



# 2024 Individual & Family (IFP) On Exchange

Effective January 1, 2024 • In-Network Benefits

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

LADD/2310-2534625

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

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