



Effective January 1, 2023 • In-Network Benefits

TECHNICAL NAMES

Gold X

Gold

Silver

Silver HDHP

Bronze

Bronze HDHP

Bronze D9100

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

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

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

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

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

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

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

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.

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

2023 Small Group Benefits at a Glance