



Effective January 1, 2022
In-Network Benefits

HEALTH INSURANCE OVERSIGHT SYSTEM ID

Individual & Family (IFP) Benefits at a Glance

	Renown Gold HMO	Renown Silver HMO	Renown Silver HMO HSA	Renown Bronze HMO	Renown Bronze HMO 7000 HSA	Renown Catastrophic HMO ††	Hometown Gold EPO	Hometown Silver EPO	Hometown Bronze EPO HSA	Hometown Gold PPO	Hometown Silver PPO	Hometown Bronze PPO
	22 IF HMO 20-CO 3000 A D2000X2	22 IF HMO 40-70 CINS P D5500X2	22 IF HMO 10-70 CINS U D1400X2 HSA	22 IF HMO 00-NA 0000 P D8550X2	22 IF HMO 00-NA 0000 E D7000X2 HSA	22 IF HMO 50-NA 0000 P D8700X2	22 IF EPO 15-CO 2500 A D1000X2	22 IF EPO 35-70 CINS P D4500X2	22 IF EPO 45-00 CINS E D3500X2HSA	22 IF PPO 10-CO 2000 A D0500X2	22 IF PPO 30-CO 3500 A D4000X2	22 IF PPO 45-NA 0000 P D8550X2
	41094NV0030026-00	41094NV0030063-00	41094NV0030047-00	41094NV0030049-00	41094NV0030051-00	41094NV0030034-00	41094NV0040004-00	41094NV0040005-00	41094NV0040006-00	85266NV0030073-00	85266NV0030075-00	85266NV0030091-00
CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax												
Individual Medical Deductible	\$2,000	\$5,500	\$1,400	\$8,550	\$7,000	\$8,700	\$1,000	\$4,500	\$3,500	\$500	\$4,000	\$8,550
Family Medical Deductible	\$4,000	\$11,000	\$2,800	\$17,100	\$14,000	\$17,400	\$2,000	\$9,000	\$7,000	\$1,000	\$8,000	\$17,100
Individual Pharmacy Deductible	\$0	\$0	Combined	Combined	Combined	Combined	\$0	\$0	Combined	\$0	\$0	Combined
Family Pharmacy Deductible	\$0	\$0	Combined	Combined	Combined	Combined	\$0	\$0	Combined	\$0	\$0	Combined
Individual Out-of-Pocket Max	\$6,000	\$8,400	\$7,000	\$8,550	\$7,000	\$8,700	\$5,500	\$8,200	\$7,000	\$5,000	\$8,000	\$8,550
Family Out-of-Pocket Max	\$12,000	\$16,800	\$14,000	\$17,100	\$14,000	\$17,400	\$11,000	\$16,400	\$14,000	\$10,000	\$16,000	\$17,100
PHYSICIAN OFFICE VISITS												
Renown Medical Group (RMG) PCP Visit	\$20	\$40	CYD, \$10	CYD, \$0	CYD, \$0	CYD, \$50	\$15	\$35	CYD, \$45	\$10	\$30	\$45
PCP Office Visits	N/A	N/A	N/A	N/A	N/A	N/A	\$35	\$55	CYD, \$70	\$30	\$50	\$65
Specialist Office Visits	\$80	\$120	CYD, \$60	CYD, \$0	CYD, \$0	CYD, \$0	\$70	\$110	CYD, 100%	\$60	\$100	\$130
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	No Cost
LAB, IMAGING AND DIAGNOSTICS												
Routine Lab Services	\$50	\$60	CYD, \$50	CYD, \$0	CYD, \$0	CYD, \$0	\$50	\$55	CYD, \$55	\$45	\$50	\$60
Diagnostic and X-Ray	\$95	\$120	CYD, \$75	CYD, \$0	CYD, \$0	CYD, \$0	\$85	\$120	CYD, 100%	\$70	\$120	\$120
Imaging (CT/PET/MRI)	\$400	CYD, \$550	CYD, \$450	CYD, \$0	CYD, \$0	CYD, \$0	\$325	\$500	CYD, 100%	\$280	\$475	CYD, \$0
FACILITY/SURGICAL												
Inpatient Hospital	\$3,000	CYD, 30%	CYD, 30%	CYD, \$0	CYD, \$0	CYD, \$0	\$2,500	CYD, 30%	CYD, 100%	\$2,000	\$3,500	CYD, \$0
Outpatient Surgical Services	\$1,100	\$1,400	CYD, \$1,200	CYD, \$0	CYD, \$0	CYD, \$0	\$1,100	\$1,300	CYD, 100%	\$1,000	\$1,200	CYD, \$0
EMERGENCY AND URGENT CARE												
Urgent Care Center Services	\$90	\$100	CYD, \$75	CYD, \$0	CYD, \$0	CYD, \$0	\$80	\$100	CYD, \$120	\$70	\$100	\$120
Emergency Room Services	\$1,300	CYD, 30%	CYD, 30%	CYD, \$0	CYD, \$0	CYD, \$0	\$1,200	CYD, 30%	CYD, 100%	\$1,000	\$1,500	CYD, \$0
Ambulance Services (ground/air/water)	CYD, 20%	CYD, 30%	CYD, 30%	CYD, \$0	CYD, \$0	CYD, \$0	CYD, 20%	CYD, 30%	CYD, 100%	CYD, 20%	CYD, 30%	CYD, \$0
PRESCRIPTION DRUGS AND DIABETIC SUPPLIES												
Rx - Generic Drugs	\$15	\$20	CYD, \$20	CYD, \$0	CYD, \$0	CYD, \$0	\$10	\$20	CYD, \$30	\$10	\$20	\$30
Rx - Preferred Brand Drugs	\$75	\$80	CYD, \$85	CYD, \$0	CYD, \$0	CYD, \$0	\$65	\$80	CYD, \$125	\$60	\$80	\$105
Rx - Non-Preferred Brand Drugs	\$160	\$180	CYD, \$135	CYD, \$0	CYD, \$0	CYD, \$0	\$140	\$180	CYD, \$250	\$120	\$180	CYD, \$0
Diabetic Supplies - Preferred	\$75	\$80	CYD, \$85	CYD, \$0	CYD, \$0	CYD, \$0	\$65	\$80	CYD, \$125	\$60	\$80	\$105
Diabetic Supplies - Non-Preferred	\$160	\$180	CYD, \$135	CYD, \$0	CYD, \$0	CYD, \$0	\$140	\$180	CYD, \$250	\$120	\$180	CYD, \$0
Special Pharmaceuticals	20%	30%	CYD, 30%	CYD, \$0	CYD, \$0	CYD, \$0	20%	30%	CYD, 40%	20%	30%	CYD, \$0
PEDIATRIC COVERAGE												
Pediatric Vision	\$0	\$0	CYD, \$0	\$0	CYD, \$0	CYD, \$0	\$0	\$0	\$0	\$0	CYD, \$0	\$0
40 Y/O RATES (RATING AREA 2)	\$580.44	\$493.61	\$431.83	\$340.38	\$360.76	\$302.58	\$663.38	\$496.54	\$415.19	\$693.05	\$542.35	\$456.96
NOTES	Also available On-Exchange	Also available On-Exchange		Also available On-Exchange	Also available On-Exchange	**Available to Individuals under 30 y/o						

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

PPO plans only available in select northern Nevada counties.
HMO plans only available in select northern Nevada counties; out-of-network benefits not available for HMO plans.
EPO plans only available in select northern Nevada counties; out-of-network benefits not available for EPO 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.
†† Catastrophic Plan is only available to individuals.