



2026 Individual & Family (IFP) Off Exchange

Effective January 1, 2026 • In-Network Benefits

	Gold Plus	Gold	Silver Plus	Silver - 20	Silver - 10	Silver - 5	Silver 70 HSA	Silver 68 HSA	Silver 70 D5975	Silver 68	Bronze Plus	Bronze HSA	Bronze
CYD AND OOPMax													
Individual Medical Deductible	\$0	\$2,300	\$0	\$4,450	\$4,500	\$4,525	\$3,450	\$3,900	\$5,975	\$6,775	\$5,225	\$5,000	\$10,600
Family Medical Deductible	\$0	\$4,600	\$0	\$8,900	\$9,000	\$9,050	\$6,900	\$7,800	\$11,950	\$13,550	\$10,450	\$10,000	\$21,200
Individual Out-of-Pocket Max	\$7,800	\$4,600	\$10,600	\$8,900	\$9,000	\$9,050	\$6,900	\$7,800	\$5,975	\$6,775	\$10,450	\$8,500	\$10,600
Family Out-of-Pocket Max	\$15,600	\$9,200	\$21,200	\$17,800	\$18,000	\$18,100	\$13,800	\$15,600	\$11,950	\$13,550	\$20,900	\$17,000	\$21,200
PHYSICIAN OFFICE VISITS													
PCP Visit (HMO must use RMG PCP)	\$5	\$5	\$40	\$20	\$10	\$5	CYD, \$5	CYD, \$5	CYD, 0%	CYD, 0%	\$45	CYD, \$45	CYD, 0%
Specialist Visit	\$50	\$50	\$80	\$80	\$80	\$80	CYD, \$80	CYD, \$85	CYD, 0%	CYD, 0%	\$90	CYD, \$90	CYD, 0%
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LAB, IMAGING AND DIAGNOSTICS													
Routine Lab Services	\$50	CYD, 30%	\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Diagnostic and X-Ray	\$50	CYD, 30%	\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Imaging (CT / PET / MRI)	\$200	CYD, 30%	\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
FACILITY / SURGICAL													
Inpatient Facility Fee (inc. MH/SUD)	30%	CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Outpatient Surgery Facility Fee	\$250	CYD, 30%	\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Outpatient Surgery Physician/Surgical Services	\$0	CYD, 30%	\$0	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
EMERGENCY AND URGENT CARE													
Urgent Care Center Services	\$50	\$50	\$50	\$50	\$50	\$50	CYD, \$50	CYD, \$50	\$50	\$50	\$50	CYD, \$50	\$50
Emergency Room Services	\$850	CYD, 30%	\$2,500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Ambulance Services (ground / air / water)	30%	CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Rx													
Rx - Generic Drugs	\$5	\$5	\$15	\$13	\$13	\$13	CYD, \$13	CYD, \$13	CYD, \$0	CYD, \$0	\$20	CYD, \$20	CYD, \$0
Rx - Preferred Brand Drugs	\$40	\$40	\$55	\$55	\$55	\$55	CYD, \$55	CYD, \$55	CYD, \$0	CYD, \$0	50%	CYD, 50%	CYD, \$0
Rx - Non-Preferred Drugs	\$200	CYD, 50%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
Special Pharmaceuticals	50%	CYD, 50%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
PRODUCT TYPE(S)	HMO / EPO	HMO / EPO	HMO / EPO	HMO ONLY	HMO ONLY	HMO ONLY	HMO ONLY	HMO / EPO	HMO ONLY	HMO / EPO	HMO / EPO	HMO / EPO	HMO / EPO

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 the following counties: Carson City, Douglas, Lyon, Storey and Washoe.
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.