



Benefits at a Glance 2022

Effective January 1, 2022

In-Network Benefits

	PPO					EPO							HMO						
	Gold 250 CO	Gold 1000 CO	Gold 2500 CO	Silver 4000 CO	Silver 1400 HSA	Gold 250 CO	Gold 1000 CO	Gold 2500 CO	Silver 4000 CO	Silver 5500 CO	Silver 1400 HSA	Bronze 7000 HSA	Gold 250 CO	Gold 1000 CO	Gold 2500 CO	Silver 4000 CO	Silver 5500 CO	Silver 1400 HSA	Bronze 7000 HSA
	10-CO 2000 A D0250X2	15-CO 2500 A D1000X2	20-CO 3000 A D2500X2	30-CO 3500 A D4000X2	10-70 CINS U D1400X2 HSA	10-CO 2000 A D0250X2	15-CO 2500 A D1000X2	20-CO 3000 A D2500X2	30-CO 3500 A D4000X2	40-70 CINS P D5500X2	10-70 CINS U D1400X2 HSA	00-NA 0000 E D7000X2 HSA	10-CO 2000 A D0250X2	15-CO 2500 A D1000X2	20-CO 3000 A D2500X2	30-CO 3500 A D4000X2	40-70 CINS P D5500X2	10-70 CINS U D1400X2 HSA	00-NA 0000 E D7000X2 HSA
Calendar Year Deductibles (CYD) and OOPMax																			
Individual Medical Deductible	\$250	\$1,000	\$2,500	\$4,000	\$1,400	\$250	\$1,000	\$2,500	\$4,000	\$5,500	\$1,400	\$7,000	\$250	\$1,000	\$2,500	\$4,000	\$5,500	\$1,400	\$7,000
Family Medical Deductible	\$500	\$2,000	\$5,000	\$8,000	\$2,800	\$500	\$2,000	\$5,000	\$8,000	\$11,000	\$2,800	\$14,000	\$500	\$2,000	\$5,000	\$8,000	\$11,000	\$2,800	\$14,000
Individual Pharmacy Deductible	\$0	\$0	\$0	\$0	Combined	\$0	\$0	\$0	\$0	\$0	Combined	Combined	\$0	\$0	\$0	\$0	\$0	Combined	Combined
Family Pharmacy Deductible	\$0	\$0	\$0	\$0	Combined	\$0	\$0	\$0	\$0	\$0	Combined	Combined	\$0	\$0	\$0	\$0	\$0	Combined	Combined
Individual Out of Pocket Max	\$5,000	\$5,500	\$6,000	\$8,000	\$7,000	\$5,000	\$5,500	\$6,000	\$8,000	\$8,400	\$7,000	\$7,000	\$5,000	\$5,500	\$6,000	\$8,000	\$8,400	\$7,000	\$7,000
Family Out of Pocket Max	\$10,000	\$11,000	\$12,000	\$16,000	\$14,000	\$10,000	\$11,000	\$12,000	\$16,000	\$16,800	\$14,000	\$14,000	\$10,000	\$11,000	\$12,000	\$16,000	\$16,800	\$14,000	\$14,000
Physician Office Visits																			
PCP Office Visits*	\$30	\$35	\$40	\$50	CYD, \$30	\$30	\$35	\$40	\$50	\$60	CYD, \$30	CYD, \$0	\$10	\$15	\$20	\$30	\$40	CYD, \$10	CYD, \$0
Specialist Office Visits	\$60	\$70	\$80	\$100	CYD, \$60	\$60	\$70	\$80	\$100	\$120	CYD, \$60	CYD, \$0	\$20	\$30	\$40	\$60	\$80	CYD, \$20	CYD, \$0
Preventive (ACA Covered) Screenings	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Lab, Imaging and Diagnostics																			
Routine Lab Services	\$45	\$50	\$50	\$50	CYD, \$50	\$45	\$50	\$50	\$50	\$60	CYD, \$50	CYD, \$0	\$45	\$50	\$50	\$50	\$60	CYD, \$50	CYD, \$0
Diagnostic and X-Ray	\$70	\$85	\$95	\$120	CYD, \$75	\$70	\$85	\$95	\$120	\$120	CYD, \$75	CYD, \$0	\$70	\$85	\$95	\$120	\$120	CYD, \$75	CYD, \$0
Imaging (CT/PET/MRI)	\$280	\$325	\$400	\$475	CYD, \$450	\$280	\$325	\$400	\$475	CYD, \$550	CYD, \$450	CYD, \$0	\$280	\$325	\$400	\$475	CYD, \$550	CYD, \$450	CYD, \$0
Facility/Surgical																			
Inpatient Hospital	\$2,000	\$2,500	\$3,000	\$3,500	CYD, 30%	\$2,000	\$2,500	\$3,000	\$3,500	CYD, 30%	CYD, 30%	CYD, \$0	\$2,000	\$2,500	\$3,000	\$3,500	CYD, 30%	CYD, 30%	CYD, \$0
Outpatient Surgical Services	\$1,000	\$1,100	\$1,100	\$1,200	CYD, \$1,200	\$1,000	\$1,100	\$1,100	\$1,200	\$1,400	CYD, \$1,200	CYD, \$0	\$1,000	\$1,100	\$1,100	\$1,200	\$1,400	CYD, \$1,200	CYD, \$0
Emergency and Urgent Care																			
Urgent Care Center Services	\$70	\$80	\$90	\$100	CYD, \$75	\$70	\$80	\$90	\$100	\$100	CYD, \$75	CYD, \$0	\$70	\$80	\$90	\$100	\$100	CYD, \$75	CYD, \$0
Emergency Room Services	\$1,000	\$1,200	\$1,300	\$1,500	CYD, 30%	\$1,000	\$1,200	\$1,300	\$1,500	CYD, 30%	CYD, 30%	CYD, \$0	\$1,000	\$1,200	\$1,300	\$1,500	CYD, 30%	CYD, 30%	CYD, \$0
Ambulance Services (ground/air/water)	CYD, 20%	CYD, 20%	CYD, 20%	CYD, 30%	CYD, 30%	CYD, 20%	CYD, 20%	CYD, 20%	CYD, 30%	CYD, 30%	CYD, 30%	CYD, \$0	CYD, 20%	CYD, 20%	CYD, 20%	CYD, 30%	CYD, 30%	CYD, 30%	CYD, \$0
Prescription Drugs and Diabetic Supplies																			
Rx - Generic Drugs	\$10	\$10	\$15	\$20	CYD, \$20	\$10	\$10	\$15	\$20	\$20	CYD, \$20	CYD, \$0	\$10	\$10	\$15	\$20	\$20	CYD, \$20	CYD, \$0
Rx - Preferred Brand Drugs	\$60	\$65	\$75	\$80	CYD, \$85	\$60	\$65	\$75	\$80	\$80	CYD, \$85	CYD, \$0	\$60	\$65	\$75	\$80	\$80	CYD, \$85	CYD, \$0
Rx - Non-Preferred Brand Drugs	\$120	\$140	\$160	\$180	CYD, \$135	\$120	\$140	\$160	\$180	\$180	CYD, \$135	CYD, \$0	\$120	\$140	\$160	\$180	\$180	CYD, \$135	CYD, \$0
Diabetic Supplies - Preferred	\$60	\$65	\$75	\$80	CYD, \$85	\$60	\$65	\$75	\$80	\$80	CYD, \$85	CYD, \$0	\$60	\$65	\$75	\$80	\$80	CYD, \$85	CYD, \$0
Diabetic Supplies - Non-Preferred	\$120	\$140	\$160	\$180	CYD, \$135	\$120	\$140	\$160	\$180	\$180	CYD, \$135	CYD, \$0	\$120	\$140	\$160	\$180	\$180	CYD, \$135	CYD, \$0
Special Pharmaceuticals	20%	20%	20%	30%	CYD, 30%	20%	20%	20%	30%	30%	CYD, 30%	CYD, \$0	20%	20%	20%	30%	30%	CYD, 30%	CYD, \$0
Pediatric Coverage																			
Pediatric Vision	\$0	\$0	\$0	\$0	CYD, \$0	\$0	\$0	\$0	\$0	\$0	CYD, \$0	CYD, \$0	\$0	\$0	\$0	\$0	\$0	CYD, \$0	CYD, \$0

For a free copy of benefits, visit www.hometownhealth.com or call (775) 982-3232 or (702) 914-0863.

National network available only for Small Group PPO members who live and work outside Nevada.

HMO plans only available in select northern Nevada counties; out of network benefits not available for HMO plans.

You may be charged (balance billed) for billed charges greater than the allowable rate paid by Hometown Health.

CYD indicates that you must meet the Calendar Year Deductible before benefits will be paid by Hometown Health.

* Plans that include two (2) free PCP visits are indicated with an asterisk

** Gym Benefit requires completion of an online Health Risk Assessment each year.

† Gold 500 and Gold 1000 not available to individuals in southern Nevada.

†† Catastrophic Plan is only available to individuals.