

Find a plan that's right for YOU

Health Plan of Nevada
A UnitedHealthcare Company 

Sierra Health and Life
A UnitedHealthcare Company 

Off Exchange
Individual and
Family Plans



Feeling **BETTER** changes everything!



Our **Health Education and Disease Management** programs are available at no additional cost to eligible Health Plan of Nevada (HPN) and Sierra Health and Life (SHL) members.



**WEIGHT
MANAGEMENT**



**DIABETES
PROGRAM**



**PREDIABETES
PROGRAM**



**ASTHMA
SUPPORT**



**KIDNEY
HEALTH**



**TOBACCO CESSATION
PROGRAM**

Many services and benefits at low or NO COST.



Why HPN/SHL?



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 with **\$0 to \$50 copays** on most plans.



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.

We offer **3 types** of plan designs:

- ▶ Health Maintenance Organization (HMO)
- ▶ Exclusive Provider Organization (EPO)
- ▶ Health Savings Account (HSA-EPO)

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 only available in Clark, Nye and Washoe counties in Nevada.

Sierra Health and Life
Individual plans are only available in Clark County in Nevada.

All enrollees in a **Sierra Health and Life** Individual plan must physically reside in Clark County in Nevada.



Feel Better Faster

24/7 NowClinic[®]
virtual visits
with same-day
medication
delivery*

Secure video chat with a provider from your computer or mobile device.†

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



NowClinic

Enroll with HPN or SHL and get care!

*Same-day medication delivery is only available to Health Plan of Nevada (HPN) and Sierra Health and Life (SHL) 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.

†\$0 copays apply with most unscheduled NowClinic virtual visits. Scheduled NowClinic visits may require a copay. Virtual visits may be subject to calendar year deductibles and/or coinsurance according to the member's benefit plan. Copays may also apply for virtual visits with providers not on the NowClinic platform.

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	✓	✓	✓
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.

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

✓ Member is responsible for copay before the deductible* is met on most plans

Enroll with HPN or SHL and get everything



you need
in your
wallet.

Card shown is an example. Plan and copays may differ.

What is an HMO plan?

Easier on the wallet, HMO plans are designed to save you money on out-of-pocket costs. With this plan type, you are required to choose a primary care provider (PCP) and stay within a network of providers to receive coverage under the plan, except for emergency services and urgent care.

HMO members can see a specialist, but their PCP must give them a referral to the specialist in order to get benefit coverage.

Choose a Health Plan of Nevada PCP when you enroll. For a complete list of providers, visit HealthPlanofNevada.com. Make sure to include your PCP on your application form. If you don't select a PCP, we will match you with a doctor in your area. You can change your PCP at any time.

Your PCP will take care of most of your health care needs. Visit your PCP for routine care, yearly checkups and other general health concerns. Each member covered under your plan can select their own PCP, or you may all choose the same one. You may also pick a pediatrician for your child. Females over the age of 14 may select an OB/GYN in addition to a PCP.

What is an EPO plan?

EPO plans are a hybrid of PPO and HMO plans. Like PPO plans, you do not need a referral from a PCP to see a specialist. Similar to an HMO plan, you can only use contracted providers, urgent care centers and hospitals. There are no out-of-network benefits, except for emergency services and urgent care, or medically necessary services not available through a plan provider.

Although you aren't required to select a PCP with an EPO plan, we encourage all members to choose one. Your PCP becomes the leader of your health care team and is available for routine care, yearly checkups, and other general health concerns.

What is an HSA-EPO plan?

Weigh the benefits of a consumer-directed high deductible EPO plan. An HSA-EPO is a great option if you are healthy and only want coverage in case you need it. This may be a good plan for someone who rarely sees a doctor and doesn't take prescription drugs regularly.

Things to consider with an HSA-EPO plan:

- ▶ Usually lower premiums, but insurance doesn't kick in until you've met your deductible.
- ▶ For many people, the low monthly premium is worth having a high deductible.
- ▶ You must stay within a network of providers to receive coverage under the plan, except for emergency services and urgent care, or medically necessary services not available through a plan provider.
- ▶ This plan can be paired with a HSA, which can save you money on a tax-deferred basis for health care costs.
- ▶ It also includes prescription coverage in the core, making it easier for you to reach your deductible.



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.

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.

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.

40+ years
of local, friendly
customer service.



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

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

If you're looking for an off exchange plan, we've got you covered. Health Plan of Nevada (HPN) and Sierra Health and Life (SHL) have 15+ individual and family plans that may save you money on your premium and out-of-pocket costs.

We look forward to taking care of you and your family.

Enroll now!



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.

2024 Individual HMO Off Exchange Gold/Bronze Plans

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	\$2,000 of EME ¹ per Individual	\$5,400 of EME per Individual	\$5,000 of EME per Individual	\$5,000 of EME per Individual
	\$4,000 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 Individual	\$8,900 of EME per Individual	\$8,900 of EME per Individual	\$7,500 of EME per Individual
	\$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 ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$10	\$30	\$25
Physician (PCP)	\$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 Admission or 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

2024 Individual HMO Off Exchange Silver Plans

Plan Name	MyHPN Solutions HMO Bronze 1	MyHPN Solutions HMO Bronze 2	MyHPN Solutions Plus HMO Bronze 3	MyHPN Solutions Plus HMO Bronze 4
Calendar Year Deductible (CYD)				
Plan Provider	\$7,250 of EME ¹ per Individual	\$6,500 of EME per Individual	\$8,700 of EME per Individual	\$9,200 of EME per Individual
	\$14,500 of EME per Family	\$13,000 of EME per Family	\$17,400 of EME per Family	\$18,400 of EME per Family
Coinsurance After CYD Member Pays				
Plan Provider	40% of EME	0% of EME	0% of EME	0% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$8,800 of EME per Individual	\$8,900 of EME per Individual	\$8,700 of EME per Individual	\$9,200 of EME per Individual
	\$17,600 of EME per Family	\$17,800 of EME per Family	\$17,400 of EME per Family	\$18,400 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	After CYD, \$0	After CYD, 0% of EME	\$5
Physician (PCP)	\$50	After CYD, \$0	After CYD, 0% of EME	\$50
Specialist	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	\$150
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	\$50
Routine X-ray	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	\$120
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	\$50	After CYD, \$0	After CYD, 0% of EME	\$50
Hospital Emergency Room Facility	After CYD, 40% of EME	\$1,500 then, after CYD, 0% of EME; waived if admitted	After CYD, 0% of EME	After CYD, 0% of EME
Ambulance	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	\$100
Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery				
Inpatient	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient	After CYD, 40% 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, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 40% 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	Member: \$1,900 Family: \$3,800 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$6,500 Family: \$13,000 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$8,700 Family: \$17,400 (Tiers 1-4)	Combined Medical/Rx CYD Member: \$9,200 Family: \$18,400 (Tiers 3-4)
Tier 1	\$25	\$25	After CYD, 0% of EME	\$30
Tier 2	\$100	\$75	After CYD, 0% of EME	\$120
Tier 3	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, 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

2024 Individual EPO Off Exchange Gold/Silver Plans

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	\$2,500 of EME ¹ per Individual	\$5,500 of EME per Individual	\$4,200 of EME per Individual	\$5,500 of EME per Individual
	\$5,000 of EME per Family	\$11,000 of EME per Family	\$8,400 of EME per Family	\$11,000 of EME per Family
Coinsurance After CYD Member 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 Individual	\$8,800 of EME per Individual	\$8,900 of EME per Individual	\$9,000 of EME per Individual
	\$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) Member Pays Per Visit				
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$10	\$20	\$5
Physician (PCP)	\$20	\$15	\$30	\$25
Specialist	\$30	\$85	\$50	\$50
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	\$10	\$25	\$25	\$25
Routine X-ray	\$10	\$50	\$70	\$25
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	\$500 then, 0% After CYD, 0% of EME; waived if admitted	\$1,500 then, 0% After CYD, 0% of EME; waived if admitted	\$1,000 then, 0% 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) Member Pays Per Admission or 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) Member 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) Member Pays				
Rx CYD	Member: \$750 Family: \$1,500 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Member: \$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

2024 Individual EPO Off Exchange Silver/Bronze Plans

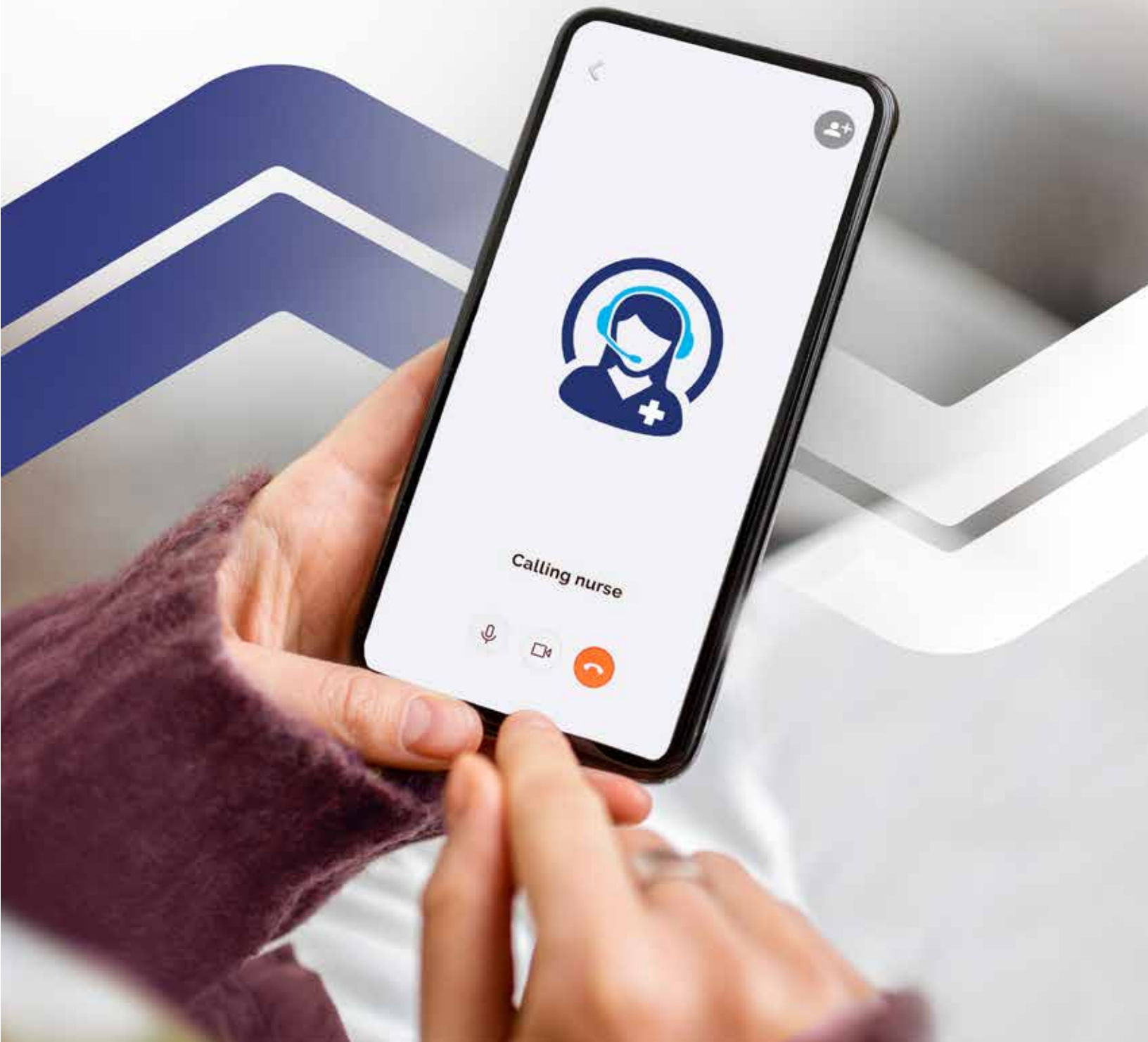
Plan Name	MySHL Solutions EPO Silver 7	MySHL Solutions EPO Silver 8	MySHL Solutions EPO Silver 9	MySHL Solutions EPO Bronze 11	MySHL Solutions EPO Bronze 12
Calendar Year Deductible (CYD)					
Plan Provider	\$5,500 of EME ¹ per Individual	\$4,500 of EME per Individual	\$4,500 of EME per Individual	\$8,700 of EME per Individual	\$9,200 of EME per Individual
	\$11,000 of EME per Family	\$9,000 of EME per Family	\$9,000 of EME per Family	\$17,400 of EME per Family	\$18,400 of EME per Family
Coinsurance After CYD Member 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 Individual	\$7,800 of EME per Individual	\$7,500 of EME per Individual	\$8,700 of EME per Individual	\$9,200 of EME per Individual
	\$16,200 of EME per Family	\$15,600 of EME per Family	\$15,000 of EME per Family	\$17,400 of EME per Family	\$18,400 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit					
Preventive Care ²	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$10	\$15	\$15	After CYD, 0% of EME	\$5
Physician (PCP)	\$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) Member 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) Member Pays Per Visit or Per Trip					
Urgent Care	\$50	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 30% of EME	\$1,000 then, after CYD, 30% 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) Member Pays Per Admission or 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) Member 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) Member Pays					
Rx CYD	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$8,700 Family: \$17,400 (Tiers 1-4)	Combined Medical/Rx CYD Member: \$9,200 Family: \$18,400 (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, 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

2024 Individual EPO Off Exchange Bronze/Catastrophic/HSA-PPO Plans

Plan Name	MySHL Solutions EPO Bronze 13	MySHL Solutions EPO Bronze 14	MySHL Solutions EPO Catastrophic	MySHL Solutions HSA EPO Bronze 3.1
Calendar Year Deductible (CYD)				
Plan Provider	\$7,500 of EME ¹ per Individual	\$7,500 of EME per Individual	\$9,450 of EME per Individual	\$6,500 of EME per Individual
	\$15,000 of EME per Family	\$15,000 of EME per Family	\$18,900 of EME per Family	\$13,000 of EME per Family
Coinsurance After CYD Member 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	\$9,000 of EME per Individual	\$8,900 of EME per Individual	\$9,450 of EME per Individual	\$7,500 of EME per Individual
	\$18,000 of EME per Family	\$17,800 of EME per Family	\$18,900 of EME per Family	\$15,000 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	After CYD, \$0
Physician Extender	\$5	\$5	After CYD, 0% of EME	After CYD, 30% of EME
Physician (PCP)	\$25	\$30	Insured pays CYD, (waived for first three 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) Member 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) Member 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) Member Pays Per Admission or 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) Member 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) Member Pays				
Rx CYD	Combined Medical/Rx CYD Member: \$7,500 Family: \$15,000 (Tiers 2-4)	Member: \$2,000 Family: \$4,000 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$9,450 Family: \$18,900 (Tiers 1-4)	Combined Medical/Rx CYD Member: \$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

Health care advice. Just a phone call away.

Our **24/7 advice nurse** is available to answer questions about minor injuries and illnesses at **no additional cost to you.**



Cover yourself with dental and vision insurance.

Adult dental and vision coverage is optional and available for an additional monthly premium.

A UnitedHealthcare DHMO Dental Plan is available.

Ask your sales representative for more information.



Sierra Health and Life dental and vision plans, and Health Plan of Nevada vision plan.

SHL Dental

SHL Dental PPO Plan 27 Individual Adult Only (Age 19 +)***		
Benefit	Plan Dentist (Insured pays)	Non-Plan Dentist (Insured pays)
Calendar Year Deductible (Type II and III)	\$50 of EDE per Insured/\$150 of EDE per Family	
Calendar Year Plan Maximum (Type II and III)	\$1,500 per Insured	
Type I Services	0% of EDE*	20% of EDE
Type II Services	After CYD, 20% of EDE	After CYD, 40% of EDE
Type III Services **	After CYD, 50% of EDE	After CYD, 50% of EDE

HPN Vision

HPN Vision Individual Adult Only (Age 19 +)***		
Benefit	Plan Provider (Insured pays)	Non-Plan Provider (Insured pays)
Vision Exam (1 exam each 12 months)	\$10 copay*	Not covered
Lenses (Plastic) (1 pair each 12 months)	\$10 copay for one pair*	Not covered
Frames (Once each 24 months)	\$100 maximum allowance*	Not covered
Contact Lenses (Once each 12 months) (in lieu of frames/lenses)	\$250 max if medically necessary* \$115 max for conventional or disposable*	Not covered

SHL Vision

SHL Vision Individual Adult Only (Age 19 +)***		
Benefit	Plan Provider (Insured Pays)	Non-Plan Provider (Insured Pays)
Vision Exam (1 exam each 12 months)	\$10 copay*	\$35 maximum allowance*
Lenses (Plastic) (1 pair each 12 months)	0% of EVE** for one pair*	\$25 maximum allowance for single vision lenses* \$40 maximum allowance for bifocal vision lenses* \$55 maximum allowance for trifocal or lenticular lenses*
Frames (Once each 24 months)	\$100 maximum allowance*	\$45 maximum allowance*
Contact Lenses (Once each 12 months) (in lieu of frames/lenses)	0% of EVE if medically necessary* \$115 max for conventional or disposable*	\$200 max if medically necessary* \$100 max for conventional or disposable*

*Subject to limitation

** EVE = Eligible Vision Expenses

*** All members 19+ of years of age will be covered

Go to eyemedvisioncare.com to choose a **Select** network provider.

Note: Refer to the Agreement of Coverage for limitations, exclusions, managed care requirements and additional information about the covered services.

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 or SierraHealthandLife.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 or SierraHealthandLife.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/Sierra Health and Life
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 or SierraHealthandLife.com.

HPN/SHL Form Numbers

MyHPN Solutions and MyHPN Solutions Plus Off Exchange HMO Plans

24H_IN_HMO_G_7, 24H_IN_HMO_S_1_1, 24H_IN_HMO_S_3_1, 24H_IN_HMO_S_4, 24H_IN_HMO_P_B_1, 24H_IN_HMO_B_2, 24H_IN_HMO_B_3.

MySHL Solutions Off Exchange EPO Plans

24S_IN_EPO_G_7, 24S_IN_EPO_S_1, 24S_IN_EPO_S_2, 24S_IN_EPO_S_6, 24S_IN_EPO_S_7, 24S_IN_EPO_S_8, 24S_IN_EPO_S_9, 24S_IN_EPO_B_11, 24S_IN_EPO_B_12, 24S_IN_EPO_B_13, 24S_IN_EPO_B14, 24S_IN_EPO_CAT.

MySHL Solutions Off Exchange HSA EPO Plans

24S_IN_HSA_EPO_B_3_1.

Dental and Vision Plans

24S_IN_DPPO_PLAN27, 24H_IX_IN_AVCS, 24S_IN_AVCS.

HPN/SHL Disclaimers

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

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

²Includes 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 or 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.

We do 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 the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

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 or plan documents.

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, 1-800-537-7697 (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 services to help you communicate with us. Such as, letters in other 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 or plan documents.

English: 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 or plan documents.

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 or plan documents.

Español (Spanish): Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan o los documentos de su plan.

Tagalog (Tagalog): May karapatan kang makakuha ng tulong at impormasyon sa sinasalita mong wika nang libre. Upang humiling ng interpreter, tawagan ang toll-free na numero ng telepono para sa miyembro na nakalista sa iyong ID card sa planong pangkalusugan o sa mga dokumento ng plano.

繁體中文 (Chinese):

您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥打您健保計劃會員卡或計劃文件上的免付費會員電話號碼。

한국어(Korean): 귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID카드 혹은 플랜 문서에 기재된 무료 회원 전화번호로 전화하십시오.

Tiếng Việt (Vietnamese): Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID hoặc trên các tài liệu chương trình bảo hiểm y tế của quý vị.

አማርኛ (Amharic): በምትፈልጉት ቋንቋ እርዳታና መረጃ የማግኘት መብት አለዎት። አስተርጓሚ ለመጠየቅ፣ በጤና ካርድዎ ወይም የጤና ሰነድ ላይ የተዘረዘረውን የማያስከፍል ቴሌፎን ይደውሉ። ጥያቄዎች ካሉዎት፣ አባክዎ ያስታውቁኝ። አመሰግናለሁ! አናሂ

ภาษาไทย (Thai):

คุณมีสิทธิขอความช่วยเหลือหรือขอข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายใด ๆ เมื่อต้องการล่าม กรุณาโทรฟรีมาที่หมายเลขโทรศัพท์สำหรับสมาชิก ที่อยู่บนบัตรแผนสุขภาพหรือเอกสารแผนสุขภาพของคุณ

日本語 (Japanese):

ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金はかかりません。通訳をご希望の場合は、医療プランのIDカードまたはプランの資料に記載されているメンバー用のフリーダイヤルまでお電話ください。

العربية (Arabic):

لديك الحق في الحصول على المساعدة والمعلومات بلغة أمك مجاناً. إذا كنت بحاجة إلى مترجم، يرجى الاتصال بالرقم المجاني المذكور على بطاقة التأمين الخاصة بك أو على الوثائق الخاصة بك.

Русский (Russian): Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты или документах о вашем плане.

Français (French): Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé ou dans la documentation relative à votre régime.

فلسی (Persian):

شما دارید حق دریافت رایگان صورت به خودتان زبان به راه اطلاعات و راهنمایی تا همد تید به رخوردار حق این از شما مرید و طاسناد یا سلامت طرح شناسایی کارت در موجود رایگان تا فن شماره با شد فاهی، م ترجم درخواست به رای به گیری دت ماس طرح تان به.

Gagana fa'a Sāmoa (Samoan): E iai lau aia tatau e maua ai faamatalaga i lau gagana e aunoa ma se tologi. Ina ia talosaga mo se tasi e faaliliu, telefoni mai le numera o le telefoni e le tologia o lisi atu i lau pepa ID o le peleni tausofua maloloina poo pepa mo le peleni.

Deutsch (German): Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um einen Dolmetscher anzufordern, rufen Sie die gebührenfreie Nummer auf Ihrer Krankenversicherungskarte oder in den Versicherungspapieren.

Ilokano (Ilocano): Addaan ka ti karbengan a maala iti daytoy nga tulong ken impormasion para ti lenguahem nga awan ti bayadna. Tapno agkiddaw iti maysa nga tagapataros, awagan iti toll-free nga numero ti telepono para kadagiti kameng nga nakalista ayan iti ID card mo para ti plano iti salun-at mo wenna ayan dagiti dokumento ti planom.

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

HealthPlanofNevada.com
SierraHealthandLife.com

Health Plan of Nevada
A UnitedHealthcare Company 

Sierra Health and Life
A UnitedHealthcare Company 



Enroll Now!