 30%	CYD, 30%
EMERGENCY AND URGENT CARE								
Urgent Care Center Services	\$20	\$50	\$50	CYD, \$0	\$50	\$40	\$50	\$60
Emergency Room Services	CYD, \$200	\$500	\$500	CYD, \$0	\$500	CYD, 30%	CYD, 30%	CYD, 30%
Ambulance Services (ground/air/water)	\$200	CYD, 30%	CYD, 30%	CYD, \$0	CYD, \$250	CYD, 30%	CYD, 30%	CYD, 30%
PRESCRIPTION DRUGS AND DIABETIC SUPPLIES								
Rx - Generic Drugs	\$10	\$15	\$15	CYD, \$0	\$15	\$25	\$25	\$25
Rx - Preferred Brand Drugs	\$30	\$40	\$40	CYD, \$0	\$40	\$50	\$50	\$50
Rx - Non-Preferred Brand Drugs	\$50	\$60	\$60	CYD, \$0	\$60	\$70	\$70	\$70
Diabetic Supplies - Preferred	\$30	\$40	\$40	CYD, \$0	\$40	\$50	\$50	\$50
Diabetic Supplies - Non-Preferred	\$50	\$60	\$60	CYD, \$0	\$60	\$70	\$70	\$70
Special Pharmaceuticals	20%	30%	30%	CYD, \$0	30%	20%	20%	20%
PREMIUMS								
Employee Only	\$378.60	\$366.78	\$330.10	\$317.66	\$313.50	\$298.37	\$286.97	\$232.85
Employee + Spouse	\$812.94	\$698.62	\$628.76	\$697.47	\$667.92	\$628.15	\$638.05	\$530.69
Employee + Child(ren)	\$675.88	\$628.75	\$565.87	\$571.78	\$593.98	\$565.32	\$522.02	\$438.62
Employee + Family	\$1,201.59	\$1,117.79	\$1,006.01	\$983.01	\$1,045.43	\$980.05	\$928.06	\$745.13

a. Plans available for groups with as few as 5 employees enrolled and as many as 100 employees enrolled.
b. Must pass medical underwriting annually to be eligible to enroll in these plans and rates.
c. National Network available only for PPO members who live and work outside Nevada.

d. Out of network benefits not available for HMO plans.
e. CYD indicates you must satisfy the Calendar Year Deductible before benefits are paid by Hometown Health.
f. 50% employer contribution and 50% employee participation required. A maximum of two plans selected.