



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	
<b>Individual Medical Deductible</b>	N/A		N/A		N/A		\$3,200		N/A		\$3,750		\$9,100	
<b>Family Medical Deductible</b>	N/A		N/A		N/A		\$6,400		N/A		\$7,500		\$18,200	
<b>Individual Out of Pocket Max</b>	\$5,700		\$6,900		\$9,100		\$6,400		\$9,100		\$7,500		\$9,100	
<b>Family Out of Pocket Max</b>	\$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>														
<b>PCP Visit (HMO must use RMG PCP)</b>	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	
<b>Specialist Visit</b>	\$30		\$40		\$100		CYD, \$100		\$160		CYD, \$160		CYD, \$0	
<b>Preventive (ACA Covered) Screenings</b>	\$0		\$0		\$0		\$0		\$0		\$0		\$0	
<b>LAB, IMAGING AND DIAGNOSTICS</b>														
<b>Routine Lab Services</b>	\$30		\$40		\$100		CYD, \$100		\$160		CYD, \$160		CYD, \$0	
<b>Diagnostic and X-Ray</b>	\$30		\$40		\$100		CYD, \$100		\$160		CYD, \$160		CYD, \$0	
<b>Imaging (CT/PET/MRI)</b>	\$200		\$250		\$500		CYD, \$500		\$500		CYD, \$500		CYD, \$0	
<b>FACILITY / SURGICAL</b>														
<b>All Inpatient Hospital Services (inc. MH/SUD)</b>	\$2,000		\$3,000		\$4,000		CYD, \$3,200		\$4,000		CYD, \$3,750		CYD, \$0	
<b>Outpatient Surgical Services</b>	\$200		\$200		\$500		CYD, \$500		\$500		CYD, \$500		CYD, \$0	
<b>EMERGENCY AND URGENT CARE</b>														
<b>Urgent Care Center Services</b>	\$50		\$50		\$50		CYD, \$50		\$50		CYD, \$50		CYD, \$0	
<b>Emergency Room Services</b>	\$1,000		\$1,500		\$2,000		CYD, \$2000		\$2,500		CYD, \$2,500		CYD, \$0	
<b>Ambulance Services (ground/air/water)</b>	20%		20%		30%		CYD, 30%		40%		CYD, 40%		CYD, \$0	
<b>Rx</b>														
<b>Rx - Generic Drugs</b>	\$5		\$10		\$20		CYD, \$20		\$40		CYD, \$40		CYD, \$0	
<b>Rx - Preferred Brand Drugs</b>	\$40		\$50		\$80		CYD, \$80		\$200		CYD, \$200		CYD, \$0	
<b>Rx - Non-Preferred Drugs</b>	\$150		\$200		\$250		CYD, \$250		\$500		CYD, \$500		CYD, \$0	
<b>Special Pharmaceuticals</b>	50%		50%		50%		CYD, 50%		50%		CYD, 50%		CYD, \$0	
<b>OTHER</b>														
<b>Teladoc - General Med / Urgent Care</b>	\$0		\$0		\$0		CYD, \$0		\$0		CYD, \$0		\$0	
<b>Teladoc - Specialist</b>	\$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](http://hometownhealth.com) or call 775-982-3100.

2023 Small Group Benefits at a Glance