



Effective January 1, 2022 • In-Network Benefits

HEALTH INSURANCE
OVERSIGHT SYSTEM ID

**Renown
Gold
HMO Zero**
41094NV0030026-02

**Renown
Gold
HMO Limited**
41094NV0030026-03

**Renown
Silver
HMO Zero**
41094NV0030063-02

**Renown
Silver
HMO Limited**
41094NV0030063-03

**Renown
Silver
HMO 73**
41094NV0030063-04

**Renown
Silver
HMO 87**
41094NV0030063-05

**Renown
Silver
HMO 94**
41094NV0030063-06

**Renown
Bronze
HMO Zero**
41094NV0030049-02

**Renown
Bronze
HMO Limited**
41094NV0030049-03

**Renown
Bronze
HMO 7000 Zero**
41094NV0030051-02

**Renown
Bronze
HMO 7000 Limited**
41094NV0030051-03

IFP Cost Sharing Reductions Benefits at a Glance

CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax											
Individual Medical Deductible	\$0	\$0 or \$2,000	\$0	\$0 or \$5,500	\$5,500	\$2,700	\$400	\$0	\$0 or \$8,550	\$0	\$0 or \$7,000
Family Medical Deductible	\$0	\$0 or \$4,000	\$0	\$0 or \$11,000	\$11,000	\$5,400	\$800	\$0	\$0 or \$17,100	\$0	\$0 or \$14,000
Individual Pharmacy Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Combined	\$0	Combined
Family Pharmacy Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Combined	\$0	Combined
Individual Out-of-Pocket Max	\$0	\$0 or \$6,000	\$0	\$0 or \$8,400	\$6,950	\$2,900	\$2,900	\$0	\$8,550	\$0	\$0 or \$7,000
Family Out-of-Pocket Max	\$0	\$0 or \$12,000	\$0	\$0 or \$16,800	\$13,900	\$5,800	\$5,800	\$0	\$17,100	\$0	\$0 or \$14,000
PHYSICIAN OFFICE VISITS											
Renown Medical Group (RMG) PCP Visit	\$0	\$0 or \$0	\$0	\$0 or \$0	\$0	\$0	\$0	\$0	\$0 or CYD,\$0	\$0	\$0 or CYD,\$0
Specialist Office Visits	\$0	\$0 or \$80	\$0	\$0 or \$120	\$100	\$80	\$0	\$0	CYD,\$0	\$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
LAB, IMAGING AND DIAGNOSTICS											
Routine Lab Services	\$0	\$0 or \$50	\$0	\$0 or \$60	\$50	\$0	\$0	\$0	CYD,\$0	\$0	CYD,\$0
Diagnostic and X-Ray	\$0	\$0 or \$95	\$0	\$0 or \$120	\$100	\$80	\$0	\$0	CYD,\$0	\$0	CYD,\$0
Imaging (CT/PET/MRI)	\$0	\$0 or \$400	\$0	\$0 or CYD,\$550	CYD,\$550	CYD,\$550	\$0	\$0	CYD,\$0	\$0	CYD,\$0
FACILITY/SURGICAL											
Inpatient Hospital	\$0	\$0 or \$3,000	\$0	\$0 or CYD, 30%	CYD, 30%	CYD, 30%	CYD, 30%	\$0	CYD,\$0	\$0	CYD,\$0
Outpatient Surgical Services	\$0	\$0 or \$1,100	\$0	\$0 or \$1,400	\$1,400	\$1,400	\$0	\$0	CYD,\$0	\$0	CYD,\$0
EMERGENCY AND URGENT CARE											
Urgent Care Center Services	\$0	\$0 or \$90	\$0	\$0 or \$100	\$100	\$100	\$0	\$0	CYD,\$0	\$0	CYD,\$0
Emergency Room Services	\$0	\$0 or \$1,300	\$0	\$0 or CYD, 30%	CYD, 30%	CYD, 30%	CYD, 30%	\$0	CYD,\$0	\$0	CYD,\$0
Ambulance Services (ground/air/water)	\$0	\$0 or CYD, 20%	\$0	\$0 or CYD, 30%	CYD, 30%	CYD, 30%	CYD, 30%	\$0	CYD,\$0	\$0	CYD,\$0
PRESCRIPTION DRUGS AND DIABETIC SUPPLIES											
Rx - Generic Drugs	\$0	\$0 or \$15	\$0	\$0 or \$20	\$20	\$20	\$20	\$0	CYD,\$0	\$0	CYD,\$0
Rx - Preferred Brand Drugs	\$0	\$0 or \$75	\$0	\$0 or \$80	\$80	\$80	\$80	\$0	CYD,\$0	\$0	CYD,\$0
Rx - Non-Preferred Brand Drugs	\$0	\$0 or \$160	\$0	\$0 or \$180	\$180	\$180	\$180	\$0	CYD,\$0	\$0	CYD,\$0
Diabetic Supplies - Preferred	\$0	\$0 or \$75	\$0	\$0 or \$80	\$80	\$80	\$80	\$0	CYD,\$0	\$0	CYD,\$0
Diabetic Supplies - Non-Preferred	\$0	\$0 or \$160	\$0	\$0 or \$180	\$180	\$180	\$180	\$0	CYD,\$0	\$0	CYD,\$0
Special Pharmaceuticals	\$0	\$0 or 20%	\$0	\$0 or 30%	30%	30%	30%	\$0	CYD,\$0	\$0	CYD,\$0
PEDIATRIC COVERAGE											
Pediatric Vision	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	CYD,\$0
40 Y/O RATES (RATING AREA 2)	\$580.44	\$580.44	\$493.61	\$493.61	\$493.61	\$493.61	\$493.61	\$340.38	\$340.38	\$360.76	\$360.76
NOTES	Available to AI/NA only Income must be between 100% and 300% of FDL. See Note 2	Available to AI/NA only Income below 100% or above 300% of the FPL. See Note 3	Available to AI/NA only Income must be between 100% and 300% of FDL. See Note 2	Available to AI/NA only Income below 100% or above 300% of the FPL. See Note 3	Available to households with less than 250% Federal Poverty Level. See Note 1	Available to households with less than 250% Federal Poverty Level. See Note 1	Available to households with less than 250% Federal Poverty Level. See Note 1	Available to AI/NA only Income must be between 100% and 300% of FDL. See Note 2	Available to AI/NA only Income below 100% or above 300% of the FPL. See Note 3	Income must be between 100% and 300% of FDL. See Note 2	Income below 100% or above 300% of the FPL. See Note 3

For a free copy of benefits, visit hometownhealth.com or call 775-982-3232.

HMO plans only available in select northern Nevada counties; out-of-network benefits not available for HMO plans. You 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 paid by Hometown Health.

Note 1: <https://www.nevadahealthlink.com/start-here/income-based-costs/>
 Note 2: <https://www.healthcare.gov/american-indians-alaska-natives/> • Note 3: https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education/pdf/understanding-cost-sharing_909438-N.pdf