



# 2024 Individual & Family (IFP) Off Exchange

Effective January 1, 2024 • In-Network Benefits	Gold Plus	Gold	Silver Plus	Silver - 20	Silver - 10	Silver - 5	Silver - 0	Silver 70- HSA	Silver 68- HSA	Silver 70	Silver 68	Bronze Plus	Bronze - HSA	Bronze
<b>CYD AND OOPMax</b>														
<b>Individual Medical Deductible</b>	\$0	\$2,200	\$0	\$4,590	\$4,665	\$4,705	\$4,725	\$3,295	\$3,750	\$5,765	\$6,525	\$4,725	\$4,025	\$9,450
<b>Family Medical Deductible</b>	\$0	\$4,400	\$0	\$9,180	\$9,330	\$9,410	\$9,450	\$6,590	\$7,500	\$11,530	\$13,050	\$9,450	\$8,050	\$18,900
<b>Individual Out-of-Pocket Max</b>	\$6,500	\$4,400	\$9,450	\$9,180	\$9,330	\$9,410	\$9,450	\$6,590	\$7,500	\$5,765	\$6,525	\$9,450	\$8,050	\$9,450
<b>Family Out-of-Pocket Max</b>	\$13,000	\$8,800	\$18,900	\$18,360	\$18,660	\$18,820	\$18,900	\$13,180	\$15,000	\$11,530	\$13,050	\$18,900	\$16,100	\$18,900
<b>PHYSICIAN OFFICE VISITS</b>														
<b>PCP Visit (HMO must use RMG PCP)</b>	\$5	\$5	\$40	\$20	\$10	\$5	\$0	CYD, \$0	CYD, \$0	CYD, 0%	CYD, 0%	\$55	CYD, \$55	CYD, 0%
<b>Specialist Visit</b>	\$50	\$50	\$80	\$80	\$80	\$80	\$80	CYD, \$80	CYD, \$80	CYD, 0%	CYD, 0%	\$100	CYD, \$100	CYD, 0%
<b>Preventive (ACA Covered) Screenings</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>LAB, IMAGING AND DIAGNOSTICS</b>														
<b>Routine Lab Services</b>	\$50	CYD, 30%	\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>Diagnostic and X-Ray</b>	\$50	CYD, 30%	\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>Imaging (CT / PET / MRI)</b>	\$200	CYD, 30%	\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>FACILITY / SURGICAL</b>														
<b>Inpatient Facility Fee (inc. MH/SUD)</b>	30%	CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>Inpatient Physician/Surgical Services</b>	\$100	CYD, 30%	\$200	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>Outpatient Surgery Facility Fee</b>	\$150	CYD, 30%	\$300	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>Outpatient Surgery Physician/Surgical Services</b>	\$100	CYD, 30%	\$200	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>EMERGENCY AND URGENT CARE</b>														
<b>Urgent Care Center Services</b>	\$50	\$50	\$50	\$50	\$50	\$50	\$50	CYD, \$50	CYD, \$50	\$50	\$50	\$50	CYD, \$50	\$50
<b>Emergency Room Services</b>	\$500	CYD, 30%	\$1,500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>Ambulance Services (ground / air / water)</b>	30%	CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>Rx</b>														
<b>Rx - Generic Drugs</b>	\$5	\$5	\$15	\$15	\$15	\$15	\$15	CYD, \$15	CYD, \$15	CYD, \$0	CYD, \$0	\$20	CYD, \$20	CYD, \$0
<b>Rx - Preferred Brand Drugs</b>	\$40	\$40	\$65	\$65	\$65	\$65	\$65	CYD, \$65	CYD, \$65	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
<b>Rx - Non-Preferred Drugs</b>	\$200	CYD, 50%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
<b>Special Pharmaceuticals</b>	50%	CYD, 50%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
<b>PRODUCT TYPE(S)</b>	<b>HMO / EPO PPO</b>	<b>HMO / EPO PPO</b>	<b>HMO / EPO PPO</b>	<b>HMO ONLY</b>	<b>HMO ONLY</b>	<b>HMO ONLY</b>	<b>HMO ONLY</b>	<b>HMO ONLY</b>	<b>HMO / EPO</b>	<b>HMO ONLY</b>	<b>HMO / EPO</b>	<b>HMO / EPO PPO</b>	<b>HMO / EPO</b>	<b>HMO / EPO</b>

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.

Individual and Family Plans available in Washoe, Douglas, Lyon, and Storey Counties, and Carson City. 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.

HMO plans are available on Nevada Health Link and may qualify for a subsidy. This document is only a summary and is not a Schedule of Benefits.