



Effective January 1, 2022 • In-Network Benefits

	Gold PPO 250 CO 10-CO 2000 A D0250X2	Gold PPO 1000 CO 15-CO 2500 A D1000X2	Gold PPO 2500 CO 20-CO 3000 A D2500X2	Silver PPO 4000 CO 30-CO 3500 A D4000X2	Silver PPO 1400 HSA 10-70 CINS U D1400X2 HSA	Gold EPO 250 CO 10-CO 2000 A D0250X2	Gold EPO 1000 CO 15-CO 2500 A D1000X2	Gold EPO 2500 CO 20-CO 3000 A D2500X2	Silver EPO 4000 CO 30-CO 3500 A D4000X2	Silver EPO 5500 CO 40-70 CINS P D5500X2	Silver EPO 1400 HSA 10-70 CINS U D1400X2 HSA	Bronze EPO 7000 HSA 00-NA0000 E D7000X2 HSA	Gold HMO 250 CO 10-CO 2000 A D0250X2	Gold HMO 1000 CO 15-CO 2500 A D1000X2	Gold HMO 2500 CO 20-CO 3000 A D2500X2	Silver HMO 4000 CO 30-CO 3500 A D4000X2	Silver HMO 5500 CO 40-70 CINS P D5500X2	Silver HMO 1400 HSA 10-70 CINS U D1400X2 HSA	Bronze HMO 7000 HSA 00-NA0000 E D7000X2 HSA
CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax																			
Individual Medical Deductible	\$250	\$1,000	\$2,500	\$4,000	\$1,400	\$250	\$1,000	\$2,500	\$4,000	\$5,500	\$1,400	\$7,000	\$250	\$1,000	\$2,500	\$4,000	\$5,500	\$1,400	\$7,000
Family Medical Deductible	\$500	\$2,000	\$5,000	\$8,000	\$2,800	\$500	\$2,000	\$5,000	\$8,000	\$11,000	\$2,800	\$14,000	\$500	\$2,000	\$5,000	\$8,000	\$11,000	\$2,800	\$14,000
Individual Pharmacy Deductible	\$0	\$0	\$0	\$0	Combined	\$0	\$0	\$0	\$0	\$0	Combined	Combined	\$0	\$0	\$0	\$0	\$0	Combined	Combined
Family Pharmacy Deductible	\$0	\$0	\$0	\$0	Combined	\$0	\$0	\$0	\$0	\$0	Combined	Combined	\$0	\$0	\$0	\$0	\$0	Combined	Combined
Individual Out-of-Pocket Max	\$5,000	\$5,500	\$6,000	\$8,000	\$7,000	\$5,000	\$5,500	\$6,000	\$8,000	\$8,400	\$7,000	\$7,000	\$5,000	\$5,500	\$6,000	\$8,000	\$8,400	\$7,000	\$7,000
Family Out-of-Pocket Max	\$10,000	\$11,000	\$12,000	\$16,000	\$14,000	\$10,000	\$11,000	\$12,000	\$16,000	\$16,800	\$14,000	\$14,000	\$10,000	\$11,000	\$12,000	\$16,000	\$16,800	\$14,000	\$14,000
PHYSICIAN OFFICE VISITS																			
PCP Office Visits	\$30	\$35	\$40	\$50	CYD, \$30	\$30	\$35	\$40	\$50	\$60	CYD, \$30	CYD, \$0	\$10	\$15	\$20	\$30	\$40	CYD, \$10	CYD, \$0
Specialist Office Visits	\$60	\$70	\$80	\$100	CYD, \$60	\$60	\$70	\$80	\$100	\$120	CYD, \$60	CYD, \$0	\$20	\$30	\$40	\$60	\$80	CYD, \$20	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	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
LAB, IMAGING AND DIAGNOSTICS																			
Routine Lab Services	\$45	\$50	\$50	\$50	CYD, \$50	\$45	\$50	\$50	\$50	\$60	CYD, \$50	CYD, \$0	\$45	\$50	\$50	\$50	\$60	CYD, \$50	CYD, \$0
Diagnostic and X-Ray	\$70	\$85	\$95	\$120	CYD, \$75	\$70	\$85	\$95	\$120	\$120	CYD, \$75	CYD, \$0	\$70	\$85	\$95	\$120	\$120	CYD, \$75	CYD, \$0
Imaging (CT/PET/MRI)	\$280	\$325	\$400	\$475	CYD, \$450	\$280	\$325	\$400	\$475	CYD, \$550	CYD, \$450	CYD, \$0	\$280	\$325	\$400	\$475	CYD, \$550	CYD, \$450	CYD, \$0
FACILITY/SURGICAL																			
Inpatient Hospital	\$2,000	\$2,500	\$3,000	\$3,500	CYD, 30%	\$2,000	\$2,500	\$3,000	\$3,500	CYD, 30%	CYD, 30%	CYD, \$0	\$2,000	\$2,500	\$3,000	\$3,500	CYD, 30%	CYD, 30%	CYD, \$0
Outpatient Surgical Services	\$1,000	\$1,100	\$1,100	\$1,200	CYD, \$1,200	\$1,000	\$1,100	\$1,100	\$1,200	\$1,400	CYD, \$1,200	CYD, \$0	\$1,000	\$1,100	\$1,100	\$1,200	\$1,400	CYD, \$1,200	CYD, \$0
EMERGENCY AND URGENT CARE																			
Urgent Care Center Services	\$70	\$80	\$90	\$100	CYD, \$75	\$70	\$80	\$90	\$100	\$100	CYD, \$75	CYD, \$0	\$70	\$80	\$90	\$100	\$100	CYD, \$75	CYD, \$0
Emergency Room Services	\$1,000	\$1,200	\$1,300	\$1,500	CYD, 30%	\$1,000	\$1,200	\$1,300	\$1,500	CYD, 30%	CYD, 30%	CYD, \$0	\$1,000	\$1,200	\$1,300	\$1,500	CYD, 30%	CYD, 30%	CYD, \$0
Ambulance Services (ground/air/water)	CYD, 20%	CYD, 20%	CYD, 20%	CYD, 30%	CYD, 30%	CYD, 20%	CYD, 20%	CYD, 20%	CYD, 30%	CYD, 30%	CYD, 30%	CYD, \$0	CYD, 20%	CYD, 20%	CYD, 20%	CYD, 30%	CYD, 30%	CYD, 30%	CYD, \$0
PRESCRIPTION DRUGS AND DIABETIC SUPPLIES																			
Rx - Generic Drugs	\$10	\$10	\$15	\$20	CYD, \$20	\$10	\$10	\$15	\$20	\$20	CYD, \$20	CYD, \$0	\$10	\$10	\$15	\$20	\$20	CYD, \$20	CYD, \$0
Rx - Preferred Brand Drugs	\$60	\$65	\$75	\$80	CYD, \$85	\$60	\$65	\$75	\$80	\$80	CYD, \$85	CYD, \$0	\$60	\$65	\$75	\$80	\$80	CYD, \$85	CYD, \$0
Rx - Non-Preferred Brand Drugs	\$120	\$140	\$160	\$180	CYD, \$135	\$120	\$140	\$160	\$180	\$180	CYD, \$135	CYD, \$0	\$120	\$140	\$160	\$180	\$180	CYD, \$135	CYD, \$0
Diabetic Supplies - Preferred	\$60	\$65	\$75	\$80	CYD, \$85	\$60	\$65	\$75	\$80	\$80	CYD, \$85	CYD, \$0	\$60	\$65	\$75	\$80	\$80	CYD, \$85	CYD, \$0
Diabetic Supplies - Non-Preferred	\$120	\$140	\$160	\$180	CYD, \$135	\$120	\$140	\$160	\$180	\$180	CYD, \$135	CYD, \$0	\$120	\$140	\$160	\$180	\$180	CYD, \$135	CYD, \$0
Special Pharmaceuticals	20%	20%	20%	30%	CYD, 30%	20%	20%	20%	30%	30%	CYD, 30%	CYD, \$0	20%	20%	20%	30%	30%	CYD, 30%	CYD, \$0

AGE-BANDED PLANS – GUARANTEED ISSUE

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

National network available only for Small Group PPO members who live and work outside Nevada. 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.