



2025 Individual & Family (IFP) On Exchange

Effective January 1, 2025 • In-Network Benefits

Gold

Silver - 20

Silver - 10

Silver - 5

Silver 70 - HSA

Silver 70

Bronze Plus

Bronze - HSA

Bronze

Catastrophic*

	Gold	Silver - 20	Silver - 10	Silver - 5	Silver 70 - HSA	Silver 70	Bronze Plus	Bronze - HSA	Bronze	Catastrophic*
CYD AND OOPMax										
Individual Medical Deductible	\$2,050	\$4,000	\$4,050	\$4,100	\$3,300	\$5,550	\$4,200	\$4,150	\$9,200	\$9,200
Family Medical Deductible	\$4,100	\$8,000	\$8,100	\$8,200	\$6,400	\$11,100	\$8,400	\$8,300	\$18,400	\$18,400
Individual Out-of-Pocket Max	\$4,100	\$8,000	\$8,100	\$8,200	\$6,400	\$5,550	\$8,400	\$8,300	\$9,200	\$9,200
Family Out-of-Pocket Max	\$8,200	\$16,000	\$16,200	\$16,400	\$12,800	\$11,100	\$16,800	\$16,600	\$18,400	\$18,400
PHYSICIAN OFFICE VISITS										
PCP Visit (HMO must use RMG PCP)	\$5	\$20	\$10	\$5	CYD, \$5	CYD, 0%	\$55	CYD, \$55	CYD, 0%	3 Visits at \$55, CYD then \$0
Specialist Visit	\$50	\$80	\$80	\$80	CYD, \$80	CYD, 0%	\$100	CYD, \$100	CYD, 0%	CYD, \$0
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LAB, IMAGING AND DIAGNOSTICS										
Routine Lab Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Diagnostic and X-Ray	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Imaging (CT / PET / MRI)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
FACILITY / SURGICAL										
Inpatient Facility Fee (inc. MH/SUD)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Outpatient Surgery Facility Fee	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Outpatient Surgery Physician/Surgical Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
EMERGENCY AND URGENT CARE										
Urgent Care Center Services	\$50	\$50	\$50	\$50	CYD, \$50	\$50	\$50	CYD, \$50	\$50	CYD, \$0
Emergency Room Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Ambulance Services (ground / air / water)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Rx										
Rx - Generic Drugs	\$5	\$13	\$13	\$13	CYD, \$13	CYD, \$0	\$20	CYD, \$20	CYD, \$0	CYD, \$0
Rx - Preferred Brand Drugs	\$40	\$55	\$55	\$55	CYD, \$55	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
Rx - Non-Preferred Drugs	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
Special Pharmaceuticals	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
PRODUCT TYPE(S)	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO

View the notice of privacy practices at [HometownHealth.com](https://www.hometownhealth.com). You can also visit the website to view the plan's Evidence of Coverage to see a complete list of benefits, exclusions, and operating procedures or call **775-982-3232** to request a copy.

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

*Renown 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.