

# Find a plan that's right for YOU

Health Plan  
of Nevada   
A UnitedHealthcare Company



Download the  
**MyHPN** 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 member to use the app.

# You got this!

With Health Plan of Nevada's individual and family plans, you're covered with many services and benefits at **no or low cost**

- ▶ Annual physicals
- ▶ Immunizations
- ▶ 24/7 virtual visits with NowClinic®\*
- ▶ Disease management programs
- ▶ 24/7 advice nurse
- ▶ Healthy eating programs
- ▶ Online health education classes



- ▶ Healthy recipes for busy families
- ▶ Care management
- ▶ Health plan mobile app
- ▶ Same-day medication delivery\*
- ▶ Digital health tools and apps
- ▶ Easy premium payment options

## Why HPN?



### Largest provider network in Nevada

Get the coverage you need with a large network of providers in **Clark, Nye and Washoe counties.**



### Low-cost primary care visits

Care for routine exams and minor injuries and illnesses.



### Mental health benefits with every plan

Mental health is important to everyone. We offer **virtual and in-person visits to all members**



### Urgent care that comes to you

Get urgent care at home for common illnesses and injuries for a **\$50 copay** on most plans.



### 90-day supply of medication

Save time and money through your local **Walgreens pharmacies.**



### 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](https://Start.Paytient.com/HPN).



\*See page 5 for details and restrictions

# Sometimes, it's not easy to understand everything there is to know about health insurance coverage.

Insurance can give you peace of mind and security. It helps pay for routine care, as well as bigger bills like if you go to the hospital or need treatment for a chronic illness.

Most insurance plans have a monthly cost. This monthly cost, or **premium**, can be very small, or higher depending on the insurance plan you pick. **If you have dependents age 20 or under, only the oldest three will have a premium.**

If you **choose an Exchange plan, you may be able to get some help** with your monthly cost. This is called an Advanced Premium Tax Credit (APTC) **subsidy**.

In addition to the monthly premium, people with insurance usually have to pay a **copay** or **coinsurance** when they go to the doctor or have a test. This cost can also range from being very small, like \$5, to being higher. However, through an Exchange plan, you may also qualify for a different subsidy, called Cost Share Reduction or CSR.

**Silver plans qualify for both tax credits and cost sharing subsidies.** They also offer the best value if you qualify for a subsidy and want to balance your monthly premium with your out-of-pocket costs.

You and your family may qualify for help paying for your health insurance if you are:

Family size	Yearly Income
1	\$13,590 - \$54,360
2	\$18,310 - \$73,240
3	\$23,030 - \$92,120
4	\$27,750 - \$111,000

To find out if you're eligible, visit **ChooseHPN.com**. If you have questions about health insurance or need help shopping, call us at **1-800-873-0004**, TTY **711**, Monday through Friday, 8 a.m. to 5 p.m.

# Feel Better Faster

24/7 NowClinic<sup>®</sup>  
virtual visits  
with same-day  
medication  
delivery\*

Secure video chat with a provider  
from your computer or mobile  
device for **\$0 copay**.<sup>2</sup>

**No appointment needed** to get  
care for non life-threatening and  
non-urgent medical conditions.



NowClinic

**Enroll and get care!**

Download the **NowClinic** app or go to **NowClinic.com** and sign up.

<sup>1</sup>Same day medication delivery is only available to Health Plan of Nevada (HPN) members, and is for medications prescribed during a NowClinic virtual visit that are not controlled medications or medications requiring refrigeration. Service area is Las Vegas, North Las Vegas and Henderson based on delivery address. Delivery wait times may vary and may carry over to next day depending on time prescription is submitted.

<sup>2</sup>Calendar year deductible and/or coinsurance may apply to some plans.

**NowClinic is not intended to address emergency or life-threatening medical conditions. Please call 911 or go to the emergency room under those circumstances.** NowClinic services may be covered by some health plans; copays and deductibles may apply. Members under the age of 18 must have a guardian contact NowClinic customer support for assistance in enrolling for their account. Customer support can be reached at **1-877-550-1515**.

# Individual and family plans that fit almost every lifestyle.

We offer **Gold**, **Silver** and **Bronze** HMO plans. The choice is up to you.

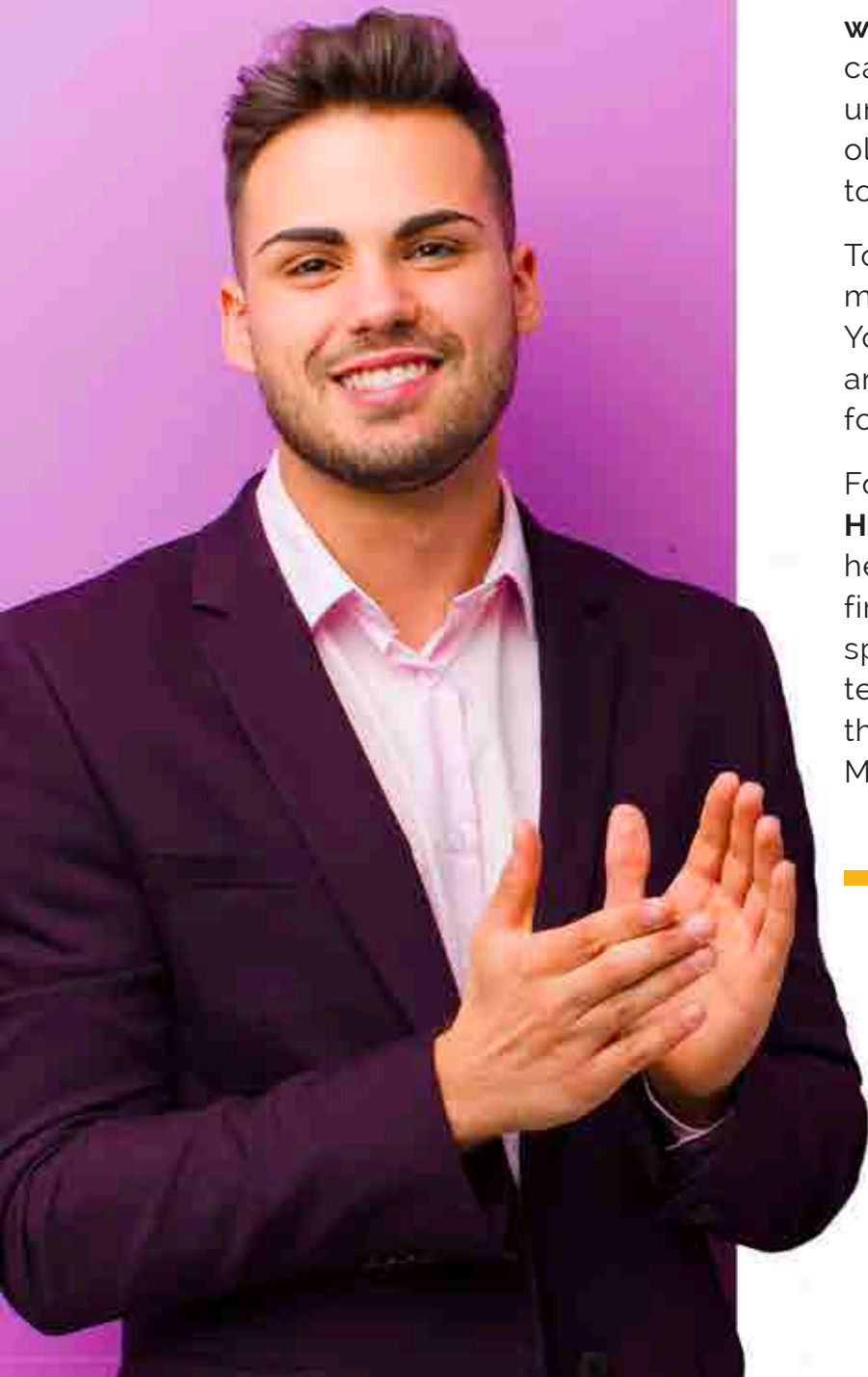
Plan level	Gold	Silver	Bronze
Monthly premium	Moderate \$\$\$	Low \$\$	Lowest \$
Cost per visit/ prescription	\$\$	\$\$\$	\$\$\$
Plan pays	80%	70%	60%
You pay	20%	30%	40%
May be best if you...	Want to manage monthly premium costs and reduce out-of-pocket health expenses	Want to balance monthly premium costs with out-of-pocket health expenses	Rarely use medical services
Primary care visits (Before deductible)	★	★	★
Mental health visits (Before deductible)	★	★	★
Virtual visits with NowClinic <sup>®</sup>	★	★	★
Specialty care visits (Before deductible)	★	★	●
Urgent care visits (Before deductible)	★	★	●
Physician extender visits (Before deductible)	★	★	●
Pharmacy tier 1 and tier 2 drugs (Before deductible)	★	★	●

This table is a snapshot of our most popular covered benefits.

- ★ Member is responsible for copay before the deductible\* is met on most plans
- Member is responsible for copay after the deductible is met on some but not all plans

\*A deductible is a specific amount you must pay before your insurance coverage kicks in.

# What is a Health Maintenance Organization (HMO) plan?



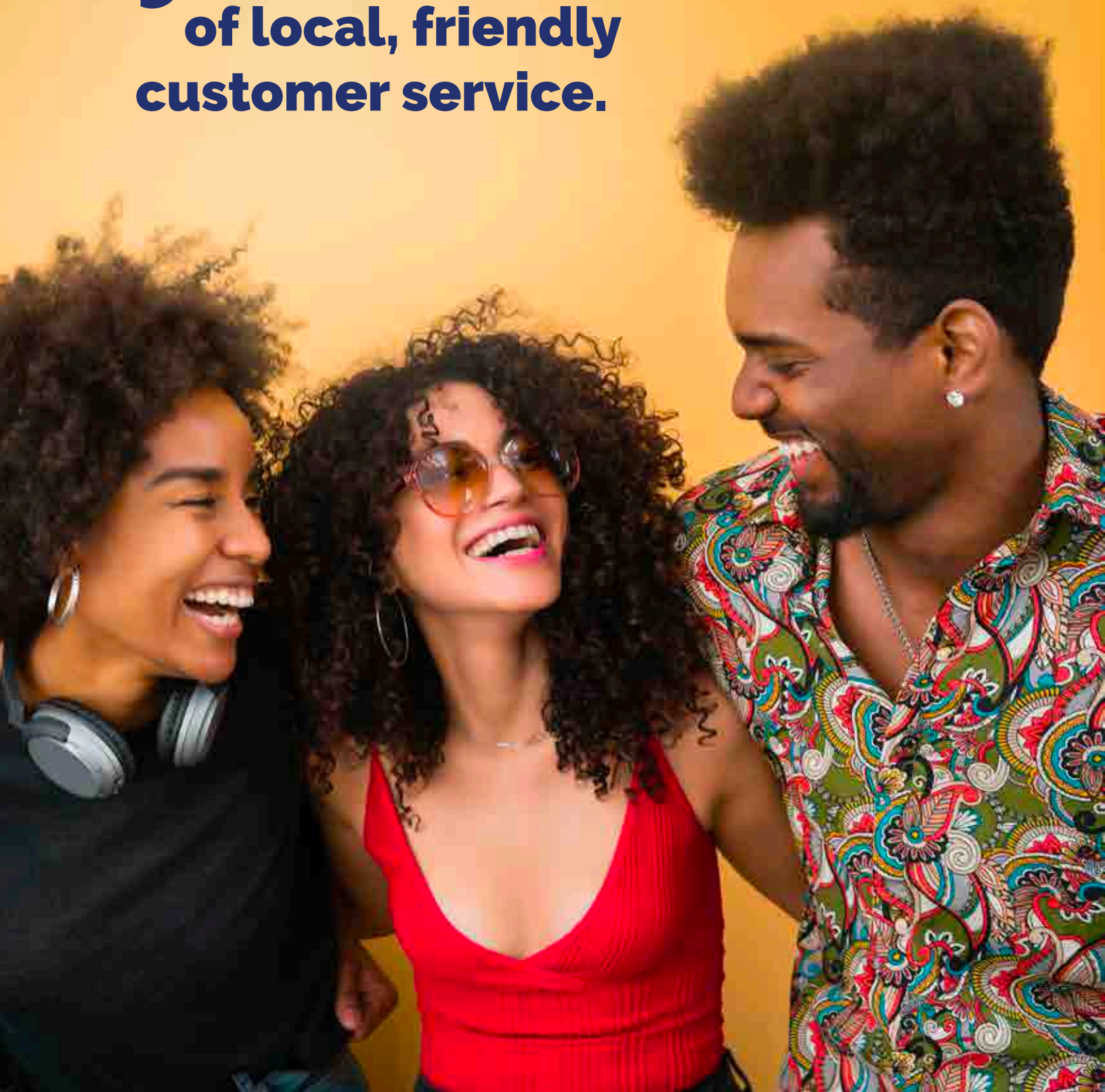
Easier on the wallet, HMO plans are designed to save you money on out-of-pocket costs.

HMO members are required to **choose a primary care provider (PCP) and stay within a network** of providers, urgent cares, and hospitals to receive coverage under the plan. Females 14 years and older may select an OB/GYN in addition to a PCP.

To have a specialist visit covered, you must see your PCP for an initial exam. Your PCP is the leader of your care team and will give you a referral to a specialist for a more thorough diagnosis, if needed.

For a complete list of providers, visit **HealthPlanofNevada.com**. If you need help scheduling an appointment or finding the right provider to fit your specific needs, our Member Services team can help. Just call the number on the back of your health plan ID card, Monday through Friday, 8 a.m. to 5 p.m.

**40**  
**years**  
of local, friendly  
customer service.





**We're here today.  
Here to stay.**

**Taking care of  
Nevadans  
is what we do.**

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HPN has been on the Nevada Exchange since the beginning. We are experienced, dedicated and here for you.

If you want an On Exchange plan, **before you start your enrollment**, make sure to have the following information ready:

- ▶ Social Security numbers of everyone seeking health coverage (or document numbers for any legal immigrants)
- ▶ Employer and income information for everyone in your family (for example, from paystubs, W-2 forms, or wage and tax statements)
- ▶ Policy numbers for any current health insurance
- ▶ Information about your job-related health insurance available to your family

This information will be used to find out what coverage you qualify for and if you can get help paying for it.

Enroll now! Visit **ChooseHPN.com**.



Our team is available by phone to assist with your questions about health insurance. Call **1-800-873-0004**, TTY **711**, Monday through Friday, 8 a.m. to 5 p.m.

# There's a plan that's right for YOU.

Health Plan of Nevada has 35+ individual and family plans that may save you money on your premium and out-of-pocket costs.

All of our plans are on a calendar year schedule. Calendar year deductibles and benefit limits reset every January 1 and end December 31. Health Plan of Nevada Individual plans are available in Clark, Nye and Washoe counties only.

## What's New in 2023

- ▶ **HPN Individual On Exchange Select Plans offer HPN's lowest monthly premium with a select network of hospitals.\***
- ▶ **More ways to get and stay healthy. Now available at no additional cost to you!**

**Your health plan offers new digital health tools and apps, including some popular brands.** Find out what's available and activate your membership. Visit **[HealthPlanofNevada.com](https://www.healthplanofnevada.com)** to learn more.

\*The Select Network does not include Dignity facilities and Dignity micro hospitals, urgent cares and physician groups.



# 2023 HPN Individual HMO On Exchange Gold/Silver/Bronze

Plan Name	MyHPN Select Network Gold 1	MyHPN Select Network Silver 1	MyHPN Select Network Silver 2	MyHPN Select Network Bronze 1
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$3,500 of EME <sup>1</sup> per Member	\$5,000 of EME per Member	\$7,500 of EME per Member	\$8,700 of EME per Member
	\$7,000 of EME per Family	\$10,000 of EME per Family	\$15,000 of EME per Family	\$17,400 of EME per Family
<b>Coinsurance after CYD Member Pays</b>				
Plan Provider	20% of EME	40% of EME	0% of EME	0% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$8,500 of EME per Member	\$8,700 of EME per Member	\$7,500 of EME per Member	\$8,700 of EME per Member
	\$17,000 of EME per Family	\$17,400 of EME per Family	\$15,000 of EME per Family	\$17,400 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>				
Preventive Care <sup>2</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$0	\$0	After CYD, 0% of EME
Physician	\$15	\$0	\$5	After CYD, 0% of EME
Specialist	\$30	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$10	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Routine X-ray	\$10	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	\$50	After CYD, 0% of EME
Hospital Emergency Room Facility	After CYD, 20% of EME	After CYD, 50% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulance	\$100	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Surgery</b>				
Inpatient	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Prescription Drugs (In Network) Member Pays</b>				
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: \$7,500 Family: \$15,000 (Tiers 2-4)	Combined w/ Medical CYD Member: \$8,700 Family: \$17,400 (Tiers 1-4)
Tier 1	\$25	\$5	\$5	After CYD, 0% of EME
Tier 2	\$50	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME
Tier 3	After CYD, \$75	After CYD, 50% of EME	After CYD, 50% 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
Mail Order 90-Day Supply	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 HPN Individual HMO On Exchange Gold/Silver

Plan Name	MyHPN Gold 6	MyHPN Silver 1.1	MyHPN Silver 5/ Medicaid Transition	MyHPN Silver 10
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$1,800 of EME <sup>1</sup> per Member	\$4,900 of EME per Member	\$5,000 of EME per Member	\$6,200 of EME per Member
	\$3,600 of EME per Family	\$9,800 of EME per Family	\$10,000 of EME per Family	\$12,400 of EME per Family
<b>Coinsurance after CYD Member Pays</b>				
Plan Provider	30% of EME	30% of EME	30% of EME	40% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$7,900 of EME per Member	\$8,900 of EME per Member	\$9,000 of EME per Member	\$8,700 of EME per Member
	\$15,800 of EME per Family	\$17,800 of EME per Family	\$18,000 of EME per Family	\$17,400 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>				
Preventive Care <sup>2</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$10	\$5	\$15
Physician	\$0	\$25	\$15	\$30
Specialist	\$0	\$40	\$85	\$85
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$15	\$25	\$15	\$25
Routine X-ray	\$15	\$25	\$15	\$25
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 30% of EME	\$1,500 then, after CYD, 0% of EME; waived if admitted	\$1,200 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, 30% of EME	After CYD, 40% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Surgery</b>				
Inpatient	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME
Outpatient	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME
Outpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME
Ambulatory Surgical Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME
Anesthesia	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME
<b>Prescription Drugs (In Network) Member Pays</b>				
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	\$75
Tier 3	After CYD, \$75	After CYD, \$100	After CYD, \$100	After CYD, \$150
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

# 2023 HPN Individual HMO On Exchange Silver/Bronze

Plan Name	MyHPN Silver 11	MyHPN Silver 12	MyHPN Bronze 2 Medicaid Transition	MyHPN Bronze 3
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$6,500 of EME <sup>1</sup> per Member	\$7,000 of EME per Member	\$8,600 of EME per Member	\$8,900 of EME per Member
	\$13,000 of EME per Family	\$14,000 of EME per Family	\$17,200 of EME per Family	\$17,800 of EME per Family
<b>Coinsurance after CYD Member Pays</b>				
Plan Provider	50% of EME	40% of EME	0% of EME	0% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$8,700 of EME per Member	\$8,700 of EME per Member	\$9,000 of EME per Member	\$8,900 of EME per Member
	\$17,400 of EME per Family	\$17,400 of EME per Family	\$18,000 of EME per Family	\$17,800 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>				
Preventive Care <sup>2</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	\$15	\$5	\$0
Physician	\$0	\$0	\$50	\$0
Specialist	\$85	\$85	\$150	\$150
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$25	\$25	\$50	After CYD, 0% of EME
Routine X-ray	After CYD, 50% of EME	\$50	\$120	After CYD, 0% of EME
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	\$50	After CYD, 0% of EME
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	After CYD, 0% of EME	After CYD, 0% of EME
Ambulance	After CYD, 50% of EME	After CYD, 40% of EME	\$100	After CYD, 0% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Surgery</b>				
Inpatient	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Prescription Drugs (In Network) Member Pays</b>				
Rx CYD	Combined w/ Medical CYD Member: \$6,500 Family: \$13,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	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)
Tier 1	\$25	\$25	\$30	\$25
Tier 2	\$75	\$75	\$120	\$165
Tier 3	After CYD, 50% of EME	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
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

# 2023 HPN Individual HMO On Exchange Virtual/Catastrophic/Bronze Plus

Plan Name	Virtual HPN™	MyHPN Catastrophic Plan	MyHPN Plus Bronze 4	MyHPN Plus Bronze 5	MyHPN Plus Bronze 6
<b>Calendar Year Deductible (CYD)</b>					
Plan Provider	\$8,700 of EME <sup>1</sup> per Member	\$9,100 of EME per Member	\$9,000 of EME per Member	\$7,800 of EME per Member	\$6,900 of EME per Member
	\$17,400 of EME per Family	\$18,200 of EME per Family	\$18,000 of EME per Family	\$15,600 of EME per Family	\$13,800 of EME per Family
<b>Coinsurance after CYD Member Pays</b>					
Plan Provider	0% of EME	0% of EME	0% of EME	50% of EME	40% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>					
Plan Provider	\$8,700 of EME per Member	\$9,100 of EME per Member	\$9,000 of EME per Member	\$8,800 of EME per Member	\$8,900 of EME per Member
	\$17,400 of EME per Family	\$18,200 of EME per Family	\$18,000 of EME per Family	\$17,600 of EME per Family	\$17,800 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>					
Preventive Care <sup>2</sup>	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$0	After CYD, \$0 (CYD is waived for first 3 visits)	\$5	\$5	\$5
Physician	\$0	After CYD, \$0 (CYD is waived for first 3 visits)	\$50	\$35	\$25
Specialist	After CYD, 0% of EME	After CYD, \$0	\$150	After CYD, \$60	After CYD, \$0
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>					
Routine Laboratory	After CYD, 0% of EME	After CYD, \$0	\$50	After CYD, \$50	After CYD, \$25
Routine X-ray	After CYD, 0% of EME	After CYD, \$0	\$120	After CYD, \$50	After CYD, \$25
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>					
Urgent Care	After CYD, 0% of EME	After CYD, \$0	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$600; waived if admitted	After CYD, \$600; waived if admitted
Ambulance	After CYD, 0% of EME	After CYD, \$0	\$100	\$100	\$100
<b>Hospital Facility Services (In Network) Member Pays Per Surgery</b>					
Inpatient	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Outpatient	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>					
Inpatient Hospital Facility	After CYD, 0% of EME	After CYD, 0% of EME	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, 0% of EME	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, 0% of EME	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Anesthesia	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
<b>Prescription Drugs (In Network) Member Pays</b>					
Rx CYD	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)	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	\$25	After CYD, \$0	\$30	\$25	\$25
Tier 2	After CYD, 0% of EME	After CYD, \$0	\$120	\$75	After CYD, 40% of EME
Tier 3	After CYD, 0% of EME	After CYD, \$0	After CYD, 0% of EME	After CYD, \$75	After CYD, 40% of EME
Tier 4	After CYD, 0% of EME	After CYD, \$0	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	2.5 x Copay	2.5 x Copay

# Additional information to know



## Support for a hospital stay

**Your doctor is your partner in health.** They will help coordinate your care if you should ever need to be admitted to a hospital on a non-emergency basis.

**We will stay involved in your care.** Our team will help monitor your care by performing initial and ongoing reviews. This is to make sure the health care services you receive are appropriate, provided in the right setting, and medically necessary. If you're admitted to a hospital outside of our service area, we may review your medical records to evaluate the appropriateness of the medical care, services, treatments, and procedures you received.

**Returning home after a long hospital stay also requires a plan.** Depending on your situation, we'll arrange for any ongoing medically necessary care, services, and equipment you need after leaving the hospital. This may include in-home care or transferring you to another facility.

## Understand your pharmacy benefits

**You will have prescription drug coverage from network pharmacies.** Your copayment is based on levels called a prescription tier. The costs are lower on tier 1 and higher on tier 4. To find what tier your medication is on, go to [HealthPlanofNevada.com](http://HealthPlanofNevada.com).

**You may be required to try step therapy.** This means you must try certain drugs to treat your medical condition before we'll cover another drug for that condition. You may submit an exception request to waive step therapy requirements or quantity limit restrictions. For a list of medications requiring step therapy or to download an exception request form, go to [HealthPlanofNevada.com](http://HealthPlanofNevada.com).

## Quick lesson on prior authorization

**Prior authorization is necessary to ensure benefit payment.** Your provider may prescribe a health care service, treatment, equipment or medication which requires review and approval. All requests requiring a medical or clinical decision are reviewed by a licensed physician or under the supervision of one. In addition, only a physician may deny a request. To learn more, please consult your plan documents. You or your provider may file an appeal if coverage is denied. To appeal a decision, call Member Services or mail a written request within 180 days from the date of the denial to:

**Member Services**  
**Health Plan of Nevada**  
**P.O. Box 15645**  
**Las Vegas, NV 89114-5645**

## **Know your privacy rights**

### **We're careful to protect your privacy.**

This includes oral, written and electronic information. We only share protected health information (PHI) with individuals or entities responsible for coordinating your health care or administering your health benefits, unless we have your permission. And, of course, we share PHI in accordance with state and federal law. We also require our contracted providers to take similar steps to protect your PHI.

### **We may use your medical data to promote and improve the quality of care you receive.**

When we conduct research and measure quality, we use summary information whenever possible, not PHI. When we use PHI, steps are taken to help protect it. We do not allow PHI to be used for research by organizations without your consent.

**You have the right to access your medical records.** Contact your provider to request a copy. When you request your medical records to be shared with others, you may be required to sign an authorization form.

### **We may ask you for permission to use your personal data for non-routine purposes.**

Of course, when we ask, you have the right to refuse. If you lack the ability to authorize a release, we obtain authorization from persons recognized by state and federal laws to give such permissions.

To review our entire privacy policy, visit **HealthPlanofNevada.com**.

## **HPN Form Numbers**

### **MyHPN On Exchange HMO Plans**

23H\_IX\_HMO\_G\_6, 23H\_IX\_HMO\_S\_1\_1,  
23H\_IX\_HMO\_S\_MTP\_5, 23H\_IX\_HMO\_S\_10,  
23H\_IX\_HMO\_S\_11, 23H\_IX\_HMO\_S\_12,  
23H\_IX\_HMO\_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 On Exchange HMO Catastrophic Plan**

21H\_IX\_HMO\_CAT.

### **MyHPN Select Network Plans**

23H\_IX\_HMO\_SN\_G\_1, 23H\_IX\_HMO\_SN\_S\_1,  
23H\_IX\_HMO\_SN\_S\_2, 23H\_IX\_HMO\_SN\_B\_1.

## **HPN Disclaimers**

Pediatric vision is embedded in all MyHPN and MyHPN Plus HMO's.

<sup>1</sup>EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule.

<sup>2</sup>Includes covered preventive exams, labs, diagnostic tests/procedures and prescription drugs as set forth by the federal government.

The Member/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 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.



This letter is also available in other formats like large print. To request the document in another format, please call the toll-free member phone number listed on your health plan ID card, TTY 711, Monday through Friday, 8 a.m. to 5 p.m.

You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card. TTY 711

This notice has important information about your application or coverage through the Health Insurance Marketplace. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 877-752-8026.

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Health Insurance Marketplace. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 877-752-8026.

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 877-752-8026.

本通知有重要的訊息。本通知有關於您透過[插入SBM項目的名稱 Health Insurance Marketplace 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 [在此插入數字 877-752-8026。]

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Health Insurance Marketplace을 통한 커버리지 에 관한 정보를 포함하고 있습니다.

본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할



Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Health Insurance Marketplace. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez 877-752-8026.

این اعلامیه حامی اطلاعات مهم میباشد. این اعلامیه حامی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما Health Insurance Marketplace به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است تا به تاریخ های مشخصی برای حفظ پوشش مزایای یا برای کمک به مخارج مزایای ملزوم به انجام کارهایی باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. 877-752-8026.

Ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Health Insurance Marketplace, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu e lau telefoni 877-752-8026.

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Health Insurance Marketplace. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 877-752-8026.

**Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion.** Daytoy a pakdaar ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenna coverage babaen iti Health Insurance Marketplace. Biroken dagiti importante a petsa iti daytoy a pakdaar. Mabalín nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyo wenna tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 877-752-8026.

Health Plan of Nevada does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator  
United HealthCare Civil Rights Grievance P.O. Box 30608  
Salt Lake City, UTAH 84130  
UHC\_Civil\_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, TTY 711, Monday through Friday, 8 a.m. to 5 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free **1-800-368-1019, 800-537-7697 (TDD)**

**Mail:** U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free language services.

We provide free services to help you communicate with us. Such as, letters in others languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your health plan ID card, TTY 711, Monday through Friday, 8 a.m. to 5 p.m.

**Individual Sales Team**  
**Toll-free 1-800-873-0004**  
**TTY users please call 711.**  
**HealthPlanofNevada.com**

**Health Plan  
of Nevada**   
A UnitedHealthcare Company



**Enroll Now!**

