



Effective January 1, 2025 • In-Network Benefits TECHNICAL NAMES

	Platinum	Gold Plus National PPO*	Gold Plus	Gold	Value Gold	Silver Plus	Silver HSA Plus	Silver HSA	Value Silver	Bronze Plus	Bronze HSA	Value Bronze
	25 AP 10-CO 2000 A D0500X2	25 AP 45-CO 1100 A D0000X2	25 AP 45-CO 1100 A D0000X2	25 AP 50-80 CINS P D0000X2	25 AP 0-80 CINS S D2675X2	25 AP 50-70 CINS P D0000X2	25 AP HD-NA CINS E D3300X2 HSA	25 AP HD-70 CINS E D3300X2 HSA	25 AP 0-70 CINS S D7150X2	25 AP 65-60 CINS P D4600X2	25 AP HD-60 CINS E D4150X2 HSA	25 AP 00-NA CINS D9200X2
CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax												
Individual Medical Deductible	\$500	\$0	\$0	\$0	\$2,675	\$0	\$3,300	\$3,300	\$7,150	\$4,600	\$4,150	\$9,200
Family Medical Deductible	\$1,000	\$0	\$0	\$0	\$5,350	\$0	\$6,600	\$6,200	\$14,300	\$9,200	\$8,300	\$18,400
Individual Out of Pocket Max	\$4,500	\$5,850	\$5,850	\$9,200	\$8,025	\$9,200	\$3,300	\$6,200	\$9,200	\$9,200	\$8,300	\$9,200
Family Out of Pocket Max	\$9,000	\$11,700	\$11,700	\$18,400	\$16,050	\$18,400	\$6,600	\$12,400	\$18,400	\$18,400	\$16,600	\$18,400
PHYSICIAN OFFICE VISITS												
PCP Visit (HMO must use RMG PCP)	\$10	\$45	\$45	\$50	\$0	\$50	CYD, \$0	CYD, \$50	\$0	\$65	CYD, \$65	CYD, 0%
Specialist Visit	\$20	\$50	\$50	\$55	CYD, 20%	\$80	CYD, \$0	CYD, \$80	CYD, 30%	\$100	CYD, \$100	CYD, 0%
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LAB, IMAGING AND DIAGNOSTICS												
Routine Lab Services	\$0	\$50	\$50	\$55	\$0	\$80	CYD, \$0	CYD, \$80	\$0	\$100	CYD, \$100	CYD, 0%
Diagnostic and X-Ray	\$20	\$50	\$50	\$55	\$0	\$80	CYD, \$0	CYD, \$80	\$0	\$100	CYD, \$100	CYD, 0%
Imaging (CT / PET / MRI)	\$250	\$250	\$250	\$300	CYD, 20%	\$500	CYD, \$0	CYD, \$500	CYD, 30%	\$500	CYD, \$500	CYD, 0%
FACILITY / SURGICAL												
Inpatient Facility Fee (inc. MH/SUD)	\$2,000	\$1,100	\$1,100	20%	CYD, 20%	30%	CYD, \$0	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Outpatient Surgery Facility Fee	\$400	\$400	\$400	\$400	CYD, 20%	\$500	CYD, \$0	CYD, \$500	CYD, 30%	\$600	CYD, \$600	CYD, 0%
Outpatient Surgery Physician/Surgical Services	\$0	\$0	\$0	\$0	CYD, 20%	\$0	CYD, \$0	CYD, \$0	CYD, 30%	\$0	\$0	CYD, 0%
EMERGENCY AND URGENT CARE												
Urgent Care Center Services	\$20	\$50	\$50	\$50	\$50	\$50	CYD, \$0	CYD, \$50	\$50	\$50	CYD, \$50	CYD, 0%
Emergency Room Services	CYD, \$200	\$550	\$550	\$675	CYD, 20%	\$1,500	CYD, \$0	CYD, \$1,500	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Ambulance Services (ground / air / water)	\$200	20%	20%	20%	CYD, 20%	30%	CYD, \$0	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Rx												
Rx - Generic Drugs	\$10	\$10	\$10	\$15	\$0	\$20	CYD, \$0	CYD, \$20	\$0	\$30	CYD, \$30	CYD, 0%
Rx - Preferred Brand Drugs	\$30	\$50	\$50	\$40	CYD, 20%	\$65	CYD, \$0	CYD, \$65	CYD, 30%	\$250	CYD, \$250	CYD, 0%
Rx - Non-Preferred Drugs	\$50	\$150	\$150	\$200	CYD, 20%	\$250	CYD, \$0	CYD, \$250	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
Special Pharmaceuticals	20%	50%	50%	50%	CYD, 20%	50%	CYD, \$0	CYD, 50%	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
PRODUCT TYPES	HMO ONLY	PPO ONLY	HMO/EPO/PPO	HMO/EPO/PPO	HMO/EPO/PPO	HMO/EPO/PPO	PPO ONLY	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.

HMO plans available in Washoe, Douglas, Lyon, and Storey counties, and Carson City. PPO & 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.