Hometown Health | THE BUILDERS ASSOCIATION

2026 Builder's Association Benefits at a Glance

Effective January 1, 2026 • In-Network Benefits

	Platinum	Gold Plus	Gold	Value Gold	Silver Plus	Silver HSA Plus	Silver HSA	Value Silver	Bronze Plus	Bronze HSA	Value Bronze
CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax											
Individual Medical Deductible	$500	$0	$0	$2,875	$0	$3,400	$3,400	$7,400	$5,075	$6,000	$10,600
Family Medical Deductible	$1,000	$0	$0	$5,750	$0	$6,800	$6,800	$14,800	$10,150	$12,000	$21,200
Individual Out of Pocket Max	$4,500	$7,100	$10,600	$8,625	$10,600	$3,400	$6,800	$10,150	$10,600	$8,500	$10,600
Family Out of Pocket Max	$9,000	$14,200	$21,200	$17,250	$21,200	$6,800	$13,600	$20,300	$21,200	$17,000	$21,200
PHYSICIAN OFFICE VISITS											
PCP Visit (HMO must use RMG PCP)	$10	$45	$50	$0	$50	CYD, $0	CYD, $55	$0	$65	CYD, $65	CYD, 0%
Specialist Visit	$20	$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
LAB, IMAGING AND DIAGNOSTICS											
Routine Lab Services	$0	$50	$55	$0	$80	CYD, $0	CYD, $80	$0	$100	CYD, $100	CYD, 0%
Diagnostic and X-Ray	$0	$50	$55	CYD, 20%	$80	CYD, $0	CYD, $80	CYD, 30%	$100	CYD, $100	CYD, 0%
Imaging (CT / PET / MRI)	$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	$1,150	20%	CYD, 20%	30%	CYD, $0	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Outpatient Surgery Facility Fee	$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	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	CYD, $0	CYD, $50	$50	$50	CYD, $50	CYD, $0
Emergency Room Services	CYD, $200	$550	$750	CYD, 20%	$2,000	CYD, $0	CYD, $2,000	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Ambulance Services (ground / air / water)	$200	20%	20%	CYD, 20%	30%	CYD, $0	CYD, 30%	CYD, 30%	CYD, 40%	CYD, 40%	CYD, 0%
Rx											
Rx – Generic Drugs	$10	$10	$15	$0	$20	CYD, $0	CYD, $20	$0	$30	CYD, $30	CYD, 0%
Rx – Preferred Brand Drugs	$30	$50	$50	CYD, 20%	$65	CYD, $0	CYD, $65	CYD, 30%	$250	CYD, $250	CYD, 0%
Rx – Non-Preferred Drugs	$50	$150	$250	CYD, 20%	$250	CYD, $0	CYD, $250	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
Special Pharmaceuticals	20%	50%	50%	CYD, 20%	50%	CYD, $0	CYD, 50%	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 0%
PRODUCT TYPES	**HMO ONLY**	**HMO / EPO Standard PPO National PPO**	**HMO / EPO Standard PPO National PPO**	**HMO / EPO / PPO**	**HMO / EPO Standard PPO National PPO**	**PPO ONLY**	**HMO / EPO Standard PPO National PPO**	**HMO / EPO / PPO**	**HMO / EPO / PPO**	**HMO / EPO / PPO**	**HMO / EPO / PPO**

View the notice of privacy practices at **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.

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HMO plans available in the following counties: Carson City, Douglas, Lyon, Storey and Washoe. EPO and PPO 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. National PPOs are the only plans that include primary Cigna access for both Nevada and non-Nevada residents outside of Nevada.