



Gold X

Gold

Silver

Silver HDHP

Bronze

Bronze HDHP

Bronze D9100

23 AP [H/E/P]
10-CO 2000 A
D0000X2

23 AP [H/E/P]
20-CO 3000 A
D0000X2

23 AP [H/E/P]
50-CO 4000 A
D0000X2

23 AP [H/E/P]
50-CO 3200 E
D3200X2 HSA

23 AP [H/E/P]
80-CO 4000 A
D0000X2

23 AP [H/E/P]
80-CO 3750 E
D3750X2 HSA

23 AP [H/E/P]
00-NA 0000 A
D9100X2

Effective January 1, 2023 • In-Network Benefits

TECHNICAL NAMES

CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax	Gold X		Gold		Silver		Silver HDHP		Bronze		Bronze HDHP		Bronze D9100	
Individual Medical Deductible	N/A		N/A		N/A		\$3,200		N/A		\$3,750		\$9,100	
Family Medical Deductible	N/A		N/A		N/A		\$6,400		N/A		\$7,500		\$18,200	
Individual Out of Pocket Max	\$5,700		\$6,900		\$9,100		\$6,400		\$9,100		\$7,500		\$9,100	
Family Out of Pocket Max	\$11,400		\$13,800		\$18,200		\$12,800		\$18,200		\$15,000		\$18,200	
MEDICAL BENEFIT COST SHARING (all plans)														
PHYSICIAN OFFICE VISITS														
PCP Visit (HMO must use RMG PCP)	3 free vists then \$10		3 free vists then \$20		3 free vists then \$50		CYD, \$50		3 free vists then \$80		CYD, \$80		3 free vists then CYD	
Specialist Visit	\$30		\$40		\$100		CYD, \$100		\$160		CYD, \$160		CYD, \$0	
Preventive (ACA Covered) Screenings	\$0		\$0		\$0		\$0		\$0		\$0		\$0	
LAB, IMAGING AND DIAGNOSTICS														
Routine Lab Services	\$30		\$40		\$100		CYD, \$100		\$160		CYD, \$160		CYD, \$0	
Diagnostic and X-Ray	\$30		\$40		\$100		CYD, \$100		\$160		CYD, \$160		CYD, \$0	
Imaging (CT/PET/MRI)	\$200		\$250		\$500		CYD, \$500		\$500		CYD, \$500		CYD, \$0	
FACILITY / SURGICAL														
All Inpatient Hospital Services (inc. MH/SUD)	\$2,000		\$3,000		\$4,000		CYD, \$3,200		\$4,000		CYD, \$3,750		CYD, \$0	
Outpatient Surgical Services	\$200		\$200		\$500		CYD, \$500		\$500		CYD, \$500		CYD, \$0	
EMERGENCY AND URGENT CARE														
Urgent Care Center Services	\$50		\$50		\$50		CYD, \$50		\$50		CYD, \$50		CYD, \$0	
Emergency Room Services	\$1,000		\$1,500		\$2,000		CYD, \$2000		\$2,500		CYD, \$2,500		CYD, \$0	
Ambulance Services (ground/air/water)	20%		20%		30%		CYD, 30%		40%		CYD, 40%		CYD, \$0	
Rx														
Rx - Generic Drugs	\$5		\$10		\$20		CYD, \$20		\$40		CYD, \$40		CYD, \$0	
Rx - Preferred Brand Drugs	\$40		\$50		\$80		CYD, \$80		\$200		CYD, \$200		CYD, \$0	
Rx - Non-Preferred Drugs	\$150		\$200		\$250		CYD, \$250		\$500		CYD, \$500		CYD, \$0	
Special Pharmaceuticals	50%		50%		50%		CYD, 50%		50%		CYD, 50%		CYD, \$0	
OTHER														
Teladoc - General Med / Urgent Care	\$0		\$0		\$0		CYD, \$0		\$0		CYD, \$0		\$0	
Teladoc - Specialist	\$20		\$20		\$20		CYD, \$20		\$20		CYD, \$20		\$20	

HMO & PPO plans available in Washoe, Douglas, Lyon, and Storey counties, and Carson City. EPO plans offered statewide except White Pine & Elko counties. Out-of-Network Benefits are available on PPO plans.

CYD indicates that you must meet the Calendar Year Deductible before benefits will be paid by Hometown Health. Builders plans exclude pediatric vision, infertility, and hearing aids. Skilled nursing is covered up to 60 days per year.

For a free copy of benefits, visit hometownhealth.com or call 775-982-3100.

2023 Builder's Association Benefits at a Glance