



Effective January 1, 2022 • In-Network Benefits

HEALTH INSURANCE
OVERSIGHT SYSTEM ID

**Renown
Gold HMO**

22 IF HMO 20-CO
3000 A D2000X2

41094NV0030026-01

**Renown
Silver HMO**

22 IF HMO 40-70
CINS P D5500X2

41094NV0030063-01

**Renown
Bronze HMO**

22 IF HMO 00-NA
0000 P D8550X2

41094NV0030049-01

**Renown
Bronze HMO 7000 HSA**

22 IF HMO 00-NA
0000 E D7000X2 HSA

41094NV0030051-01

CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax				
Individual Medical Deductible	\$2,000	\$5,500	\$8,550	\$7,000
Family Medical Deductible	\$4,000	\$11,000	\$17,100	\$14,000
Individual Pharmacy Deductible	\$0	\$0	Combined	Combined
Family Pharmacy Deductible	\$0	\$0	Combined	Combined
Individual Out-of-Pocket Max	\$6,000	\$8,400	\$8,550	\$7,000
Family Out-of-Pocket Max	\$12,000	\$16,800	\$17,100	\$14,000
PHYSICIAN OFFICE VISITS				
Renown Medical Group (RMG) PCP Visit	\$20	\$40	CYD, \$0	CYD, \$0
Specialist Office Visits	\$80	\$120	CYD, \$0	CYD, \$0
Preventive (ACA Covered) Screenings	No Cost	No Cost	No Cost	No Cost
LAB, IMAGING AND DIAGNOSTICS				
Routine Lab Services	\$50	\$60	CYD, \$0	CYD, \$0
Diagnostic and X-Ray	\$95	\$120	CYD, \$0	CYD, \$0
Imaging (CT/PET/MRI)	\$400	CYD, \$550	CYD, \$0	CYD, \$0
FACILITY/SURGICAL				
Inpatient Hospital	\$3,000	CYD, 30%	CYD, \$0	CYD, \$0
Outpatient Surgical Services	\$1,100	\$1,400	CYD, \$0	CYD, \$0
EMERGENCY AND URGENT CARE				
Urgent Care Center Services	\$90	\$100	CYD, \$0	CYD, \$0
Emergency Room Services	\$1,300	CYD, 30%	CYD, \$0	CYD, \$0
Ambulance Services (ground/air/water)	CYD, 20%	CYD, 30%	CYD, \$0	CYD, \$0
PRESCRIPTION DRUGS AND DIABETIC SUPPLIES				
Rx - Generic Drugs	\$15	\$20	CYD, \$0	CYD, \$0
Rx - Preferred Brand Drugs	\$75	\$80	CYD, \$0	CYD, \$0
Rx - Non-Preferred Brand Drugs	\$160	\$180	CYD, \$0	CYD, \$0
Diabetic Supplies - Preferred	\$75	\$80	CYD, \$0	CYD, \$0
Diabetic Supplies - Non-Preferred	\$160	\$180	CYD, \$0	CYD, \$0
Special Pharmaceuticals	20%	30%	CYD, \$0	CYD, \$0
PEDIATRIC COVERAGE				
Pediatric Vision	\$0	\$0	\$0	CYD, \$0
40 Y/O RATES (RATING AREA 2)	\$580.44	\$493.61	\$340.38	\$360.76

Individual & Family (IFP) Benefits at a Glance

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.