



2026 Small Group Benefits at a Glance

Effective January 1, 2026 • In-Network Benefits

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

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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.