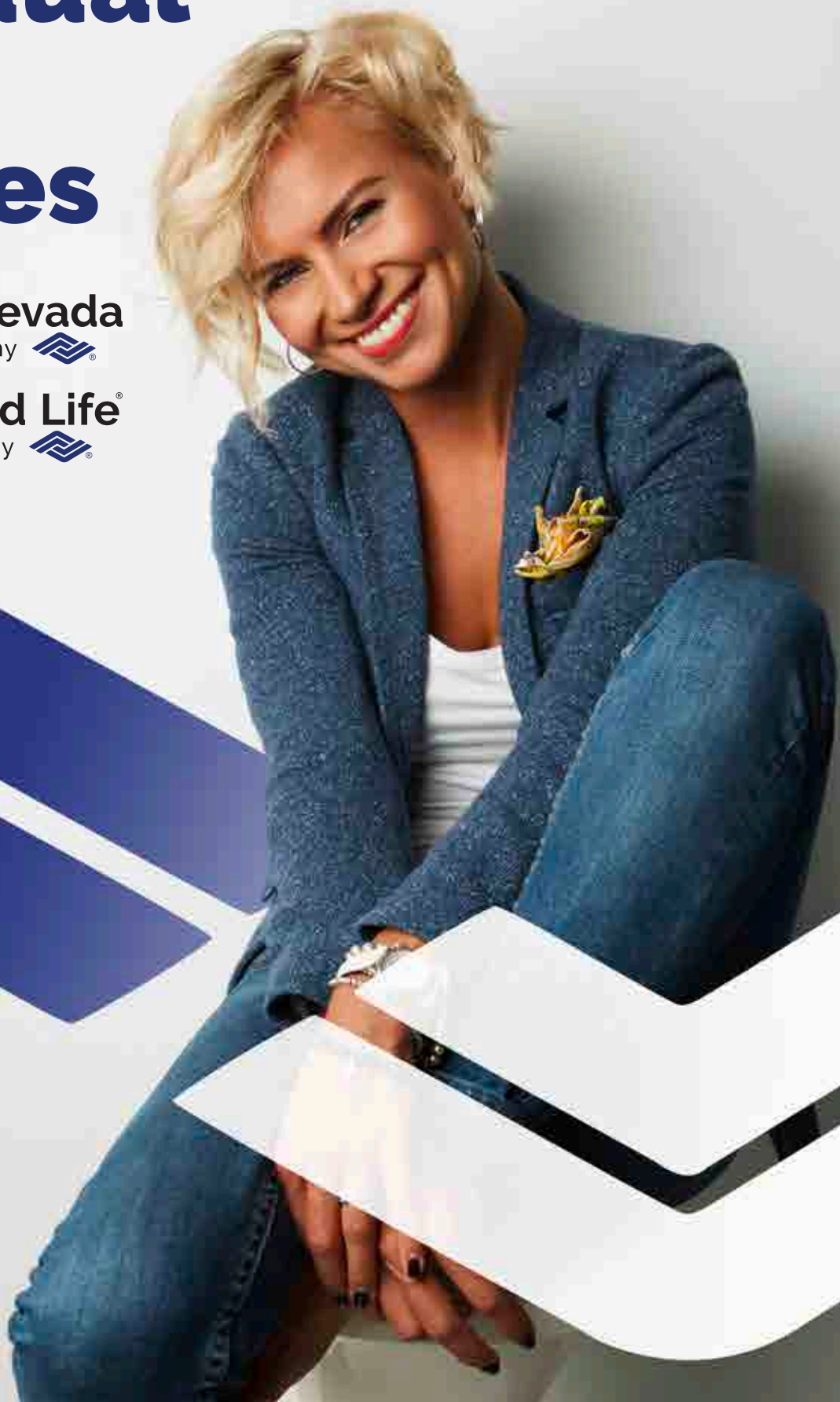


2023 Individual Plan Updates

Health Plan of Nevada
A UnitedHealthcare Company 

Sierra Health and Life[®]
A UnitedHealthcare Company 



Download the
MyHPN or
MySHL app
to find care
locations
near you.



Easily manage your health plan information on the go and get turn-by-turn directions to contracted urgent care and hospital locations.



Your personal medical information is confidential and is only available to you and your provider. You must be a Health Plan of Nevada or Sierra Health and Life member to use the app.

HPN HMO Individual Off Exchange Plans

2023

The background features several overlapping white geometric shapes, including triangles and chevrons, creating a modern, abstract design.

2022 - 2023 MyHPN Solutions HMO Individual Off Exchange Plan Mapping

2022 MyHPN Solutions HMO Plans	2023 STATUS	2023 MyHPN Solutions HMO Plans
MyHPN Solutions Plus HMO Bronze 1	Modified with changes	MyHPN Solutions Plus HMO Bronze 1
MyHPN Solutions Plus HMO Bronze 2	Modified with changes	MyHPN Solutions HMO Bronze 2
MyHPN Solutions Plus HMO Bronze 3	Modified with changes	MyHPN Solutions HMO Bronze 3
MyHPN Solutions HMO Gold 7	Modified with changes	MyHPN Solutions HMO Gold 7
MyHPN Solutions HMO Silver 1.1	Modified with changes	MyHPN Solutions HMO Silver 1.1
MyHPN Solutions HMO Silver 3.1	Modified with changes	MyHPN Solutions HMO Silver 3.1
MyHPN Solutions HMO Silver 4	Modified with changes	MyHPN Solutions HMO Silver 4

2023 Health Plan of Nevada Individual Off Exchange HMO Plans¹

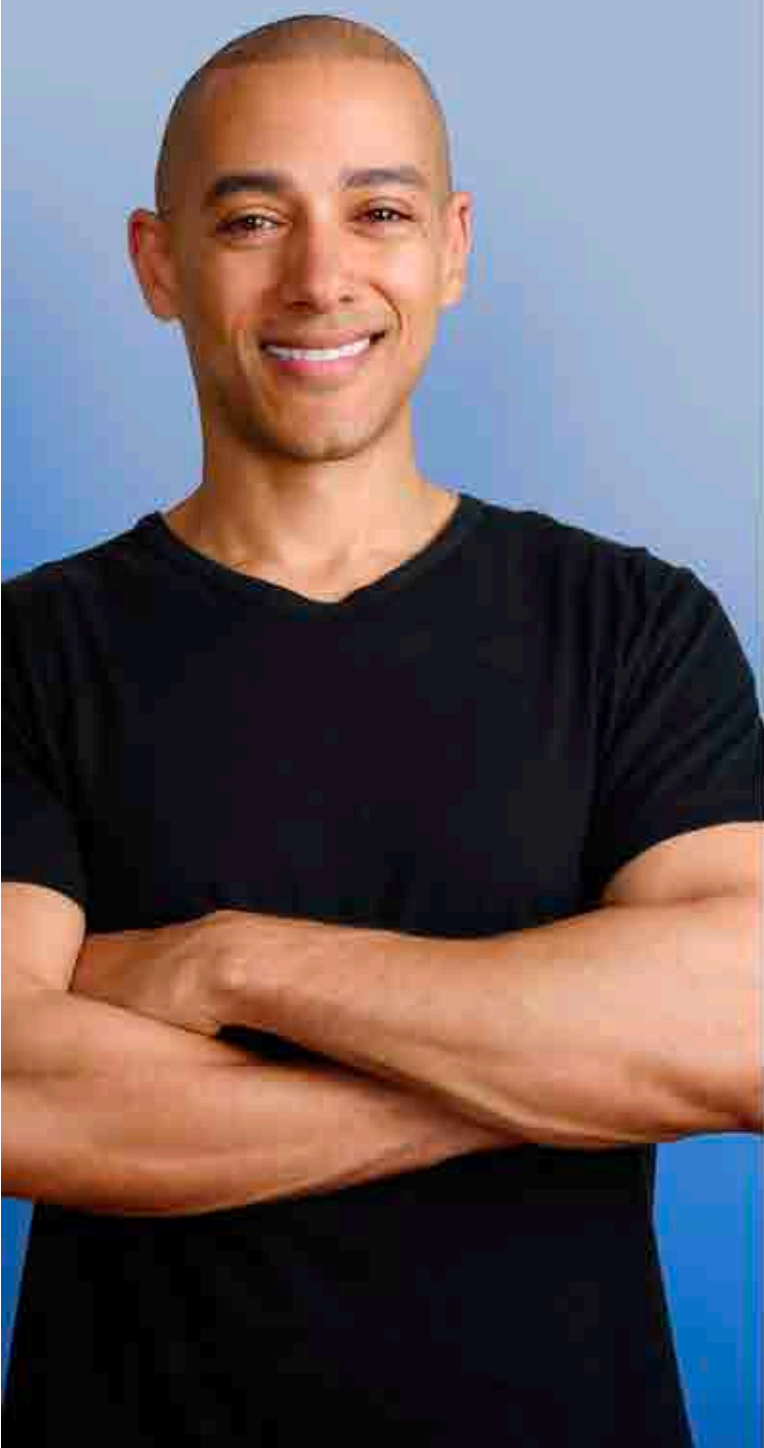
Plan Name	MyHPN Solutions HMO Gold 7	MyHPN Solutions HMO Silver 1.1	MyHPN Solutions HMO Silver 3.1	MyHPN Solutions HMO Silver 4
Calendar Year Deductible (CYD)				
Plan Provider	\$3,000 of EME ² per Member	\$5,400 of EME per Member	\$5,000 of EME per Member	\$5,000 of EME per Member
	\$6,000 of EME per Family	\$10,800 of EME per Family	\$10,000 of EME per Family	\$10,000 of EME per Family
Coinsurance after CYD Member Pays				
Plan Provider	20% of EME	30% of EME	30% of EME	0% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$8,500 of EME per Member	\$8,900 of EME per Member	\$8,900 of EME per Member	\$7,500 of EME per Member
	\$17,000 of EME per Family	\$17,800 of EME per Family	\$17,800 of EME per Family	\$15,000 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ³	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$10	\$30	\$25
Physician	\$20	\$20	\$40	\$50
Specialist	\$30	\$40	\$80	\$100
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	\$10	\$25	\$25	\$50
Routine X-ray	\$10	\$25	\$25	\$65
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 20% of EME	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$1,500; waived if admitted	\$1,500 then, after CYD, 0% of EME; waived if admitted
Ambulance	\$100	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery				
Inpatient	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Outpatient	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Prescription Drugs (In Network) Member Pays				
Rx CYD	Member: \$500 Family: \$1,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$75	After CYD, \$100	After CYD, \$100	After CYD, \$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

 Denotes new plan or modified benefit.

2023 Health Plan of Nevada Individual Off Exchange HMO Plans¹

Plan Name	MyHPN Solutions HMO Bronze 2	MyHPN Solutions HMO Bronze 3	MyHPN Solutions Plus HMO Bronze 1
Calendar Year Deductible (CYD)			
Plan Provider	\$6,500 of EME ² per Member	\$8,700 of EME per Member	\$7,250 of EME per Member
	\$13,000 of EME per Family	\$17,400 of EME per Family	\$14,500 of EME per Family
Coinsurance after CYD Member Pays			
Plan Provider	0% of EME	0% of EME	40% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)			
Plan Provider	\$8,900 of EME per Member	\$8,700 of EME per Member	\$8,800 of EME per Member
	\$17,800 of EME per Family	\$17,400 of EME per Family	\$17,600 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit			
Preventive Care ³	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0
Physician Extender	After CYD, \$0	After CYD, 0% of EME	\$15
Physician	After CYD, \$0	After CYD, 0% of EME	\$50
Specialist	After CYD, \$0	After CYD, 0% of EME	After CYD, 40% of EME
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit			
Routine Laboratory	After CYD, \$0	After CYD, 0% of EME	After CYD, 40% of EME
Routine X-ray	After CYD, \$0	After CYD, 0% of EME	After CYD, 40% of EME
Emergency Services (In Network) Member Pays Per Visit or Per Trip			
Urgent Care	After CYD, \$0	After CYD, 0% of EME	\$50
Hospital Emergency Room Facility	\$1,500 then, after CYD, 0% of EME; waived if admitted	After CYD, 0% of EME	After CYD, 40% of EME
Ambulance	After CYD, \$0	After CYD, 0% of EME	After CYD, 40% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery			
Inpatient	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 40% of EME
Outpatient	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 40% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery			
Inpatient Hospital Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 40% of EME
Outpatient Hospital Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 40% of EME
Ambulatory Surgical Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 40% of EME
Anesthesia	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 40% of EME
Prescription Drugs (In Network) Member Pays			
Rx CYD	Combined w/ Medical CYD Member: \$6,500 Family: \$13,000 (Tiers 3-4)	Combined w/ Medical CYD Member: \$8,700 Family: \$17,400 (Tiers 1-4)	Member: \$1,900 Family: \$3,800 (Tiers 3-4)
Tier 1	\$25	After CYD, 0% of EME	\$25
Tier 2	\$75	After CYD, 0% of EME	\$100
Tier 3	After CYD, \$150	After CYD, 0% of EME	After CYD, \$150
Tier 4	After CYD, 50% of EME	After CYD, 0% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay

MyHPN Solutions HMO Plans



Pediatric dental and vision are embedded in all MyHPN Solutions and MyHPN Solutions Plus HMO plans.

¹2023 HPN HMO individual off exchange plans are only available in Clark, Nye and Washoe counties.

²EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule.

³Includes covered preventive exams, labs, diagnostic tests/procedures and prescription drugs as set forth by the federal government.

The Member is responsible for all charges in excess of EME. Non-Plan Provider charges are not covered, other than for Urgently Needed or Emergency Services. Non-Plan Provider charges may be substantial and do not accrue toward the Calendar Year Out of Pocket Maximum. These Plans include additional benefits, exclusions and limitations which are shown in the Health Plan of Nevada Agreement of Coverage, Attachment A Benefit Schedule, any other applicable Riders and the Summary of Benefits and Coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

FORM NUMBERS

MyHPN Solutions HMO Plans

23H_IN_HMO_G_7, 23H_IN_HMO_S_1_1,
23H_IN_HMO_S_3_1, 23H_IN_HMO_S_4,
23H_IN_HMO_P_B_1, 23H_IN_HMO_B_2,
23H_IN_HMO_B_3.

**SHL EPO and HSA EPO
Individual Off
Exchange Plans**

2023

The background features several overlapping white geometric shapes, including triangles and polygons, creating a modern, abstract design. The shapes are layered, with some appearing to be in front of others, creating a sense of depth. The overall aesthetic is clean and professional.

2022 - 2023 My SHL Solutions EPO and HSA EPO Individual Off Exchange Plan Mapping

2022 MySHL Solutions EPO, HSA EPO, Catastrophic Plans	2023 STATUS	2023 MySHL Solutions EPO, HSA EPO, Catastrophic Plans
MySHL Solutions EPO Bronze 11	Modified with changes	MySHL Solutions EPO Bronze 11
MySHL Solutions EPO Bronze 12	Modified with changes	MySHL Solutions EPO Bronze 12
MySHL Solutions EPO Bronze 13	Modified with changes	MySHL Solutions EPO Bronze 13
MySHL Solutions EPO Bronze 14	Modified with changes	MySHL Solutions EPO Bronze 14
MySHL Solutions EPO Catastrophic 1	Modified with changes	MySHL Solutions EPO Catastrophic 1
MySHL Solutions EPO Gold 7	Modified with changes	MySHL Solutions EPO Gold 7
MySHL Solutions EPO Silver 1	Modified with changes	MySHL Solutions EPO Silver 1
MySHL Solutions EPO Silver 2	Modified with changes	MySHL Solutions EPO Silver 2
MySHL Solutions EPO Silver 6	Modified with changes	MySHL Solutions EPO Silver 6
MySHL Solutions EPO Silver 7	Modified with changes	MySHL Solutions EPO Silver 7
MySHL Solutions EPO Silver 8	Modified with changes	MySHL Solutions EPO Silver 8
MySHL Solutions EPO Silver 9	Modified with changes	MySHL Solutions EPO Silver 9
MySHL Solutions HSA EPO Bronze 3.1	Modified with changes	MySHL Solutions HSA EPO Bronze 3.1

2023 Sierra Health and Life Individual Off Exchange EPO Plans¹

Plan Name	MySHL Solutions EPO Gold 7	MySHL Solutions EPO Silver 1	MySHL Solutions EPO Silver 2	MySHL Solutions EPO Silver 6
Calendar Year Deductible (CYD)				
Plan Provider	\$3,000 of EME ² per Insured	\$5,000 of EME per Insured	\$3,800 of EME per Insured	\$5,500 of EME per Insured
	\$6,000 of EME per Family	\$10,000 of EME per Family	\$7,600 of EME per Family	\$11,000 of EME per Family
Coinsurance after CYD Insured Pays				
Plan Provider	20% of EME	30% of EME	40% of EME	30% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$7,900 of EME per Insured	\$8,800 of EME per Insured	\$8,900 of EME per Insured	\$9,000 of EME per Insured
	\$15,800 of EME per Family	\$17,600 of EME per Family	\$17,800 of EME per Family	\$18,000 of EME per Family
Medical Office Visits (In Network) Insured Pays Per Visit				
Preventive Care ³	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$10	\$20	\$10
Physician	\$20	\$15	\$30	\$25
Specialist	\$30	\$85	\$50	\$50
Non-preventive Routine Lab and X-ray Services (In Network) Insured Pays Per Visit				
Routine Laboratory	\$10	\$25	\$25	\$25
Routine X-ray	\$10	\$50	\$70	\$25
Emergency Services (In Network) Insured Pays Per Visit or Per Trip				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 20% of EME	\$500 then, after CYD, 0% of EME; waived if admitted	\$1,500 then, after CYD, 0% of EME; waived if admitted	\$1,000 then, after CYD, 0% of EME; waived if admitted
Ambulance	\$100	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Hospital Facility Services (In Network) Insured Pays Per Surgery				
Inpatient	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Outpatient	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Physician Surgical Services (In Network) Insured Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Outpatient Hospital Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Ambulatory Surgical Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Anesthesia	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Prescription Drugs (In Network) Insured Pays				
Rx CYD	Insured: \$750 Family: \$1,500 (Tiers 3-4)	Insured: \$1,000 Family: \$2,000 (Tiers 3-4)	Insured: \$1,000 Family: \$2,000 (Tiers 3-4)	Insured: \$1,000 Family: \$2,000 (Tiers 3-4)
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$75	After CYD, \$100	After CYD, \$100	After CYD, \$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay



Denotes new plan or modified benefit.

2023 Sierra Health and Life Individual Off Exchange EPO Plans¹

Plan Name	MySHL Solutions EPO Silver 7	MySHL Solutions EPO Silver 8	MySHL Solutions EPO Silver 9	MySHL Solutions EPO Bronze 11	MySHL Solutions EPO Bronze 12
Calendar Year Deductible (CYD)					
Plan Provider	\$5,500 of EME ² per Insured	\$6,900 of EME per Insured	\$6,250 of EME per Insured	\$8,700 of EME per Insured	\$8,950 of EME per Insured
	\$11,000 of EME per Family	\$13,800 of EME per Family	\$12,500 of EME per Family	\$17,400 of EME per Family	\$17,900 of EME per Family
Coinsurance after CYD Insured Pays					
Plan Provider	30% of EME	40% of EME	30% of EME	0% of EME	0% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)					
Plan Provider	\$8,100 of EME per Insured	\$8,550 of EME per Insured	\$8,000 of EME per Insured	\$8,700 of EME per Insured	\$8,950 of EME per Insured
	\$16,200 of EME per Family	\$17,100 of EME per Family	\$16,000 of EME per Family	\$17,400 of EME per Family	\$17,900 of EME per Family
Medical Office Visits (In Network) Insured Pays Per Visit					
Preventive Care ³	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	0% of EME	\$0
Physician Extender	\$10	\$15	\$15	After CYD, 0% of EME	\$5
Physician	\$40	\$40	\$25	After CYD, 0% of EME	\$50
Specialist	\$80	\$85	After CYD, 30% of EME	After CYD, 0% of EME	\$150
Non-preventive Routine Lab and X-ray Services (In Network) Insured Pays Per Visit					
Routine Laboratory	\$35	\$50	After CYD, 30% of EME	After CYD, 0% of EME	\$50
Routine X-ray	\$55	\$50	After CYD, 30% of EME	After CYD, 0% of EME	\$120
Emergency Services (In Network) Insured Pays Per Visit or Per Trip					
Urgent Care	\$50	\$50	\$50	After CYD, 0% of EME	\$50
Hospital Emergency Room Facility	After CYD, 30% of EME	\$1,000 then, after CYD 0% of EME; waived if admitted	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulance	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	\$100
Hospital Facility Services (In Network) Insured Pays Per Surgery					
Inpatient	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Physician Surgical Services (In Network) Insured Pays Per Surgery					
Inpatient Hospital Facility	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Prescription Drugs (In Network) Insured Pays					
Rx CYD	Insured: \$1,000 Family: \$2,000 (Tiers 3-4)	Insured: \$1,500 Family: \$3,000 (Tiers 3-4)	Insured: \$1,400 Family: \$2,800 (Tiers 3-4)	Combined w/ Medical CYD Insured: \$8,700 Family: \$17,400 (Tiers 1-4)	Combined w/ Medical CYD Insured: \$8,950 Family: \$17,900 (Tiers 3-4)
Tier 1	\$25	\$25	\$25	After CYD, 0% of EME	\$30
Tier 2	\$50	\$75	\$100	After CYD, 0% of EME	\$120
Tier 3	After CYD, \$100	After CYD, \$150	After CYD, \$150	After CYD, 0% of EME	After CYD, 0% of EME
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 0% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

 Denotes new plan or modified benefit.

2023 Sierra Health and Life Individual Off Exchange EPO, Catastrophic and HSA EPO Plans¹

Plan Name	MySHL Solutions EPO Bronze 13	MySHL Solutions EPO Bronze 14	MySHL Solutions EPO Catastrophic 1	MySHL Solutions HSA EPO Bronze 3.1
Calendar Year Deductible (CYD)				
Plan Provider	\$6,900 of EME ² per Insured	\$7,500 of EME per Insured	\$9,100 of EME per Insured	\$6,500 of EME per Insured
	\$13,800 of EME per Family	\$15,000 of EME per Family	\$18,200 of EME per Family	\$13,000 of EME per Family
Coinsurance after CYD Insured Pays				
Plan Provider	40% of EME	40% of EME	0% of EME	30% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$8,900 of EME per Insured	\$8,900 of EME per Insured	\$9,100 of EME per Insured	\$7,000 of EME per Insured
	\$17,800 of EME per Family	\$17,800 of EME per Family	\$18,200 of EME per Family	\$14,000 of EME per Family
Medical Office Visits (In Network) Insured Pays Per Visit				
Preventive Care ³	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	0% of EME	After CYD, 0% of EME
Physician Extender	\$5	\$5	After CYD, 0% of EME (CYD is waived for the first 3 visits)	After CYD, 30% of EME
Physician	\$25	\$30	After CYD, 0% of EME (CYD is waived for the first 3 visits)	After CYD, 30% of EME
Specialist	After CYD, \$0	After CYD, \$60	After CYD, 0% of EME	After CYD, 30% of EME
Non-preventive Routine Lab and X-ray Services (In Network) Insured Pays Per Visit				
Routine Laboratory	After CYD, \$25	After CYD, \$50	After CYD, 0% of EME	After CYD, 30% of EME
Routine X-ray	After CYD, \$25	After CYD, \$50	After CYD, 0% of EME	After CYD, 30% of EME
Emergency Services (In Network) Insured Pays Per Visit or Per Trip				
Urgent Care	\$50	\$50	After CYD, 0% of EME	After CYD, 30% of EME
Hospital Emergency Room Facility	After CYD, \$600; waived if admitted	After CYD, \$600; waived if admitted	After CYD, 0% of EME	After CYD, 30% of EME
Ambulance	\$100	\$100	After CYD, 0% of EME	After CYD, 30% of EME
Hospital Facility Services (In Network) Insured Pays Per Surgery				
Inpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 30% of EME
Outpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 30% of EME
Physician Surgical Services (In Network) Insured Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 30% of EME
Outpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 30% of EME
Ambulatory Surgical Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 30% of EME
Anesthesia	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 30% of EME
Prescription Drugs (In Network) Insured Pays				
Rx CYD	Combined w/ Medical CYD Insured: \$6,900 Family: \$13,800 (Tiers 2-4)	Insured: \$2,000 Family: \$4,000 (Tiers 3-4)	Combined w/ Medical CYD Insured: \$9,100 Family: \$18,200 (Tiers 1-4)	Combined w/ Medical CYD Insured: \$6,500 Family: \$13,000 (Tiers 1-4)
Tier 1	\$25	\$25	After CYD, 0% of EME	After CYD, \$25
Tier 2	After CYD, 40% of EME	\$75	After CYD, 0% of EME	After CYD, \$75
Tier 3	After CYD, 40% of EME	After CYD, \$75	After CYD, 0% of EME	After CYD, \$150
Tier 4	After CYD, 40% of EME	After CYD, 50% of EME	After CYD, 0% of EME	After CYD, 30% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay



Denotes new plan or modified benefit.

MyHPN Solutions

EPO, HSA EPO Plans

Pediatric dental and vision are embedded in all MySHL Solutions EPO plans.

¹2023 SHL EPO and HSA EPO individual off exchange plans are only available in Clark County.

²EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule.

³Includes covered preventive exams, labs, diagnostic tests/procedures and prescription drugs as set forth by the federal government.

Failure of the Insured to comply with the requirements of SHL's Managed Care Program will result in a reduction of benefits. Benefits payable for Covered Services from Plan Providers which are not Prior Authorized by SHL's Managed Care Program will be reduced to 50% of what the Insured would have received with Prior Authorization. The Insured is responsible for all charges in excess of EME. Non-Plan Provider charges are not covered, other than for Urgently Needed or Emergency Services, or Medically Necessary Services not available through a Plan Provider. Non-Plan Provider charges may be substantial and do not accrue toward the Calendar Year Out of Pocket Maximum. These Plans include additional benefits, exclusions and limitations which are shown in the Sierra Health and Life Agreement of Coverage, Attachment A Benefit Schedule, any other applicable Riders and the Summary of Benefits and Coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

FORM NUMBERS

MySHL Solutions EPO Plans

23S_IN_EPO_G_7, 23S_IN_EPO_S_1,
23S_IN_EPO_S_2, 23S_IN_EPO_S_6,
23S_IN_EPO_S_7, 23S_IN_EPO_S_8,
23S_IN_EPO_S_9, 23S_IN_EPO_B_11,
23S_IN_EPO_B_12, 23S_IN_EPO_B_13,
23S_IN_EPO_B_14.

MySHL Solutions EPO Catastrophic Plan

23S_IN_EPO_CAT.

MySHL Solutions HSA EPO Plan

23S_IN_HSA_EPO_B_3_1.



HPN HMO Individual On Exchange Plans

2023

The background features several overlapping white geometric shapes, including triangles and chevrons, creating a modern, abstract design.

2022 - 2023 MyHPN HMO Individual On Exchange Plan Mapping

2022 MyHPN HMO and Catastrophic Plans	2023 STATUS	2023 MyHPN HMO and Catastrophic Plans
MyHPN Plus Bronze 1	Discontinued	Virtual HPN™
MyHPN Catastrophic Plan	Modified with changes	MyHPN Catastrophic Plan
MyHPN Gold 5	Discontinued	MyHPN Gold 6
MyHPN Silver 1.1	Modified with changes	MyHPN Silver 1.1
MyHPN Silver 1.1 - 73	Modified with changes	MyHPN Silver 1.1 - 73
MyHPN Silver 1.1 - 87	Modified with changes	MyHPN Silver 1.1 - 87
MyHPN Silver 1.1 - 94	Modified with changes	MyHPN Silver 1.1 - 94
MyHPN Silver 10	Modified with changes	MyHPN Silver 10
MyHPN Silver 10 - 73	Modified with changes	MyHPN Silver 10 - 73
MyHPN Silver 10 - 87	Modified with changes	MyHPN Silver 10 - 87
MyHPN Silver 10 - 94	Modified with changes	MyHPN Silver 10 - 94
MyHPN Silver 11	Modified with changes	MyHPN Silver 11
MyHPN Silver 11 - 73	Modified with changes	MyHPN Silver 11 - 73
MyHPN Silver 11 - 87	Modified with changes	MyHPN Silver 11 - 87
MyHPN Silver 11 - 94	Modified with changes	MyHPN Silver 11 - 94
MyHPN Silver 12	Modified with changes	MyHPN Silver 12
MyHPN Silver 12 - 73	Modified with changes	MyHPN Silver 12 - 73
MyHPN Silver 12 - 87	Modified with changes	MyHPN Silver 12 - 87
MyHPN Silver 12 - 94	Modified with changes	MyHPN Silver 12 - 94
MyHPN Silver 14	Discontinued	MyHPN Silver 11
MyHPN Silver 14 - 73	Discontinued	MyHPN Silver 11 - 73
MyHPN Silver 14 - 87	Discontinued	MyHPN Silver 11 - 87
MyHPN Silver 14 - 94	Discontinued	MyHPN Silver 11 - 94
MyHPN Silver 5/Medicaid Transition Plan	Modified with changes	MyHPN Silver 5/Medicaid Transition Plan
MyHPN Silver 5/Medicaid Transition Plan - 73	Modified with changes	MyHPN Silver 5/Medicaid Transition Plan - 73
MyHPN Silver 5/Medicaid Transition Plan - 87	Modified with changes	MyHPN Silver 5/Medicaid Transition Plan - 87
MyHPN Silver 5/Medicaid Transition Plan - 94	Modified with changes	MyHPN Silver 5/Medicaid Transition Plan - 94
MyHPN Bronze Plus 2/Medicaid Transition Plan	Modified with changes	MyHPN Bronze 2/Medicaid Transition Plan
MyHPN Plus Bronze 3	Modified with changes	MyHPN Bronze 3
MyHPN Plus Bronze 4	Modified with changes	MyHPN Plus Bronze 4
MyHPN Plus Bronze 5	Modified with changes	MyHPN Plus Bronze 5
MyHPN Plus Bronze 6	Modified with changes	MyHPN Plus Bronze 6
Virtual HPN™	Modified with changes	Virtual HPN™
	New	MyHPN Gold 6
	New	MyHPN Select Network Gold 1
	New	MyHPN Select Network Silver 1
	New	MyHPN Select Network Silver 1 - 73
	New	MyHPN Select Network Silver 1 - 87
	New	MyHPN Select Network Silver 1 - 94
	New	MyHPN Select Network Silver 2
	New	MyHPN Select Network Silver 2 - 73
	New	MyHPN Select Network Silver 2 - 87
	New	MyHPN Select Network Silver 2 - 94
	New	MyHPN Select Network Bronze 1

2023 Health Plan of Nevada Individual On Exchange HMO Plans¹

Plan Name	MyHPN Select Network Gold 1	MyHPN Select Network Silver 1	MyHPN Select Network Silver 1 - 73	MyHPN Select Network Silver 1 - 87	MyHPN Select Network Silver 1 - 94
Calendar Year Deductible (CYD)					
Plan Provider	\$3,500 of EME ² per Member	\$5,000 of EME per Member	\$4,300 of EME per Member	\$1,000 of EME per Member	\$0 of EME per Member
	\$7,000 of EME per Family	\$10,000 of EME per Family	\$8,600 of EME per Family	\$2,000 of EME per Family	\$0 of EME per Family
Coinsurance after CYD Member Pays					
Plan Provider	20% of EME	40% of EME	20% of EME	15% of EME	15% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)					
Plan Provider	\$8,500 of EME per Member	\$8,700 of EME per Member	\$7,000 of EME per Member	\$2,900 of EME per Member	\$1,800 of EME per Member
	\$17,000 of EME per Family	\$17,400 of EME per Family	\$14,000 of EME per Family	\$5,800 of EME per Family	\$3,600 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit					
Preventive Care ³	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$0	\$0	\$0	\$0
Physician	\$15	\$0	\$0	\$0	\$0
Specialist	\$30	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit					
Routine Laboratory	\$10	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Routine X-ray	\$10	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Emergency Services (In Network) Member Pays Per Visit or Per Trip					
Urgent Care	\$50	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 20% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% of EME	25% of EME
Ambulance	\$100	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 30% of EME	15% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery					
Inpatient	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Outpatient	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery					
Inpatient Hospital Facility	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Outpatient Hospital Facility	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Ambulatory Surgical Facility	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Anesthesia	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Prescription Drugs (In Network) Member Pays					
Rx CYD	Member: \$500 Family: \$1,000 (Tiers 3-4)	Combined w/ Medical CYD Member: \$5,000 Family: \$10,000 (Tiers 2-4)	Combined w/ Medical CYD Member: \$4,300 Family: \$8,600 (Tiers 2-4)	Combined w/ Medical CYD Member: \$1,000 Family: \$2,000 (Tiers 2-4)	No CYD Member: \$0 Family: \$0 (Tiers 1-4)
Tier 1	\$25	\$5	\$0	\$0	\$0
Tier 2	\$50	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Tier 3	After CYD, \$75	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% of EME	20% of EME
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% of EME	20% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

HPN Individual On Exchange Select Plans offer HPN's lowest monthly premium with a select network of hospitals. The Select Network does not include Dignity facilities and Dignity micro hospitals, urgent cares and physician groups.

2023 Health Plan of Nevada Individual On Exchange HMO Plans¹

Plan Name	MyHPN Select Network Silver 2	MyHPN Select Network Silver 2 - 73	MyHPN Select Network Silver 2 - 87	MyHPN Select Network Silver 2 - 94	MyHPN Select Network Bronze 1
Calendar Year Deductible (CYD)					
Plan Provider	\$7,500 of EME ² per Member	\$6,000 of EME per Member	\$2,000 of EME per Member	\$600 of EME per Member	\$8,700 of EME per Member
	\$15,000 of EME per Family	\$12,000 of EME per Family	\$4,000 of EME per Family	\$1,200 of EME per Family	\$17,400 of EME per Family
Coinsurance after CYD Member Pays					
Plan Provider	0% of EME	0% of EME	0% of EME	0% of EME	0% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)					
Plan Provider	\$7,500 of EME per Member	\$6,000 of EME per Member	\$2,000 of EME per Member	\$600 of EME per Member	\$8,700 of EME per Member
	\$15,000 of EME per Family	\$12,000 of EME per Family	\$4,000 of EME per Family	\$1,200 of EME per Family	\$17,400 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit					
Preventive Care ³	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$0	\$0	\$0	\$0	After CYD, 0% of EME
Physician	\$5	\$5	\$0	\$0	After CYD, 0% of EME
Specialist	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit					
Routine Laboratory	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Routine X-ray	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Emergency Services (In Network) Member Pays Per Visit or Per Trip					
Urgent Care	\$50	\$50	\$50	\$50	After CYD, 0% of EME
Hospital Emergency Room Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulance	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery					
Inpatient	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery					
Inpatient Hospital Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Prescription Drugs (In Network) Member Pays					
Rx CYD	Combined w/ Medical CYD Member: \$7,500 Family: \$15,000 (Tiers 2-4)	Combined w/ Medical CYD Member: \$6,000 Family: \$12,000 (Tiers 2-4)	Combined w/ Medical CYD Member: \$2,000 Family: \$4,000 (Tiers 2-4)	Combined w/ Medical CYD Member: \$600 Family: \$1,200 (Tiers 2-4)	Combined w/ Medical CYD Member: \$8,700 Family: \$17,400 (Tiers 1-4)
Tier 1	\$5	\$5	\$0	\$0	After CYD, 0% of EME
Tier 2	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 15% of EME	After CYD, 15% of EME	After CYD, 0% of EME
Tier 3	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

HPN Individual On Exchange Select Plans offer HPN's lowest monthly premium with a select network of hospitals. The Select Network does not include Dignity facilities and Dignity micro hospitals, urgent cares and physician groups.

 Denotes new plan or modified benefit.

2023 Health Plan of Nevada Individual On Exchange HMO Plans¹

Plan Name	MyHPN Gold 6	MyHPN Silver 1.1	MyHPN Silver 1.1 - 73	MyHPN Silver 1.1 - 87	MyHPN Silver 1.1 - 94
Calendar Year Deductible (CYD)					
Plan Provider	\$1,800 of EME ² per Member	\$4,900 of EME per Member	\$4,900 of EME per Member	\$0 of EME per Member	\$0 of EME per Member
	\$3,600 of EME per Family	\$9,800 of EME per Family	\$9,800 of EME per Family	\$0 of EME per Family	\$0 of EME per Family
Coinsurance after CYD Member Pays					
Plan Provider	30% of EME	30% of EME	30% of EME	30% of EME	30% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)					
Plan Provider	\$7,900 of EME per Member	\$8,900 of EME per Member	\$7,250 of EME per Member	\$2,900 of EME per Member	\$700 of EME per Member
	\$15,800 of EME per Family	\$17,800 of EME per Family	\$14,500 of EME per Family	\$5,800 of EME per Family	\$1,400 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit					
Preventive Care ³	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physican Extender	\$5	\$10	\$10	\$10	\$0
Physician	\$0	\$25	\$25	\$10	\$5
Specialist	\$0	\$40	\$40	\$20	\$10
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit					
Routine Laboratory	\$15	\$25	\$25	\$25	\$25
Routine X-ray	\$15	\$25	\$25	\$25	\$25
Emergency Services (In Network) Member Pays Per Visit or Per Trip					
Urgent Care	\$50	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 30% of EME	\$1,500 then, after CYD, 0% of EME; waived if admitted	\$1,500 then, after CYD, 0% of EME; waived if admitted	\$750; waived if admitted	\$650; waived if admitted
Ambulance	\$100	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery					
Inpatient	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Outpatient	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery					
Inpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Outpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Ambulatory Surgical Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Anesthesia	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Prescription Drugs (In Network) Member Pays					
Rx CYD	Member: \$500 Family: \$1,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$0 Family: \$0	Member: \$0 Family: \$0
Tier 1	\$25	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$75	After CYD, \$100	After CYD, \$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay



2023 Health Plan of Nevada Individual On Exchange HMO Plans¹

Plan Name	MyHPN Silver 5/ Medicaid Transition	MyHPN Silver 5/ Medicaid Transition - 73	MyHPN Silver 5/ Medicaid Transition - 87	MyHPN Silver 5/ Medicaid Transition - 94
Calendar Year Deductible (CYD)				
Plan Provider	\$5,000 of EME ² per Member	\$4,000 of EME per Member	\$0 of EME per Member	\$0 of EME per Member
	\$10,000 of EME per Family	\$8,000 of EME per Family	\$0 of EME per Family	\$0 of EME per Family
Coinsurance after CYD Member Pays				
Plan Provider	30% of EME	30% of EME	30% of EME	30% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$9,000 of EME per Member	\$7,200 of EME per Member	\$2,500 of EME per Member	\$600 of EME per Member
	\$18,000 of EME per Family	\$14,400 of EME per Family	\$5,000 of EME per Family	\$1,200 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ³	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$5	\$5	\$0
Physician	\$15	\$15	\$10	\$0
Specialist	\$85	\$75	\$70	\$50
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	\$15	\$25	\$25	\$25
Routine X-ray	\$15	\$50	\$50	\$50
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,200 then, after CYD, 0% of EME; waived if admitted	\$750 then, after CYD, 0% of EME; waived if admitted	\$500; waived if admitted	\$500; waived if admitted
Ambulance	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery				
Inpatient	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Outpatient	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Outpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Ambulatory Surgical Facility	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Anesthesia	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Prescription Drugs (In Network) Member Pays				
Rx CYD	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$0 Family: \$0	Member: \$0 Family: \$0
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$100	After CYD, \$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay



Denotes new plan or modified benefit.

2023 Health Plan of Nevada Individual On Exchange HMO Plans¹

Plan Name	MyHPN Silver 10	MyHPN Silver 10-73	MyHPN Silver 10-87	MyHPN Silver 10-94
Calendar Year Deductible (CYD)				
Plan Provider	\$6,200 of EME ² per Member	\$4,600 of EME per Member	\$900 of EME per Member	\$0 of EME per Member
	\$12,400 of EME per Family	\$9,200 of EME per Family	\$1,800 of EME per Family	\$0 of EME per Family
Coinsurance after CYD Member Pays				
Plan Provider	40% of EME	40% of EME	40% of EME	20% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$8,700 of EME per Member	\$7,250 of EME per Member	\$2,500 of EME per Member	\$800 of EME per Member
	\$17,400 of EME per Family	\$14,500 of EME per Family	\$5,000 of EME per Family	\$1,600 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ³	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	\$5	\$5	\$0
Physician	\$30	\$15	\$15	\$0
Specialist	\$85	\$50	\$50	\$0
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	\$25	\$25	\$25	\$0
Routine X-ray	\$25	\$25	\$25	\$0
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$500; waived if admitted
Ambulance	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery				
Inpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Outpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Outpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Ambulatory Surgical Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Anesthesia	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Prescription Drugs (In Network) Member Pays				
Rx CYD	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$0 Family: \$0	Member: \$0 Family: \$0
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75
Tier 3	After CYD, \$150	After CYD, \$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay



Denotes new plan or modified benefit.

2023 Health Plan of Nevada Individual On Exchange HMO Plans¹

Plan Name	MyHPN Silver 11	MyHPN Silver 11 - 73	MyHPN Silver 11 - 87	MyHPN Silver 11 - 94
Calendar Year Deductible (CYD)				
Plan Provider	\$6,500 of EME ² per Member	\$4,500 of EME per Member	\$600 of EME per Member	\$0 of EME per Member
	\$13,000 of EME per Family	\$9,000 of EME per Family	\$1,200 of EME per Family	\$0 of EME per Family
Coinsurance after CYD Member Pays				
Plan Provider	50% of EME	40% of EME	30% of EME	30% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$8,700 of EME per Member	\$7,000 of EME per Member	\$2,500 of EME per Member	\$900 of EME per Member
	\$17,400 of EME per Family	\$14,000 of EME per Family	\$5,000 of EME per Family	\$1,800 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ³	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic.®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	\$10	\$5	\$0
Physician	\$0	\$0	\$0	\$0
Specialist	\$85	\$40	\$20	\$5
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	\$25	\$50	\$50	\$50
Routine X-ray	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$750 then, after CYD, 0% of EME; waived if admitted	\$500 then, after CYD, 0% of EME; waived if admitted	\$250; waived if admitted
Ambulance	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery				
Inpatient	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Outpatient	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Outpatient Hospital Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Ambulatory Surgical Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Anesthesia	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Prescription Drugs (In Network) Member Pays				
Rx CYD	Combined w/ Medical CYD Member: \$6,500 Family: \$13,000 (Tiers 3-4)	Combined w/ Medical CYD Member: \$4,500 Family: \$9,000 (Tiers 3-4)	Combined w/ Medical CYD Member: \$600 Family: \$1,200 (Tier-4)	Member: \$0 Family: \$0
Tier 1	\$25	\$25	\$25	\$10
Tier 2	\$75	\$75	\$75	\$25
Tier 3	After CYD, 50% of EME	After CYD, \$100	\$100	\$50
Tier 4	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 20% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay



Denotes new plan or modified benefit.

2023 Health Plan of Nevada Individual On Exchange HMO Plans¹

Plan Name	MyHPN Silver 12	MyHPN Silver 12 - 73	MyHPN Silver 12 - 87	MyHPN Silver 12 - 94
Calendar Year Deductible (CYD)				
Plan Provider	\$7,000 of EME ² per Member	\$4,500 of EME per Member	\$500 of EME per Member	\$0 of EME per Member
	\$14,000 of EME per Family	\$9,000 of EME per Family	\$1,000 of EME per Family	\$0 of EME per Family
Coinsurance after CYD Member Pays				
Plan Provider	40% of EME	40% of EME	40% of EME	10% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$8,700 of EME per Member	\$7,250 of EME per Member	\$2,850 of EME per Member	\$850 of EME per Member
	\$17,400 of EME per Family	\$14,500 of EME per Family	\$5,700 of EME per Family	\$1,700 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ³	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physican Extender	\$15	\$5	\$0	\$0
Physician	\$0	\$0	\$0	\$0
Specialist	\$85	\$65	\$25	\$15
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	\$25	\$25	\$15	\$0
Routine X-ray	\$50	\$25	\$15	\$0
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$500; waived if admitted
Ambulance	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery				
Inpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Outpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Outpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Ambulatory Surgical Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Anesthesia	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Prescription Drugs (In Network) Member Pays				
Rx CYD	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$0 Family: \$0	Member: \$0 Family: \$0
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75
Tier 3	After CYD, \$150	After CYD, \$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay



Denotes new plan or modified benefit.

2023 Health Plan of Nevada Individual On Exchange HMO, Virtual and Catastrophic Plans¹

Plan Name	MyHPN Bronze 2 Medicaid Transition	MyHPN Bronze 3	Virtual HPN™	MyHPN Catastrophic Plan
Calendar Year Deductible (CYD)				
Plan Provider	\$8,600 of EME per Member	\$8,900 of EME ² per Member	\$8,700 of EME per Member	\$9,100 of EME per Member
	\$17,200 of EME per Family	\$17,800 of EME per Family	\$17,400 of EME per Family	\$18,200 of EME per Family
Coinsurance after CYD Member Pays				
Plan Provider	0% of EME	0% of EME	0% of EME	0% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$9,000 of EME per Member	\$8,900 of EME per Member	\$8,700 of EME per Member	\$9,100 of EME per Member
	\$18,000 of EME per Family	\$17,800 of EME per Family	\$17,400 of EME per Family	\$18,200 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ³	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$0	\$0	After CYD, \$0 (CYD is waived for first 3 visits)
Physician	\$50	\$0	\$0	After CYD, \$0 (CYD is waived for first 3 visits)
Specialist	\$150	\$150	After CYD, 0% of EME	After CYD, \$0
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	\$50	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0
Routine X-ray	\$120	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	\$50	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0
Hospital Emergency Room Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulance	\$100	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0
Hospital Facility Services (In Network) Member Pays Per Surgery				
Inpatient	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Prescription Drugs (In Network) Member Pays				
Rx CYD	Combined w/ Medical CYD Member: \$8,600 Family: \$17,200 (Tiers 3-4)	Combined w/ Medical CYD Member: \$8,900 Family: \$17,800 (Tiers 3-4)	Combined w/ Medical CYD Member: \$8,700 Family: \$17,400 (Tiers 2-4)	Combined w/ Medical CYD Member: \$9,100 Family: \$18,200 (Tiers 1-4)
Tier 1	\$30	\$25	\$25	After CYD, \$0
Tier 2	\$120	\$165	After CYD, 0% of EME	After CYD, \$0
Tier 3	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0
Tier 4	After CYD, 50% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

 Denotes new plan or modified benefit.

2023 Health Plan of Nevada Individual On Exchange HMO Plans¹

Plan Name	MyHPN Plus Bronze 4	MyHPN Plus Bronze 5	MyHPN Plus Bronze 6
Calendar Year Deductible (CYD)			
Plan Provider	\$9,000 of EME ² per Member	\$7,800 of EME per Member	\$6,900 of EME per Member
	\$18,000 of EME per Family	\$15,600 of EME per Family	\$13,800 of EME per Family
Coinsurance after CYD Member Pays			
Plan Provider	0% of EME	50% of EME	40% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)			
Plan Provider	\$9,000 of EME per Member	\$8,800 of EME per Member	\$8,900 of EME per Member
	\$18,000 of EME per Family	\$17,600 of EME per Family	\$17,800 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit			
Preventive Care ³	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0
Physician Extender	\$5	\$5	\$5
Physician	\$50	\$35	\$25
Specialist	\$150	After CYD, \$60	After CYD, \$0
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit			
Routine Laboratory	\$50	After CYD, \$50	After CYD, \$25
Routine X-ray	\$120	After CYD, \$50	After CYD, \$25
Emergency Services (In Network) Member Pays Per Visit or Per Trip			
Urgent Care	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 0% of EME	After CYD, \$600; waived if admitted	After CYD, \$600; waived if admitted
Ambulance	\$100	\$100	\$100
Hospital Facility Services (In Network) Member Pays Per Surgery			
Inpatient	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Outpatient	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery			
Inpatient Hospital Facility	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Outpatient Hospital Facility	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Ambulatory Surgical Facility	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Anesthesia	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Prescription Drugs (In Network) Member Pays			
Rx CYD	Combined w/ Medical CYD Member: \$9,000 Family: \$18,000 (Tiers 3-4)	Member: \$2,000 Family: \$4,000 (Tiers 3-4)	Combined w/ Medical CYD Member: \$6,900 Family: \$13,800 (Tiers 2-4)
Tier 1	\$30	\$25	\$25
Tier 2	\$120	\$75	After CYD, 40% of EME
Tier 3	After CYD, 0% of EME	After CYD, \$75	After CYD, 40% of EME
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay

 Denotes new plan or modified benefit.

MyHPN On Exchange HMO Plans



Paytient Interest-Free Credit Line

Now available to Health Plan of Nevada Individual On Exchange Plan Members!

Paytient is an interest-free line of credit that helps members access and afford care. With the swipe of a card, members can turn medical or pharmacy expenses into affordable payment plans.

Learn more at Start.Paytient.com/HPN.

Pediatric vision is embedded in all MyHPN and MyHPN Plus HMO plans.

¹2023 HPN HMO individual on exchange plans are only available in Clark, Nye and Washoe counties.

²EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule.

³Includes covered preventive exams, labs, diagnostic tests/procedures and prescription drugs as set forth by the federal government.

The Member is responsible for all charges in excess of EME. Non-Plan Provider charges are not covered, other than for Urgently Needed or Emergency Services. Non-Plan Provider charges may be substantial and do not accrue toward the Calendar Year Out of Pocket Maximum. These Plans include additional benefits, exclusions and limitations which are shown in the Health Plan of Nevada Agreement of Coverage, Attachment A Benefit Schedule, any other applicable Riders and the Summary of Benefits and Coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

FORM NUMBERS

MyHPN On Exchange HMO Plans

23H_IX_HMO_G_6, 23H_IX_HMO_S_1_1, 23H_IX_HMO_S_1_1_73, 23H_IX_HMO_S_1_1_87, 23H_IX_HMO_S_1_1_94, 23H_IX_HMO_S_MTP_5, 23H_IX_HMO_S_5_MTP_73, 23H_IX_HMO_S_5_MTP_87, 23H_IX_HMO_S_5_MTP_94, 23H_IX_HMO_S_10, 23H_IX_HMO_S_10_73, 23H_IX_HMO_S_10_87, 23H_IX_HMO_S_10_94, 23H_IX_HMO_S_11, 23H_IX_HMO_S_11_73, 23H_IX_HMO_S_11_87, 23H_IX_HMO_S_11_94, 23H_IX_HMO_S_12, 23H_IX_HMO_S_12_73, 23H_IX_HMO_S_12_87, 23H_IX_HMO_S_12_94, 23H_IX_HMO_P_B_2_MTP, 23H_IX_HMO_B_3, 23H_IX_HMO_P_B_4, 23H_IX_HMO_P_B_5, 23H_IX_HMO_P_B_6, 23H_IX_HMO_VH.

MyHPN Select Network Plans

23H_IX_HMO_SN_G_5, 23H_IX_HMO_SN_S_1, 23H_IX_HMO_SN_1_73, 23H_IX_HMO_SN_S_1_87, 23H_IX_HMO_SN_S_1_94, 23H_IX_HMO_SN_S_2, 23H_IX_HMO_SN_S_2_73, 23H_IX_HMO_SN_S_2_87, 23H_IX_HMO_SN_S_2_94, 23H_IX_HMO_SN_B_1.

MyHPN On Exchange HMO Catastrophic Plan

21H_IX_HMO_CAT.

HPN Individual On Exchange Select Plans offer HPN's lowest monthly premium with a select network of hospitals. The Select Network does not include Dignity facilities and Dignity micro hospitals, urgent cares and physician groups.

2023 Uniform Modifications

Applies to all HPN and SHL Evidence/Certificate/Agreement of Coverage

- Modify the Effective Date of Coverage subsection to reflect the next calendar year annual open enrollment period.
- Modify the termination provision by replacing the term Member with Subscriber and Eligible Dependent.
- Modify the Medical-Physician Services subsection by removing the requirement that eligibility for infertility services benefit no longer requires that the member is a female under age 44.
- Modify the Autism/ABA subsection by removing the age limitation for medically necessary screening, diagnosis and treatment of Autism Spectrum Disorders.
- Modify the Telemedicine section to indicate a provider is not required to demonstrate the necessity to provide services through, or to receive additional certifications or licenses in Telemedicine. Benefits are also available for urgent, on-demand healthcare delivered through live audio with video conferencing or audio only technology for treatment of acute but non-emergency medical needs. Telemedicine Services received from any Provider will be subject to the applicable facility and professional Copayments and/or Coinsurance amount.
- Benefits are also provided for Remote Physiologic Monitoring.
- Modify the Virtual Visit section to indicate NowClinic Urgent Care Virtual Visits are not subject to a Member's Cost Share.
- The Coordination of Benefits language was amended to clarify when Coordination of benefits occurs and the rules pertaining to when a plan is primary and when a plan is secondary.
- Exclusionary language has been modified as follows:
 - Adding the following exclusions
 - Add exclusions for Medical and surgical treatment of excessive sweating (hyperhidrosis).
 - Any care or delivery at a birthing center.
 - Add exclusions for adventure, camping, outdoor or similar programs.
 - Add a pharmacy exclusion for Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
 - Amend the following exclusion
 - Modify Exclusion to clarify that services related to excluded transplant services are also excluded, including any and all services, supplies treatments, laboratory tests or x-rays received by the donor (including donor search, donor transportation, testing, registry and retrieval costs); any and all treatment and costs related to cadaver or animal retrieval or maintenance of a donor for such retrieval; and/or any and all Hospital, Physician, laboratory or x-rays services.
 - Modify Exclusions to clarify that except for reconstructive surgery following a mastectomy, cosmetic procedures to improve appearance without restoring a physical bodily function is excluded. Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered cosmetic procedures.

- Modify the excluded procedures performed in relation to treatment of Gender Dysphoria to clarify that Hair removal is excluded except as part of a genital reconstruction procedure.
- Modify the existing language of the Designated Plan Pharmacy Benefit Payments pertaining to Mandatory Generics applicable to Biosimilar drugs.
- Revise Pharmacy Benefit Exclusions subsection to remove the exclusion of certain prescriptions not prescribed by a specialist.
- Add Definitions for:
 - "Air Ambulance" means medical transport by rotary wing air ambulance or fixed wing air ambulance as defined in CRF 414.605.
 - "Congenital Anomaly".
 - "Remote Physiologic Monitoring. Remote Physiological Monitoring must be ordered by a licensed Physician or other qualified health professional who has examined the patient and with whom the patient has an established, documented, and ongoing relationship. Remote Physiological Monitoring may not be used while the patient is Inpatient at a hospital or other facility. Use of multiple devices must be coordinated by one Physician.
 - Under the definition of "Experimental or Investigational Service(s)", the following sources were removed as criteria to identify appropriate use: the American Hospital Formulary Service; the United States Pharmacopoeia Dispensing Information. And the following sources were added: AHFS Drug Information (AHFS DI) under therapeutic uses section; Elsevier Gold Standard's Clinical Pharmacology under the indications section; DRUGDEX System by Micromedex under the therapeutic uses section and has a strength recommendation rating of class I, class IIa, or class IIb; National Comprehensive Cancer Network (NCCN) drugs and biologics compendium category of evidence 1, 2A, or 2B. Experimental or investigational service(s) are only obtainable, with regard to outcomes for the given indication, within research settings.
 - Add a definition of Recognized Amount when services are provided by a non network physician is based on An All Payer Model Agreement if adopted, State law; or the lesser of the qualifying payment amount as determined under applicable law or the amount billed by the provider or facility.

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