



Effective July 1, 2024.
In-Network Benefits.
Plans are guaranteed through June 30, 2025.



HMO 10-CO 2000 A D0500X2 A1	HMO 30-70 CINS S D1000X3 A4	HMO 40-CO 2000 A D2500X3 A1	HMO 40-70 CINS S D4000X2 A1	HMO 30-70 CINS S D5500X2	EPO 30-70 CINS S D1000X3 A4	EPO 40-CO 2000 A D2500X3 A1	EPO 40-70 CINS S D4000X2 A1	EPO 50-70 CINS S D5500X2 A3	PPO 30-70 CINS S D1000X3 A4	PPO HD-NA CINS E D3200X2 HSA	PPO 40-CO 2000 A D2500X3 A1	PPO 40-70 CINS S D4000X2 A1	PPO 50-70 CINS S D5500X2 A3
-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	--------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	------------------------------------	-----------------------------------	-----------------------------------	-----------------------------------

CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax															
Individual Medical Deductible	\$500	\$1,000	\$2,500	\$4,000	\$5,500	\$1,000	\$2,500	\$4,000	\$5,500	\$1,000	\$3,200	\$2,500	\$4,000	\$5,500	
Family Medical Deductible	\$1,000	\$3,000	\$7,500	\$8,000	\$11,000	\$3,000	\$7,500	\$8,000	\$11,000	\$3,000	\$6,400	\$7,500	\$8,000	\$11,000	
Individual Pharmacy Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Combined	\$0	\$0	\$0	
Family Pharmacy Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Combined	\$0	\$0	\$0	
Individual Out of Pocket Max	\$4,500	\$7,500	\$7,500	\$7,900	\$8,150	\$7,500	\$7,500	\$7,900	\$7,900	\$7,500	\$3,200	\$7,500	\$7,900	\$7,900	
Family Out of Pocket Max	\$9,000	\$15,000	\$15,000	\$15,800	\$16,300	\$15,000	\$15,000	\$15,800	\$15,800	\$15,000	\$6,400	\$15,000	\$15,800	\$15,800	
PHYSICIAN OFFICE VISITS															
PCP Office Visits (Renown/non-Renown)	\$0/\$10	\$0/\$30	\$0/\$40	\$0/\$40	\$0/\$30	\$30	\$40	\$40	\$50	\$30	CYD, \$0	\$40	\$40	\$50	
Specialist Office Visits	\$20	\$60	\$80	\$80	\$60	\$60	\$80	\$80	\$80	\$60	CYD, \$0	\$80	\$80	\$80	
Preventive (ACA Covered) Screenings	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	
LAB, IMAGING AND DIAGNOSTICS															
Routine Lab Services	No Cost	\$25	\$25	\$40	\$30	\$25	\$25	\$40	\$50	\$25	CYD, \$0	\$25	\$40	\$50	
Diagnostic and X-Ray	\$20	\$60	\$80	\$80	\$60	\$60	\$80	\$80	\$80	\$60	CYD, \$0	\$80	\$80	\$80	
Imaging (CT/PET/MRI)	\$250	CYD, 30%	CYD, \$250	CYD, 30%	CYD, 30%	CYD, 30%	CYD, \$250	CYD, 30%	CYD, 30%	CYD, 30%	CYD, \$0	CYD, \$250	CYD, 30%	CYD, 30%	
FACILITY/SURGICAL															
Inpatient Hospital	\$2,000	CYD, 30%	CYD, \$2,000	CYD, 30%	CYD, 30%	CYD, 30%	CYD, \$2,000	CYD, 30%	CYD, 30%	CYD, 30%	CYD, \$0	CYD, \$2,000	CYD, 30%	CYD, 30%	
Outpatient Surgical Services	\$400	\$1,000	CYD, \$1,000	CYD, 30%	CYD, 30%	\$1,000	CYD, \$1,000	CYD, 30%	CYD, 30%	\$1,000	CYD, \$0	CYD, \$1,000	CYD, 30%	CYD, 30%	
EMERGENCY AND URGENT CARE															
Urgent Care Center Services	\$20	\$50	\$50	\$40	\$60	\$50	\$50	\$40	\$50	\$50	CYD, \$0	\$50	\$40	\$50	
Emergency Room Services	CYD, \$200	\$500	\$500	CYD, 30%	CYD, 30%	\$500	\$500	CYD, 30%	CYD, 30%	\$500	CYD, \$0	\$500	CYD, 30%	CYD, 30%	
Ambulance Services (ground/air/water)	\$200	CYD, 30%	CYD, \$250	CYD, 30%	CYD, 30%	CYD, 30%	CYD, \$250	CYD, 30%	CYD, 30%	CYD, 30%	CYD, \$0	CYD, \$250	CYD, 30%	CYD, 30%	
PRESCRIPTION DRUGS AND DIABETIC SUPPLIES															
Rx - Generic Drugs	\$10	\$15	\$15	\$25	\$25	\$15	\$15	\$25	\$25	\$15	CYD, \$0	\$15	\$25	\$25	
Rx - Preferred Brand Drugs	\$30	\$40	\$40	\$50	\$50	\$40	\$40	\$50	\$50	\$40	CYD, \$0	\$40	\$50	\$50	
Rx - Non-Preferred Brand Drugs	\$50	\$60	\$60	\$70	\$70	\$60	\$60	\$70	\$70	\$60	CYD, \$0	\$60	\$70	\$70	
Diabetic Supplies - Preferred	\$30	\$40	\$40	\$50	\$50	\$40	\$40	\$50	\$50	\$40	CYD, \$0	\$40	\$50	\$50	
Diabetic Supplies - Non-Preferred	\$50	\$60	\$60	\$70	\$70	\$60	\$60	\$70	\$70	\$60	CYD, \$0	\$60	\$70	\$70	
Special Pharmaceuticals	20%	30%	30%	20%	\$0%	30%	30%	20%	20%	30%	CYD, \$0	30%	20%	20%	
PREMIUMS															
Employee Only	\$522.60	\$438.97	\$374.98	\$357.79	\$321.40	\$482.86	\$412.48	\$393.57	\$377.73	\$513.12	\$444.41	\$438.59	\$417.42	\$401.47	
Employee + Spouse	\$1,122.13	\$836.11	\$798.89	\$753.24	\$732.52	\$919.72	\$878.78	\$828.56	\$839.84	\$977.38	\$975.77	\$934.42	\$878.79	\$892.63	
Employee + Child(ren)	\$932.93	\$752.49	\$710.45	\$677.89	\$605.44	\$827.74	\$781.50	\$745.68	\$687.12	\$879.62	\$799.92	\$830.99	\$790.89	\$730.30	
Employee + Family	\$1,658.60	\$1,337.76	\$1,250.43	\$1,175.22	\$1,028.53	\$1,471.54	\$1,375.47	\$1,292.74	\$1,221.58	\$1,563.80	\$1,375.24	\$1,462.55	\$1,371.11	\$1,298.36	

a. Plans available for groups with as few as 5 employees enrolled.
 b. Must pass medical underwriting annually to be eligible to enroll in these plans and rates.
 c. National Network available only for PPO members who live and work outside Nevada.
 d. Out of network benefits not available for EPO & HMO plans.
 e. CYD indicates you must satisfy the Calendar Year Deductible before benefits are paid by Hometown Health.
 f. 50% employer contribution and 50% employee participation required. A maximum of two plans may be selected.
 g. Group must have an active contractor's license to qualify.

VIEW THE NOTICE OF PRIVACY PRACTICES AT HometownHealth.com.
 For a free copy of benefits, visit HometownHealth.com or call 775-982-3100.