



| | Gold Plus National PPO* | Gold Plus | Gold | Value Gold | Silver Plus | Silver HSA | Value Silver | Bronze Plus | Bronze HSA | Value Bronze |
|-----------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------|----------------------------------|--------------------------------------|---------------------------------|----------------------------------|--------------------------------------|--------------------------------|
| TECHNICAL NAMES | 25 SG 45-CO 1100 A D0000X2 | 25 SG 45-CO 1100 A D0000X2 | 25 SG 50-80 CINS P D0000X2 | 25 SG 0-80 CINS S D2675X2 | 25 SG 50-70 CINS P D0000X2 | 25 SG HD-70 CINS E D3300X2 HSA | 25 SG 0-70 CINS S D7150X2 | 25 SG 65-60 CINS P D4600X2 | 25 SG HD-60 CINS E D4150X2 HSA | 25 SG 00-NA CINS D9200X2 |

Effective January 1, 2025 • In-Network Benefits

2025 Small Group Benefits at a Glance

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|---|-----------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax | | | | | | | | | | |
| Individual Medical Deductible | \$0 | \$0 | \$0 | \$2,675 | \$0 | \$3,300 | \$7,150 | \$4,600 | \$4,150 | \$9,200 |
| Family Medical Deductible | \$0 | \$0 | \$0 | \$5,350 | \$0 | \$6,200 | \$14,300 | \$9,200 | \$8,300 | \$18,400 |
| Individual Out of Pocket Max | \$5,850 | \$5,850 | \$9,200 | \$8,025 | \$9,200 | \$6,200 | \$9,200 | \$9,200 | \$8,300 | \$9,200 |
| Family Out of Pocket Max | \$11,700 | \$11,700 | \$18,400 | \$16,050 | \$18,400 | \$12,400 | \$18,400 | \$18,400 | \$16,600 | \$18,400 |
| PHYSICIAN OFFICE VISITS | | | | | | | | | | |
| PCP Visit (HMO must use RMG PCP) | \$45 | \$45 | \$50 | \$0 | \$50 | CYD, \$50 | \$0 | \$65 | CYD, \$65 | CYD, 0% |
| Specialist Visit | \$50 | \$50 | \$55 | CYD, 20% | \$80 | CYD, \$80 | CYD, 30% | \$100 | CYD, \$100 | CYD, 0% |
| Preventive (ACA Covered) Screenings | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| LAB, IMAGING AND DIAGNOSTICS | | | | | | | | | | |
| Routine Lab Services | \$50 | \$50 | \$55 | \$0 | \$80 | CYD, \$80 | \$0 | \$100 | CYD, \$100 | CYD, 0% |
| Diagnostic and X-Ray | \$50 | \$50 | \$55 | \$0 | \$80 | CYD, \$80 | \$0 | \$100 | CYD, \$100 | CYD, 0% |
| Imaging (CT / PET / MRI) | \$250 | \$250 | \$300 | CYD, 20% | \$500 | CYD, \$500 | CYD, 30% | \$500 | CYD, \$500 | CYD, 0% |
| FACILITY / SURGICAL | | | | | | | | | | |
| Inpatient Facility Fee (inc. MH/SUD) | \$1,100 | \$1,100 | 20% | CYD, 20% | 30% | CYD, 30% | CYD, 30% | CYD, 40% | CYD, 40% | CYD, 0% |
| Outpatient Surgery Facility Fee | \$400 | \$400 | \$400 | CYD, 20% | \$500 | CYD, \$500 | CYD, 30% | \$600 | CYD, \$600 | CYD, 0% |
| Outpatient Surgery Physician/Surgical Services | \$0 | \$0 | \$0 | CYD, 20% | \$0 | CYD, \$0 | CYD, 30% | \$0 | \$0 | CYD, 0% |
| EMERGENCY AND URGENT CARE | | | | | | | | | | |
| Urgent Care Center Services | \$50 | \$50 | \$50 | \$50 | \$50 | CYD, \$50 | \$50 | \$50 | CYD, \$50 | CYD, 0% |
| Emergency Room Services | \$550 | \$550 | \$675 | CYD, 20% | \$1,500 | CYD, \$1,500 | CYD, 30% | CYD, 40% | CYD, 40% | CYD, 0% |
| Ambulance Services (ground / air / water) | 20% | 20% | 20% | CYD, 20% | 30% | CYD, 30% | CYD, 30% | CYD, 40% | CYD, 40% | CYD, 0% |
| Rx | | | | | | | | | | |
| Rx - Generic Drugs | \$10 | \$10 | \$15 | \$0 | \$20 | CYD, \$20 | \$0 | \$30 | CYD, \$30 | CYD, 0% |
| Rx - Preferred Brand Drugs | \$50 | \$50 | \$40 | CYD, 20% | \$65 | CYD, \$65 | CYD, 30% | \$250 | CYD, \$250 | CYD, 0% |
| Rx - Non-Preferred Drugs | \$150 | \$150 | \$200 | CYD, 20% | \$250 | CYD, \$250 | CYD, 30% | CYD, 50% | CYD, 50% | CYD, 0% |
| Special Pharmaceuticals | 50% | 50% | 50% | CYD, 20% | 50% | CYD, 50% | CYD, 30% | CYD, 50% | CYD, 50% | CYD, 0% |
| PRODUCT TYPES | PPO ONLY | HMO / EPO / PPO | HMO / EPO / PPO | HMO / EPO / PPO | HMO / EPO / PPO | HMO / EPO / PPO | HMO / EPO / PPO | HMO / EPO / PPO | HMO / EPO / PPO | HMO / EPO / PPO |

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.

PPO & EPO 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. This document is only a summary and is not a Schedule of Benefits. *Gold Plus National PPO is the only plan that includes primary Cigna access for both Nevada and non-Nevada residents outside of Nevada.