



HMO CALENDAR YEAR DEDUCTIBLES (CYD) and OOPMax	Renown GOLD HMO Premier	Renown GOLD HMO	Renown SILVER HMO	Renown SILVER HMO HDHP	Renown BRONZE HMO COPAY	Renown BRONZE HMO HDHP	Renown BRONZE HMO D9100	Renown* CATASTROPHIC
<b>Individual Medical Deductible</b>	\$0	\$0	\$0	\$2,900	\$0	\$3,550	\$9,100	\$9,100
<b>Family Medical Deductible</b>	\$0	\$0	\$0	\$5,800	\$0	\$7,100	\$18,200	\$18,200
<b>Individual Out of Pocket Max</b>	\$5,550	\$9,100	\$9,100	\$5,800	\$9,100	\$7,100	\$9,100	\$9,100
<b>Family Out of Pocket Max</b>	\$11,100	\$18,200	\$18,200	\$11,600	\$18,200	\$14,200	\$18,200	\$18,200
<b>EPO CALENDAR YEAR DEDUCTIBLES (CYD) and OOPMax</b>	<i>Not Offered</i>	<b>Hometown Health GOLD EPO</b>	<b>Hometown Health SILVER EPO</b>	<i>Not Offered</i>	<i>Not Offered</i>	<b>Hometown Health EPO HDHP</b>	<i>Not Offered</i>	<i>Not Offered</i>
<b>Individual Medical Deductible</b>	<i>Not offered</i>	\$0	\$0	<i>Not offered</i>	<i>Not offered</i>	\$3,550	<i>Not offered</i>	<i>Not offered</i>
<b>Family Medical Deductible</b>	<i>Not offered</i>	\$0	\$0	<i>Not offered</i>	<i>Not offered</i>	\$7,100	<i>Not offered</i>	<i>Not offered</i>
<b>Individual Out of Pocket Max</b>	<i>Not offered</i>	\$9,100	\$9,100	<i>Not offered</i>	<i>Not offered</i>	\$7,100	<i>Not offered</i>	<i>Not offered</i>
<b>Family Out of Pocket Max</b>	<i>Not offered</i>	\$18,200	\$18,200	<i>Not offered</i>	<i>Not offered</i>	\$14,200	<i>Not offered</i>	<i>Not offered</i>
<b>PPO CALENDAR YEAR DEDUCTIBLES (CYD) and OOPMax</b>	<i>Not Offered</i>	<b>Hometown Health GOLD PPO</b>	<b>Hometown Health SILVER PPO</b>	<i>Not Offered</i>	<b>Hometown Health BRONZE PPO COPAY</b>	<i>Not Offered</i>	<i>Not Offered</i>	<i>Not Offered</i>
<b>Individual Medical Deductible</b>	<i>Not offered</i>	\$0	\$0	<i>Not offered</i>	\$0	<i>Not offered</i>	<i>Not offered</i>	<i>Not offered</i>
<b>Family Medical Deductible</b>	<i>Not offered</i>	\$0	\$0	<i>Not offered</i>	\$0	<i>Not offered</i>	<i>Not offered</i>	<i>Not offered</i>
<b>Individual Out of Pocket Max</b>	<i>Not offered</i>	\$5,300	\$9,000	<i>Not offered</i>	\$8,500	<i>Not offered</i>	<i>Not offered</i>	<i>Not offered</i>
<b>Family Out of Pocket Max</b>	<i>Not offered</i>	\$10,600	\$18,000	<i>Not offered</i>	\$17,000	<i>Not offered</i>	<i>Not offered</i>	<i>Not offered</i>
<b>MEDICAL BENEFIT COST SHARING (all plans)</b>								
<b>PHYSICIAN OFFICE VISITS</b>								
PCP Visit (HMO must use RMG PCP)	\$10	\$30	\$50	CYD, \$50	\$80	CYD, \$80	CYD, \$0	3 Visits @ \$55
Specialist Visits	\$60	\$60	\$100	CYD, \$100	\$160	CYD, \$160	CYD, \$0	CYD, \$0
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>LAB, IMAGING AND DIAGNOSTICS</b>								
Routine Lab Services	\$60	\$60	\$100	CYD, \$100	\$160	CYD, \$160	CYD, \$0	CYD, \$0
Diagnostic and X-Ray	\$60	\$60	\$100	CYD, \$100	\$160	CYD, \$160	CYD, \$0	CYD, \$0
Imaging (CT/PET/MRI)	\$350	\$350	\$500	CYD, \$500	\$500	CYD, \$500	CYD, \$0	CYD, \$0
<b>FACILITY / SURGICAL</b>								
All Inpatient Hospital Services (inc. MH/SUD)	\$3,000	\$3,000	\$4,000	CYD, \$2,900	\$4,000	CYD, \$3,550	CYD, \$0	CYD, \$0
Outpatient Surgical Services	20%	20%	30%	CYD, 30%	40%	CYD, 40%	CYD, \$0	CYD, \$0
<b>EMERGENCY AND URGENT CARE</b>								
Urgent Care Center Services	\$50	\$50	\$50	CYD, \$50	\$50	CYD, \$50	CYD, \$0	CYD, \$0
Emergency Room Services	\$1,500	\$1,500	\$2,000	CYD, \$2,000	\$2,500	CYD, \$2,500	CYD, \$0	CYD, \$0
Ambulance Services (ground/air/water)	20%	20%	30%	CYD, 30%	40%	CYD, 40%	CYD, \$0	CYD, \$0
<b>RX</b>								
Rx - Generic Drugs	\$10	\$10	\$20	CYD, \$20	\$40	CYD, \$40	CYD, \$0	CYD, \$0
Rx - Preferred Brand Drugs	\$50	\$50	\$80	CYD, \$80	\$200	CYD, \$200	CYD, \$0	CYD, \$0
Rx - Non-Preferred Brand Drugs	50%	50%	50%	CYD, 50%	50%	CYD, 50%	CYD, \$0	CYD, \$0
Special Pharmaceuticals	50%	50%	50%	CYD, 50%	50%	CYD, 50%	CYD, \$0	CYD, \$0
<b>OTHER</b>								
Teladoc - General Med / Urgent Care	\$0	\$0	\$0	CYD, \$0	\$0	CYD, \$0	\$0	\$0
Teladoc - Specialist	\$20	\$20	\$20	CYD, \$20	\$20	CYD, \$20	\$20	\$20
<b>PRODUCT TYPE(s)</b>	<b>HMO</b>	<b>HMO, EPO, PPO</b>	<b>HMO, EPO, PPO</b>	<b>HMO Only</b>	<b>HMO &amp; PPO</b>	<b>HMO &amp; EPO</b>	<b>HMO Only</b>	<b>HMO Only</b>
<b>EXCHANGE - HMO ONLY (on/off)</b>	<b>Off Only</b>	<b>On + Off</b>	<b>On + Off</b>	<b>On + Off</b>	<b>On + Off</b>	<b>On + Off</b>	<b>On + Off</b>	<b>On + Off</b>

For a free copy of benefits, visit [hometownhealth.com](http://hometownhealth.com) or call 775-982-3232.

Individual and Family Plans available Washoe, Douglas, Lyon, and Storey Counties, and Carson City. Out-of-Network Benefits are available on PPO plans. \*Renown Catastrophic plan is only available to qualified individuals. CYD indicates that you must meet the Calendar Year Deductible before benefits will be paid by Hometown Health. HMO plans are available on Nevada Health Link and may qualify for a subsidy (except the Renown Gold HMO Premier which is offered exclusively through brokers).