



Effective January 1, 2024 • In-Network Benefits

TECHNICAL NAMES

Battle Born Gold

Gold

Silver Plus

Silver HSA

Silver

Bronze Plus

Bronze HSA

Bronze

24 SG
40-CO 1000 A
D0000X2

24 SG
40-80 CINS P
D0000X2

24 SG
40-70 CINS P
D0000X2

24 SG
HD-70 CINS E
D3200X2 HSA

24 SG
00-NA CINS
D6525X2

24 SG
60-60 CINS P
D4725X2

24 SG
HD-60 CINS E
D4025X2 HSA

24 SG
00-NA CINS
D9450X2

	Battle Born Gold	Gold	Silver Plus	Silver HSA	Silver	Bronze Plus	Bronze HSA	Bronze
CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax								
Individual Medical Deductible	\$0	\$0	\$0	\$3,200	\$6,525	\$4,725	\$4,025	\$9,450
Family Medical Deductible	\$0	\$0	\$0	\$6,400	\$13,050	\$9,450	\$8,050	\$18,900
Individual Out of Pocket Max	\$5,545	\$9,410	\$9,450	\$6,400	\$6,525	\$9,450	\$8,050	\$9,450
Family Out of Pocket Max	\$11,090	\$18,820	\$18,900	\$12,800	\$13,050	\$18,900	\$16,100	\$18,900
PHYSICIAN OFFICE VISITS								
PCP Visit (HMO must use RMG PCP)	\$40	\$40	\$40	CYD, \$40	CYD, 0%	\$60	CYD, \$60	CYD, 0%
Specialist Visit	\$40	\$40	\$80	CYD, \$80	CYD, 0%	\$100	CYD, \$100	CYD, 0%
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LAB, IMAGING AND DIAGNOSTICS								
Routine Lab Services	\$50	\$50	\$80	CYD, \$80	CYD, 0%	\$100	CYD, \$100	CYD, 0%
Diagnostic and X-Ray	\$50	\$50	\$80	CYD, \$80	CYD, 0%	\$100	CYD, \$100	CYD, 0%
Imaging (CT / PET / MRI)	\$250	\$250	\$500	CYD, \$500	CYD, 0%	\$500	CYD, \$500	CYD, 0%
FACILITY / SURGICAL								
Inpatient Facility Fee (inc. MH/SUD)	\$1,000	20%	30%	CYD, 30%	CYD, 0%	CYD, 40%	CYD, 40%	CYD, 0%
Inpatient Physician/Surgical Services	\$200	\$200	\$200	CYD, \$200	CYD, 0%	\$250	CYD, \$250	CYD, 0%
Outpatient Surgery Facility Fee	\$200	\$200	\$300	CYD, \$300	CYD, 0%	\$350	CYD, \$350	CYD, 0%
Outpatient Surgery Physician/Surgical Services	\$200	\$200	\$200	CYD, \$200	CYD, 0%	\$250	CYD, \$250	CYD, 0%
EMERGENCY AND URGENT CARE								
Urgent Care Center Services	\$50	\$50	\$50	CYD, \$50	CYD, 0%	\$50	CYD, \$50	CYD, 0%
Emergency Room Services	\$500	\$500	\$1,500	CYD, \$1,500	CYD, 0%	CYD, 40%	CYD, 40%	CYD, 0%
Ambulance Services (ground / air / water)	20%	20%	30%	CYD, 30%	CYD, 0%	CYD, 40%	CYD, 40%	CYD, 0%
Rx								
Rx - Generic Drugs	\$5	\$5	\$15	CYD, \$15	CYD, 0%	\$20	CYD, \$20	CYD, 0%
Rx - Preferred Brand Drugs	\$40	\$40	\$65	CYD, \$65	CYD, 0%	\$200	CYD, \$200	CYD, 0%
Rx - Non-Preferred Drugs	\$150	\$150	\$250	CYD, \$250	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Special Pharmaceuticals	50%	50%	50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
PRODUCT TYPES	HMO / EPO / PPO	HMO / EPO / PPO	HMO / EPO / PPO	HMO / EPO / PPO	HMO / EPO / PPO	HMO / EPO / PPO	HMO / EPO / PPO	HMO / EPO / PPO

VIEW THE NOTICE OF PRIVACY PRACTICES AT [HometownHealth.com](https://www.hometownhealth.com).
For a free copy of benefits, visit [HometownHealth.com](https://www.hometownhealth.com) or call 775-982-3100.

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. This document is only a summary and is not a Schedule of Benefits.

2024 Small Group Benefits at a Glance