



Effective October 1, 2023 • In-Network Benefits

TECHNICAL NAMES

	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
<b>CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax</b>							
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
<b>MEDICAL BENEFIT COST SHARING (all plans)</b>							
<b>PHYSICIAN OFFICE VISITS</b>							
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
<b>LAB, IMAGING AND DIAGNOSTICS</b>							
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
<b>FACILITY / SURGICAL</b>							
Inpatient Facility Fee (inc. MH/SUD)	\$2,000	\$3,000	\$4,000	CYD, \$3,200	\$4,000	CYD, \$3,750	CYD, \$0
Inpatient Physician/Surgical Services	\$200	\$200	\$500	CYD, \$500	\$500	CYD, \$500	CYD, \$0
Outpatient Surgery Facility Fee	\$200	\$250	\$500	CYD, \$500	\$500	CYD, \$500	CYD, \$0
Outpatient Surgery Physician/Surgical Services	\$200	\$200	\$500	CYD, \$500	\$500	CYD, \$500	CYD, \$0
<b>EMERGENCY AND URGENT CARE</b>							
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
<b>Rx</b>							
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
<b>OTHER</b>							
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. This document is only a summary and is not a Schedule of Benefits.