



Effective January 1, 2022
In-Network Benefits

HEALTH INSURANCE OVERSIGHT SYSTEM ID

Small Group Benefits at a Glance

	SG Renown Gold HMO	SG Renown Silver HMO	SG Renown Silver HMO HSA	SG Renown Bronze HMO HSA	SG Hometown Gold EPO	SG Hometown Silver EPO	SG Hometown Bronze EPO HSA	SG Hometown Gold PPO 500	SG Hometown Gold PPO 2000	SG Hometown Silver PPO	SG Hometown Silver PPO HSA	SG Hometown Bronze PPO	SG Hometown Bronze PPO HSA
	22 SG HMO 20-CO 3000 A D2000X2	22 SG HMO 40-70 CINS P D5500X2	22 SG HMO 10-70 CINS U D2800X2 HSA	22 SG HMO 00-NA 0000 E D7000X2 HSA	22 SG EPO 15-CO 2500 A D1000X2	22 SG EPO 35-70 CINS P D4500X2	22 SG EPO 45-00 CINS E D3500X2 HSA	22 SG PPO 10-CO 2000 A D0500X2	22 SG PPO 20-CO 3000 A D2000X2	22 SG PPO 30-CO 3500 A D4000X2	22 SG PPO 10-70 CINS U D1400X2 HSA	22 SG PPO 45-NA 0000 P D8550X2	22 SG PPO 00-NA 0000 E D7000X2 HSA
	41094NV0020053	41094NV0020055	41094NV0020058	41094NV0020064	41094NV0050001	41094NV0050002	41094NV0050003	85266NV0020108	85266NV0020109	85266NV0020112	85266NV0020114	85266NV0020135	85266NV0020120
CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax													
Individual Medical Deductible	\$2,000	\$5,500	\$2,800	\$7,000	\$1,000	\$4,500	\$3,500	\$500	\$2,000	\$4,000	\$1,400	\$8,550	\$7,000
Family Medical Deductible	\$4,000	\$11,000	\$2,800	\$14,000	\$2,000	\$9,000	\$7,000	\$1,000	\$4,000	\$8,000	\$2,800	\$17,100	\$14,000
Individual Pharmacy Deductible	\$0	\$0	Combined	Combined	\$0	\$0	Combined	\$0	\$0	\$0	Combined	Combined	Combined
Family Pharmacy Deductible	\$0	\$0	Combined	Combined	\$0	\$0	Combined	\$0	\$0	\$0	Combined	Combined	Combined
Individual Out-of-Pocket Max	\$6,000	\$8,400	\$7,000	\$7,000	\$5,500	\$8,200	\$7,000	\$5,000	\$6,000	\$8,000	\$7,000	\$8,550	\$7,000
Family Out-of-Pocket Max	\$12,000	\$16,800	\$14,000	\$14,000	\$11,000	\$16,400	\$14,000	\$10,000	\$12,000	\$16,000	\$14,000	\$17,100	\$14,000
PHYSICIAN OFFICE VISITS													
Renown Medical Group (RMG) PCP Visit	\$20	\$40	CYD, \$10	CYD, \$0	\$15	\$35	CYD, \$45	\$10	\$20	\$30	CYD, \$10	\$45	CYD, \$0
PCP Office Visits	N/A	N/A	N/A	N/A	\$35	\$55	CYD, \$70	\$30	\$40	\$50	CYD, \$30	\$65	CYD, \$0
Specialist Office Visits	\$80	\$120	CYD, \$60	CYD, \$0	\$70	\$110	CYD, 100%	\$60	\$80	\$100	CYD, \$60	\$130	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
LAB, IMAGING AND DIAGNOSTICS													
Routine Lab Services	\$50	\$60	CYD, \$50	CYD, \$0	\$50	\$55	CYD, \$55	\$45	\$50	\$50	CYD, \$50	\$60	CYD, \$0
Diagnostic and X-Ray	\$95	\$120	CYD, \$75	CYD, \$0	\$85	\$120	CYD, 100%	\$70	\$95	\$120	CYD, \$75	\$120	CYD, \$0
Imaging (CT/PET/MRI)	\$400	CYD, \$550	CYD, \$450	CYD, \$0	\$325	\$500	CYD, 100%	\$280	\$400	\$475	CYD, \$450	CYD, \$0	CYD, \$0
FACILITY/SURGICAL													
Inpatient Hospital	\$3,000	CYD, 30%	CYD, 30%	CYD, \$0	\$2,500	CYD, 30%	CYD, 100%	\$2,000	\$3,000	\$3,500	CYD, 30%	CYD, \$0	CYD, \$0
Outpatient Surgical Services	\$1,100	\$1,400	CYD, \$1,200	CYD, \$0	\$1,100	\$1,300	CYD, 100%	\$1,000	\$1,100	\$1,200	CYD, \$1,200	CYD, \$0	CYD, \$0
EMERGENCY AND URGENT CARE													
Urgent Care Center Services	\$90	\$100	CYD, \$75	CYD, \$0	\$80	\$100	CYD, \$120	\$70	\$90	\$100	CYD, \$75	\$120	CYD, \$0
Emergency Room Services	\$1,300	CYD, 30%	CYD, 30%	CYD, \$0	\$1,200	CYD, 30%	CYD, 100%	\$1,000	\$1,300	\$1,500	CYD, 30%	CYD, \$0	CYD, \$0
Ambulance Services (ground/air/water)	CYD, 20%	CYD, 30%	CYD, 30%	CYD, \$0	CYD, 20%	CYD, 30%	CYD, 100%	CYD, 20%	CYD, 20%	CYD, 30%	CYD, 30%	CYD, \$0	CYD, \$0
PRESCRIPTION DRUGS AND DIABETIC SUPPLIES													
Rx - Generic Drugs	\$15	\$20	CYD, \$20	CYD, \$0	\$10	\$20	CYD, \$30	\$10	\$15	\$20	CYD, \$20	\$30	CYD, \$0
Rx - Preferred Brand Drugs	\$75	\$80	CYD, \$85	CYD, \$0	\$65	\$80	CYD, \$125	\$60	\$75	\$80	CYD, \$85	\$105	CYD, \$0
Rx - Non-Preferred Brand Drugs	\$160	\$180	CYD, \$135	CYD, \$0	\$140	\$180	CYD, \$250	\$120	\$160	\$180	CYD, \$135	CYD, \$0	CYD, \$0
Diabetic Supplies - Preferred	\$75	\$80	CYD, \$85	CYD, \$0	\$65	\$80	CYD, \$125	\$60	\$65	\$80	CYD, \$85	\$105	CYD, \$0
Diabetic Supplies - Non-Preferred	\$160	\$180	CYD, \$135	CYD, \$0	\$140	\$180	CYD, \$250	\$120	\$140	\$180	CYD, \$135	CYD, \$0	CYD, \$0
Special Pharmaceuticals	20%	30%	CYD, 30%	CYD, \$0	20%	30%	CYD, 40%	20%	20%	30%	CYD, 30%	CYD, \$0	CYD, \$0
PEDIATRIC COVERAGE													
Pediatric Vision	\$0	\$0	CYD, \$0	CYD, \$0	\$0	\$0	CYD, \$0	\$0	\$0	\$0	CYD, \$0	\$0	CYD, \$0
40 Y/O RATES (RATING AREA 2)	\$438.93	\$371.71	\$368.97	\$323.88	\$500.49	\$425.83	\$368.38	\$523.36	\$501.98	\$465.26	\$422.28	\$394.45	\$374.55

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.
EPO plans only available in select 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.