

# 2022 Small Group 1-50

## Product Portfolio



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.



**2022**

**HPN Small Group,  
HMO and POS Plans**

# 2022 Health Plan of Nevada Small Group HMO and POS Plans

## 2021 - 2022 HMO and POS Plan Mapping

2021 HPN Solutions HMO Plans	2022 STATUS	2022 HPN Solutions HMO Plans
HPN Solutions HMO Platinum 15/0/10%	EXISTING WITH CHANGES	HPN Solutions HMO Platinum 15/0/10%
HPN Solutions HMO Gold 10/1000/IP	EXISTING WITH CHANGES	HPN Solutions HMO Gold 10/1000/IP
HPN Solutions HMO Gold 15/2000/20%	EXISTING WITH CHANGES	HPN Solutions HMO Gold 15/2000/20%
HPN Solutions HMO Gold 20/1000/30%	EXISTING WITH CHANGES	HPN Solutions HMO Gold 20/1000/30%
HPN Solutions HMO Gold 25/1000/IP	EXISTING WITH CHANGES	HPN Solutions HMO Gold 25/1000/IP
HPN Solutions HMO Gold 25/2000/IP	EXISTING WITH CHANGES	HPN Solutions HMO Gold 25/2000/IP
HPN Solutions HMO Gold 30/500/30%	EXISTING WITH CHANGES	HPN Solutions HMO Gold 30/500/30%
HPN Solutions HMO Silver 25/6000/0%	EXISTING WITH CHANGES	HPN Solutions HMO Silver 25/6000/0%
HPN Solutions HMO Silver 30/3000/IP	EXISTING WITH CHANGES	HPN Solutions HMO Silver 30/3000/IP
HPN Solutions HMO Silver 35/2500/30%	EXISTING WITH CHANGES	HPN Solutions HMO Silver 35/2500/30%
HPN Solutions HMO Silver 35/4750/30%	EXISTING WITH CHANGES	HPN Solutions HMO Silver 35/4750/30%
HPN Solutions HMO Bronze 40/8550/30%	EXISTING WITH CHANGES	HPN Solutions HMO Bronze 40/8550/30%
HPN Solutions HMO Bronze 8250/0%	EXISTING WITH CHANGES	HPN Solutions HMO Bronze 8250/0%
HPN Balance HMO Gold 10/2500/20%	EXISTING WITH CHANGES	HPN Balance HMO Gold 10/2500/20%
HPN Balance HMO Gold 30/500/30%	EXISTING WITH CHANGES	HPN Balance HMO Gold 30/500/30%
HPN Balance HMO Gold 30/5500/20%	EXISTING WITH CHANGES	HPN Balance HMO Gold 30/5000/20%
HPN Balance HMO Silver 45/7000/30%	EXISTING WITH CHANGES	HPN Balance HMO Silver 45/7000/30%
	NEW	HPN Solutions HMO Bronze 25/6850/40%
	NEW	HPN Solutions HMO Bronze 45/8550/0%
	NEW	Virtual HPN™

2021 HPN Solutions POS Plans	2022 STATUS	2022 HPN Solutions POS Plans
HPN Solutions POS Gold 15/0/1000/20%	EXISTING WITH CHANGES	HPN Solutions POS Gold 15/0/1000/20%
HPN Solutions POS Gold 15/0/2000/20%	EXISTING WITH CHANGES	HPN Solutions POS Gold 15/0/2000/20%
HPN Solutions POS Gold 25/20/500/20%	EXISTING WITH CHANGES	HPN Solutions POS Gold 25/0/500/20%
HPN Solutions POS Gold 25/20/1500/20%	EXISTING WITH CHANGES	HPN Solutions POS Gold 25/0/1500/20%

# 2022 Health Plan of Nevada Small Group HMO Plans

	HPN Solutions HMO Plans			
Plan Name	Platinum HMO 15/0/10%	Gold HMO 10/1000/IP	Gold HMO 15/2000/20%	Gold HMO 20/1000/30%
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$0 of EME <sup>1</sup> per Individual	N/A	\$2,000 of EME per Individual	\$1,000 of EME per Individual
	\$0 of EME per Family	N/A	\$4,000 of EME per Family	\$2,000 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	10% of EME	0% of EME	20% of EME	30% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$7,350 of EME per Individual	\$7,000 of EME per Individual	\$7,000 of EME per Individual	\$8,100 of EME per Individual
	\$14,700 of EME per Family	\$14,000 of EME per Family	\$14,000 of EME per Family	\$16,200 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 (PCP)	\$15	\$10	\$15	\$20
Specialist	\$15	\$30	\$40	\$40
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$5	\$5	\$20	\$20
Routine X-ray	\$15	\$10	\$40	\$40
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$35	\$10	\$35	\$35
Hospital Emergency Room Facility	\$500; waived if admitted	\$500; waived if admitted	\$750; waived if admitted	\$500; waived if admitted
Ambulance	\$200	\$200	After CYD, 20% of EME	After CYD, 30% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	\$300 per day not to exceed \$900	\$1,000	After CYD, 20% of EME	After CYD, 30% of EME
Outpatient	10% of EME	\$400	After CYD, 20% of EME	After CYD, 30% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	10% of EME	\$100	After CYD, 20% of EME	After CYD, 30% of EME
Outpatient Hospital Facility	10% of EME	\$150	After CYD, 20% of EME	After CYD, 30% of EME
Ambulatory Surgical Facility	10% of EME	\$100	After CYD, 20% of EME	After CYD, 30% of EME
Anesthesia	\$75	\$100	\$250	\$250
<b>Prescription Drugs Non-Specialty Rx (In Network) Member Pays</b>				
Rx CYD	N/A	N/A	N/A	N/A
Tier 1	\$10	\$15	\$15	\$15
Tier 2	\$30	\$40	\$40	\$40
Tier 3	\$60	\$70	\$70	\$70
Tier 4	\$250	\$300	\$300	\$300
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay
<b>Prescription Drugs Specialty Rx (In Network) Member Pays</b>				
Rx CYD	N/A	N/A	N/A	N/A
Tier 1	\$10	\$15	\$15	\$15
Tier 2	\$150	\$150	\$150	\$150
Tier 3	\$350	\$350	\$350	\$350
Tier 4	\$500	\$500	\$500	\$500
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

# 2022 Health Plan of Nevada Small Group HMO Plans

HPN Solutions HMO Plans				
Plan Name	Gold HMO 25/1000/IP	Gold HMO 25/2000/IP	Gold HMO 30/500/30%	Silver HMO 25/6000/0%
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	N/A	N/A	\$500 of EME per Individual	\$6,000 of EME per Individual
	N/A	N/A	\$1,000 of EME per Family	\$12,000 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	0% of EME <sup>1</sup>	0% of EME	30% of EME	0% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$7,000 of EME per Individual	\$7,000 of EME per Individual	\$8,500 of EME per Individual	\$7,900 of EME per Individual
	\$14,000 of EME per Family	\$14,000 of EME per Family	\$17,000 of EME per Family	\$15,800 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 (PCP)	\$25	\$25	\$30	\$25
Specialist	\$50	\$50	\$70	\$75
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$20	\$20	\$20	\$35
Routine X-ray	\$40	\$40	\$40	\$75
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$35	\$35	\$35	\$35
Hospital Emergency Room Facility	\$500; waived if admitted	\$500; waived if admitted	\$1,000; waived if admitted	After CYD, \$1,000; waived if admitted
Ambulance	\$500	\$500	After CYD, 30% of EME	After CYD, 0% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	\$1,000	\$2,000	After CYD, 30% of EME	After CYD, 0% of EME
Outpatient	\$500	\$500	After CYD, 30% of EME	After CYD, \$300
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	\$150	\$200	After CYD, 30% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	\$0	\$0	After CYD, 30% of EME	After CYD, \$200
Ambulatory Surgical Facility	\$0	\$0	After CYD, 30% of EME	After CYD, \$200
Anesthesia	\$150	\$200	\$250	After CYD, 0% of EME
<b>Prescription Drugs Non-Specialty Rx (In Network) Member Pays</b>				
Rx CYD	N/A	N/A	Member: \$50 Family: \$100 (Tiers 1-4)	N/A
Tier 1	\$15	\$15	After CYD, \$5	\$25
Tier 2	\$40	\$40	After CYD, \$50	\$50
Tier 3	\$70	\$70	After CYD, \$75	\$100
Tier 4	\$300	\$300	After CYD, 50%	\$350
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay
<b>Prescription Drugs Specialty Rx (In Network) Member Pays</b>				
Rx CYD	N/A	N/A	Combined w/ Non-Specialty Rx CYD (Tiers 1-4)	N/A
Tier 1	\$15	\$15	After CYD, \$5	\$25
Tier 2	\$150	\$150	After CYD, \$150	\$150
Tier 3	\$350	\$350	After CYD, \$350	\$350
Tier 4	\$500	\$500	After CYD, 50%	\$500
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

# 2022 Health Plan of Nevada Small Group HMO Plans

HPN Solutions HMO Plans				
Plan Name	Silver HMO 30/3000/IP	Silver HMO 35/2500/30%	Silver HMO 35/4750/30%	Bronze HMO 25/6850/40%
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	N/A	\$2,500 of EME per Individual	\$4,750 of EME per Individual	\$6,850 of EME per Individual
	N/A	\$5,000 of EME per Family	\$9,500 of EME per Family	\$13,700 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	0% of EME <sup>1</sup>	30% of EME	30% of EME	40% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$8,550 of EME per Individual	\$8,550 of EME per Individual	\$8,550 of EME per Individual	\$8,700 of EME per Individual
	\$17,100 of EME per Family	\$17,100 of EME per Family	\$17,100 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 (PCP)	\$30	\$35	\$35	\$25
Specialist	\$50	\$80	\$70	After CYD, \$0
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$30	\$25	\$25	After CYD, \$25
Routine X-ray	\$50	\$50	\$50	After CYD, \$25
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$35	\$35	\$35	\$25
Hospital Emergency Room Facility	\$1,500; 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	After CYD, \$600
Ambulance	\$750	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	\$3,000	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME
Outpatient	\$500	\$300 then, after CYD, 0% 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	\$0	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME
Outpatient Hospital Facility	\$150	\$150 then, after CYD, 0% of EME	After CYD, 30% of EME	After CYD, 40% of EME
Ambulatory Surgical Facility	\$150	\$100 then, after CYD, 0% of EME	After CYD, 30% of EME	After CYD, 40% of EME
Anesthesia	\$0	\$250	\$250	After CYD, 40% of EME
<b>Prescription Drugs Non-Specialty Rx (In Network) Member Pays</b>				
Rx CYD	N/A	N/A	Member: \$50 Family: \$100 (Tiers 2-4)	Combined Medical/Rx CYD Insured: \$6,850 Family: \$13,700 (Tiers 2-4)
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	After CYD, \$50	After CYD, 40% of EME
Tier 3	\$75	\$75	After CYD, \$75	After CYD, 40% of EME
Tier 4	\$350	\$350	After CYD, \$350	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
<b>Prescription Drugs Specialty Rx (In Network) Member Pays</b>				
Rx CYD	N/A	N/A	Combined w/ Non-Specialty Rx CYD (Tiers 2-4)	Combined w/ Medical/Rx CYD (Tiers 2-4)
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$150	\$150	After CYD, \$150	After CYD, 40% of EME
Tier 3	\$350	\$350	After CYD, \$350	After CYD, 40% of EME
Tier 4	\$500	\$500	After CYD, \$500	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

Denotes new plan or modified benefit

# 2022 Health Plan of Nevada Small Group HMO Plans

	HPN Solutions and Virtual HMO Plans			
Plan Name	Bronze HMO 40/8550/30%	Bronze HMO 45/8550/0%	Bronze HMO 8250/0%	Virtual HPN™ HMO
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$8,550 of EME <sup>1</sup> per Individual	\$8,550 of EME per Individual	\$8,250 of EME per Individual	\$8,700 of EME per Individual
	\$17,100 of EME per Family	\$17,100 of EME per Family	\$16,500 of EME per Family	\$17,400 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	30% of EME	0% 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 Individual	\$8,700 of EME per Individual	\$8,250 of EME per Individual	\$8,700 of EME per Individual
	\$17,400 of EME per Family	\$17,400 of EME per Family	\$16,500 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	After CYD, 0% of EME	\$0
Physician (PCP)	\$40	\$45	After CYD, 0% of EME	After CYD, 0% of EME
Specialist	After CYD, 30% of EME	\$90	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	After CYD, \$30	\$50	After CYD, 0% of EME	After CYD, 0% of EME
Routine X-ray	After CYD, 30% of EME	\$80	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	\$25	\$25	After CYD, 0% of EME	After CYD, 0% of EME
Hospital Emergency Room Facility	After CYD, 30% 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
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient	After CYD, 30% of EME	After CYD, 0% 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, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Prescription Drugs Non-Specialty Rx (In Network) Member Pays</b>				
Rx CYD	Member: \$1,550 Family: \$3,100 (Tiers 3-4)	Combined Medical/Rx CYD Insured: \$8,550 Family: \$17,100 (Tiers 2-4)	Combined Medical/Rx CYD Insured: \$8,250 Family: \$16,500 (Tiers 1-4)	Combined Medical/Rx CYD Insured: \$8,700 Family: \$17,400 (Tiers 1-4)
Tier 1	\$30	\$30	After CYD, 0% of EME	After CYD, 0% of EME
Tier 2	\$125	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Tier 3	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Tier 4	After CYD, 30% of EME	After CYD, 0% 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
<b>Prescription Drugs Specialty Rx (In Network) Member Pays</b>				
Rx CYD	Combined w/ Non-Specialty Rx CYD (Tiers 3-4)	Combined w/ Medical/Rx CYD (Tiers 2-4)	Combined w/ Medical/Rx CYD (Tiers 1-4)	Combined w/ Medical/Rx CYD (Tiers 1-4)
Tier 1	\$30	\$30	After CYD, 0% of EME	After CYD, 0% of EME
Tier 2	\$150	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Tier 3	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Tier 4	After CYD, 30% of EME	After CYD, 0% 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	After CYD, 0% of EME

Denotes new plan or modified benefit



# 2022 Health Plan of Nevada Small Group HMO Balance Plans

HPN Balance HMO Plans				
Plan Name	Gold HMO 10/2500/20%	Gold HMO 30/500/30%	Gold HMO 30/5000/20%	Silver HMO 45/7000/30%
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$2,500 of EME <sup>1</sup> per Individual	\$500 of EME per Individual	\$5,000 of EME per Individual	\$7,000 of EME per Individual
	\$5,000 of EME per Family	\$1,000 of EME per Family	\$10,000 of EME per Family	\$14,000 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	20% of EME	30% of EME	20% of EME	30% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$8,550 of EME per Individual	\$8,500 of EME per Individual	\$8,550 of EME per Individual	\$7,900 of EME per Individual
	\$17,100 of EME per Family	\$17,000 of EME per Family	\$17,100 of EME per Family	\$15,800 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 (PCP)	\$10	\$30	\$30	\$45
Specialist	\$20	\$70	\$60	\$90
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$10	\$20	\$10	\$40
Routine X-ray	\$10	\$40	\$10	\$70
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$35	\$35	\$35	\$45
Hospital Emergency Room Facility	After CYD, \$1,000	\$1,000	After CYD, \$1,000	\$1,500 then, after CYD, 0% of EME, waived if admitted
Ambulance	After CYD, \$1,000	After CYD, 30% of EME	After CYD, \$1,000	After CYD, 30% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, \$2,000	After CYD, 30% of EME	After CYD, \$2,000	After CYD, 30% of EME
Outpatient	After CYD, \$1,000	After CYD, 30% of EME	After CYD, \$1,000	After CYD, \$300
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	\$100	After CYD, 30% of EME	\$100	After CYD, 30% of EME
Outpatient Hospital Facility	\$100	After CYD, 30% of EME	\$100	After CYD, 30% of EME
Ambulatory Surgical Facility	\$50	After CYD, 30% of EME	\$50	After CYD, 30% of EME
Anesthesia	\$150	\$250	\$150	After CYD, 30% of EME
<b>Prescription Drugs Non-Specialty Rx (In Network) Member Pays</b>				
Rx CYD	N/A	N/A	N/A	N/A
Tier 1	\$10	\$10	\$10	\$10
Tier 2	\$50	\$50	\$50	\$50
Tier 3	\$95	\$95	\$95	\$95
Tier 4	\$250	\$250	\$250	\$250
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay
<b>Prescription Drugs Specialty Rx (In Network) Member Pays</b>				
Rx CYD	N/A	N/A	N/A	N/A
Tier 1	\$10	\$10	\$10	\$10
Tier 2	\$150	\$150	\$150	\$150
Tier 3	\$350	\$350	\$350	\$350
Tier 4	\$500	\$500	\$500	\$500
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

# 2022 Health Plan of Nevada

## Small Group POS Plans

HPN Solutions POS Plans				
Plan Name	Gold POS 15/0/1000/20%	Gold POS 15/0/2000/20%	Gold POS 25/0/500/20%	Gold POS 25/0/1500/20%
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider (Network Tier I)	N/A	N/A	N/A	N/A
Plan Provider (Network Tier II)	\$1,000 of EME <sup>1</sup> per Individual	\$2,000 of EME per Individual	\$500 of EME per Individual	\$1,500 of EME per Individual
	\$2,000 of EME per Family	\$4,000 of EME per Family	\$1,000 of EME per Family	\$3,000 of EME per Family
Non-Plan Provider (Network Tier III)	\$2,000 of EME per Individual	\$5,000 of EME per Individual	\$1,000 of EME per Individual	\$3,000 of EME per Individual
	\$4,000 of EME per Family	\$10,000 of EME per Family	\$2,000 of EME per Family	\$6,000 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider (Network Tier I)	0% of EME	0% of EME	20% of EME	20% of EME
Plan Provider (Network Tier II)	20% of EME	20% of EME	20% of EME	20% of EME
Non-Plan Provider (Network Tier III)	50% of EME	50% of EME	50% of EME	50% of EME
<b>Out of Pocket Maximum Tier I &amp; II are combined (Includes CYD, coinsurance and copayments) Member Pays</b>				
Plan Provider (Network Tier I)	\$6,500 of EME per Individual	\$5,000 of EME per Individual	\$6,000 of EME per Individual	\$6,500 of EME per Individual
	\$13,000 of EME per Family	\$10,000 of EME per Family	\$12,000 of EME per Family	\$13,000 of EME per Family
Plan Provider (Network Tier II)	\$7,900 of EME per Individual	\$7,500 of EME per Individual	\$7,900 of EME per Individual	\$7,900 of EME per Individual
	\$15,800 of EME per Family	\$15,000 of EME per Family	\$15,800 of EME per Family	\$15,800 of EME per Family
Non-Plan Provider (Network Tier III)	\$30,000 of EME per Individual	\$20,000 of EME per Individual	\$30,000 of EME per Individual	\$30,000 of EME per Individual
	\$60,000 of EME per Family	\$40,000 of EME per Family	\$60,000 of EME per Family	\$60,000 of EME per Family
<b>Medical Office Visits (Network Tier I) Member Pays Per Visit</b>				
Preventive Care <sup>2</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician (PCP)	\$15	\$15	\$25	\$25
Specialist	\$35	\$50	\$45	\$45
<b>Non-preventive Routine Lab and X-ray Services (Network Tier I) Member Pays Per Visit</b>				
Routine Laboratory	\$10	\$10	\$15	\$15
Routine X-ray	\$25	\$25	\$25	\$25
<b>Emergency Services (Network Tier I) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$15	\$50	\$50
Hospital Emergency Room Facility	\$750; waived if admitted	\$750; waived if admitted	\$500; waived if admitted	\$500; waived if admitted
Ambulance	\$250	\$250	\$250	\$250
<b>Hospital Facility Services (Network Tier I) Member Pays Per Admission or Per Surgery</b>				
Inpatient	\$500	\$1,000	20% of EME	20% of EME
Outpatient	\$250	\$350	\$350	\$350
<b>Physician Surgical Services (Network Tier I) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	\$150	\$150	\$200	\$250
Outpatient Hospital Facility	\$150	\$100	\$200	\$250
Ambulatory Surgical Facility	\$100	\$50	\$150	\$200
Anesthesia	\$100	\$150	\$150	\$150
<b>Prescription Drugs Non- Specialty Rx (In Network) Member Pays</b>				
Rx CYD	N/A	N/A	N/A	N/A
Tier 1	\$15	\$15	\$15	\$15
Tier 2	\$40	\$40	\$40	\$40
Tier 3	\$70	\$70	\$70	\$70
Tier 4	\$300	\$300	\$300	\$300
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay
<b>Prescription Drugs Specialty Rx (In Network) Member Pays</b>				
Rx CYD	N/A	N/A	N/A	N/A
Tier 1	\$15	\$15	\$15	\$15
Tier 2	\$150	\$150	\$150	\$150
Tier 3	\$350	\$350	\$350	\$350
Tier 4	\$500	\$500	\$500	\$500
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

# HPN

## Solutions Plans

---



### HPN Solutions HMO/POS and Virtual Plans

Pediatric dental and vision are embedded up to age 19 in all HPN Solutions plans.

<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.

These Plans include additional benefits, exclusions and limitations which are shown in the Health Plan of Nevada Evidence 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.

### HPN Solutions and Virtual HMO Plans

The Member is responsible for all charges in excess of EME. Non-Plan Provider charges are not covered, other than for Emergency Services. Non-Plan Provider charges may be substantial and do not accrue toward the Calendar Year Out of Pocket Maximum.

### HPN Solutions POS Plans

The Member is responsible for any/all amounts exceeding any stated maximum benefit amounts and/or any/all amounts exceeding the Plan's payment to Non-Plan Providers under this Plan. Further, such amounts do not accumulate to the calculation of the Calendar Year Copayment and Coinsurance Maximums.

## FORM NUMBERS

### HPN Solutions and Virtual HMO Plans

22H\_SN\_HMO\_P\_15\_0\_10, 22H\_SN\_HMO\_G\_10\_1000\_IP, 22H\_SN\_HMO\_G\_15\_2000\_20, 22H\_SN\_HMO\_G\_20\_1000\_30, 22H\_SN\_HMO\_G\_25\_1000\_IP, 22H\_SN\_HMO\_G\_25\_2000\_IP, 22H\_SN\_HMO\_G\_30\_500\_30, 22H\_SN\_HMO\_S\_25\_6000\_0, 22H\_SN\_HMO\_S\_30\_3000\_IP, 22H\_SN\_HMO\_S\_35\_2500\_30, 22H\_SN\_HMO\_S\_35\_4750\_30, 22H\_SN\_HMO\_B\_25\_6850\_40, 22H\_SN\_HMO\_B\_40\_8550\_30, 22H\_SN\_HMO\_B\_45\_8550\_0, 22H\_SN\_HMO\_B\_8250\_0, 22H\_SN\_HMO\_VH.

### HPN Balance HMO Plans

22H\_SN\_BAL\_G\_10\_2500\_20, 22H\_SN\_BAL\_G\_30\_500\_30, 22H\_SN\_BAL\_G\_30\_5000\_20, 22H\_SN\_BAL\_S\_45\_7000\_30.

### HPN Solutions POS Plans

22H\_SN\_POS\_G\_15\_0\_1000\_20, 22H\_SN\_POS\_G\_15\_0\_2000\_20, 22H\_SN\_POS\_G\_25\_0\_500\_20, 22H\_SN\_POS\_G\_25\_0\_1500\_20.



**2022**

**SHL Small Group  
PPO, EPO and HSA EPO Plans**

# 2022 Sierra Health and Life Small Group PPO, HSA PPO and EPO plans

## 2021 - 2022 PPO, HSA PPO and EPO Plan Mapping

2021 SHL Solutions PPO Plans	2022 STATUS	2022 SHL Solutions PPO Plans
SHL Solutions PPO Platinum 10/100/10%	EXISTING WITH CHANGES	SHL Solutions PPO Platinum 10/100/10%
SHL Solutions PPO Gold 20/1000/20%	EXISTING WITH CHANGES	SHL Solutions PPO Gold 20/1000/20%
SHL Solutions PPO Gold 25/500/30%	EXISTING WITH CHANGES	SHL Solutions PPO Gold 25/500/30%
SHL Solutions PPO Gold 30/1000/20%	EXISTING WITH CHANGES	SHL Solutions PPO Gold 30/1000/20%
SHL Solutions PPO Gold 30/1000/IP	EXISTING WITH CHANGES	SHL Solutions PPO Gold 30/1000/IP
SHL Solutions PPO Gold 35/500/30%	EXISTING WITH CHANGES	SHL Solutions PPO Gold 35/500/30%
SHL Solutions PPO Gold 35/3500/40%	EXISTING WITH CHANGES	SHL Solutions PPO Gold 35/3300/40%
SHL Solutions PPO Silver 25/1700/20%	EXISTING WITH CHANGES	SHL Solutions PPO Silver 25/1700/20%
SHL Solutions PPO Silver 30/2450/0%	EXISTING WITH CHANGES	SHL Solutions PPO Silver 30/2450/0%
SHL Solutions PPO Silver 35/3000/IP	EXISTING WITH CHANGES	SHL Solutions PPO Silver 35/3000/IP
SHL Solutions PPO Silver 35/2400/30%	EXISTING WITH CHANGES	SHL Solutions PPO Silver 35/2400/30%
SHL Solutions PPO Silver 35/3300/0%	EXISTING WITH CHANGES	SHL Solutions PPO Silver 35/3300/0%
SHL Solutions PPO Silver 35/3500/0%	EXISTING WITH CHANGES	SHL Solutions PPO Silver 35/3500/0%
SHL Solutions PPO Silver 40/7000/0%	EXISTING WITH CHANGES	SHL Solutions PPO Silver 40/7000/0%
SHL Solutions PPO Bronze 30/8000/30%	EXISTING WITH CHANGES	SHL Solutions PPO Bronze 30/8000/30%
SHL Solutions PPO Bronze 40/8550/30%	EXISTING WITH CHANGES	SHL Solutions PPO Bronze 40/8550/30%
SHL Solutions PPO Bronze 8100/0%	EXISTING WITH CHANGES	SHL Solutions PPO Bronze 8100/0%
SHL Solutions HSA PPO Silver 15/2500/0%	EXISTING WITH CHANGES	SHL Solutions HSA PPO Silver 15/2500/0%
SHL Solutions HSA PPO Silver 15/3800	EXISTING WITH CHANGES	SHL Solutions HSA PPO Silver 15/3800/0%
SHL Solutions HSA PPO Silver 15/4500/0%	EXISTING WITH CHANGES	SHL Solutions HSA PPO Silver 15/4500/0%
	NEW	SHL Solutions PPO Platinum 20/250/10%
	NEW	SHL Solutions PPO Gold 25/500/20%
	NEW	SHL Solutions PPO Gold 25/1000/20%
	NEW	SHL Solutions PPO Silver 35/5000/30%
	NEW	SHL Solutions PPO Silver 45/5000/IP
	NEW	SHL Solutions PPO Bronze 25/8700/0%
	NEW	SHL Solutions PPO Bronze 45/8550/0%
	NEW	SHL Solutions HSA PPO Bronze 6850/0%

2021 SHL Solutions EPO Plans	2022 STATUS	2022 SHL Solutions EPO Plans
SHL Solutions EPO Gold 20/1250/20%	EXISTING WITH CHANGES	SHL Solutions EPO Gold 20/1250/20%
SHL Solutions EPO Silver 30/2000/0%	EXISTING WITH CHANGES	SHL Solutions EPO Silver 30/2000/0%
SHL Solutions EPO Silver 35/3650/30%	EXISTING WITH CHANGES	SHL Solutions EPO Silver 35/3650/30%

# 2022 Sierra Health and Life Small Group PPO Plans

SHL Solutions PPO Plans				
Plan Name	Platinum PPO 10/100/10%	Platinum PPO 20/250/10%	Gold PPO 20/1000/20%	Gold PPO 25/500/20%
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$100 of EME <sup>1</sup> per Individual	\$250 of EME per Individual	\$1,000 of EME per Individual	\$500 of EME per Individual
	\$200 of EME per Family	\$500 of EME per Family	\$2,000 of EME per Family	\$1,000 of EME per Family
Non-Plan Provider	\$200 of EME per Individual	\$500 of EME per Individual	\$4,000 of EME per Individual	\$1,000 of EME per Individual
	\$400 of EME per Family	\$1,000 of EME per Family	\$8,000 of EME per Family	\$2,000 of EME per Family
<b>Coinsurance After CYD Insured Pays</b>				
Plan Provider	10% of EME	10% of EME	20% of EME	20% of EME
Non-Plan Provider	40% of EME	50% of EME	50% of EME	50% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$7,350 of EME per Individual	\$3,000 of EME per Individual	\$8,550 of EME per Individual	\$7,500 of EME per Individual
	\$14,700 of EME per Family	\$6,000 of EME per Family	\$17,100 of EME per Family	\$15,000 of EME per Family
Non-Plan Provider	\$14,700 of EME per Individual	\$6,000 of EME per Individual	\$17,100 of EME per Individual	\$15,000 of EME per Individual
	\$29,400 of EME per Family	\$12,000 of EME per Family	\$34,200 of EME per Family	\$30,000 of EME per Family
<b>Medical Office Visits (In Network) Insured Pays Per Visit</b>				
Preventive Care <sup>2</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician	\$10	\$20	\$20	\$25
Specialist	\$10	\$40	\$40	\$50
<b>Non-preventive Routine Lab and X-ray Services (In Network) Insured Pays Per Visit</b>				
Routine Laboratory	\$5	\$5	\$30	\$20
Routine X-ray	\$10	\$10	\$30	\$40
<b>Emergency Services (In Network) Insured Pays Per Visit or Per Trip</b>				
Urgent Care	\$35	\$50	\$50	\$50
Hospital Emergency Room Facility	\$500; waived if admitted	\$150; waived if admitted	After CYD, \$750; waived if admitted	\$500; waived if admitted
Ambulance	After CYD, 10% of EME	After CYD, \$350	After CYD, 20% of EME	After CYD, \$350
<b>Hospital Facility Services (In Network) Insured Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 10% of EME	After CYD, 10% of EME	After CYD, 20% of EME	After CYD, 20% of EME
Outpatient	After CYD, 10% of EME	\$350	After CYD, 20% of EME	\$350
<b>Physician Surgical Services (In Network) Insured Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 10% of EME	After CYD, 10% of EME	After CYD, 20% of EME	After CYD, 20% of EME
Outpatient Hospital Facility	After CYD, 10% of EME	\$350	After CYD, 20% of EME	\$350
Ambulatory Surgical Facility	After CYD, 10% of EME	\$200	After CYD, 20% of EME	\$200
Anesthesia	After CYD, 10% of EME	\$350	After CYD, 20% of EME	\$350
<b>Prescription Drugs Non-Specialty Rx (In Network) Insured Pays</b>				
Rx CYD	N/A	N/A	N/A	N/A
Tier 1	\$10	\$10	\$15	\$15
Tier 2	\$30	\$25	\$40	\$40
Tier 3	\$65	\$40	\$70	\$70
Tier 4	\$300	\$300	\$300	\$300
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay
<b>Prescription Drugs Specialty Rx (In Network) Insured Pays</b>				
Rx CYD	N/A	N/A	N/A	N/A
Tier 1	\$10	\$10	\$15	\$15
Tier 2	\$150	\$150	\$150	\$150
Tier 3	\$350	\$350	\$350	\$350
Tier 4	\$500	\$500	\$500	\$500
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

# 2022 Sierra Health and Life Small Group PPO Plans

SHL Solutions PPO Plans				
Plan Name	Gold PPO 25/500/30%	Gold PPO 25/1000/20%	Gold PPO 30/1000/20%	Gold PPO 30/1000/IP
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$500 of EME <sup>1</sup> per Individual	\$1,000 of EME per Individual	\$1,000 of EME per Individual	N/A
	\$1,000 of EME per Family	\$2,000 of EME per Family	\$2,000 of EME per Family	N/A
Non-Plan Provider	\$1,000 of EME per Individual	\$2,000 of EME per Individual	\$3,000 of EME per Individual	N/A
	\$2,000 of EME per Family	\$4,000 of EME per Family	\$6,000 of EME per Family	N/A
<b>Coinsurance After CYD Insured Pays</b>				
Plan Provider	30% of EME	20% of EME	20% of EME	0% of EME
Non-Plan Provider	50% of EME	50% of EME	50% of EME	50% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$8,550 of EME per Individual	\$8,000 of EME per Individual	\$8,550 of EME per Individual	\$7,350 of EME per Individual
	\$17,100 of EME per Family	\$16,000 of EME per Family	\$17,100 of EME per Family	\$14,700 of EME per Family
Non-Plan Provider	\$17,100 of EME per Individual	\$16,000 of EME per Individual	\$17,100 of EME per Individual	\$14,700 of EME per Individual
	\$34,200 of EME per Family	\$32,000 of EME per Family	\$34,200 of EME per Family	\$29,400 of EME per Family
<b>Medical Office Visits (In Network) Insured Pays Per Visit</b>				
Preventive Care <sup>2</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician	\$25	\$25	\$30	\$30
Specialist	\$50	\$50	\$60	\$60
<b>Non-preventive Routine Lab and X-ray Services (In Network) Insured Pays Per Visit</b>				
Routine Laboratory	\$20	\$30	\$20	\$20
Routine X-ray	\$40	\$30	\$40	\$40
<b>Emergency Services (In Network) Insured Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	\$50	\$40
Hospital Emergency Room Facility	\$1,000; waived if admitted	\$500; waived if admitted	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$500; waived if admitted
Ambulance	After CYD, 30% of EME	After CYD, \$350	After CYD, 20% of EME	\$500
<b>Hospital Facility Services (In Network) Insured Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 30% of EME	After CYD, 20% of EME	After CYD, 20% of EME	\$1,000
Outpatient	After CYD, 30% of EME	\$350	After CYD, 20% of EME	\$750
<b>Physician Surgical Services (In Network) Insured Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 30% of EME	After CYD, 20% of EME	After CYD, 20% of EME	\$0
Outpatient Hospital Facility	After CYD, 30% of EME	\$350	After CYD, 20% of EME	\$0
Ambulatory Surgical Facility	After CYD, 30% of EME	\$200	After CYD, 20% of EME	\$0
Anesthesia	After CYD, 30% of EME	\$350	After CYD, 20% of EME	\$150
<b>Prescription Drugs Non-Specialty Rx (In Network) Insured Pays</b>				
Rx CYD	N/A	N/A	N/A	N/A
Tier 1	\$15	\$15	\$15	\$15
Tier 2	\$40	\$40	\$40	\$40
Tier 3	\$70	\$70	\$70	\$70
Tier 4	\$300	\$300	\$300	\$300
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay
<b>Prescription Drugs Specialty Rx (In Network) Insured Pays</b>				
Rx CYD	N/A	N/A	N/A	N/A
Tier 1	\$15	\$15	\$15	\$15
Tier 2	\$150	\$150	\$150	\$150
Tier 3	\$350	\$350	\$350	\$350
Tier 4	\$500	\$500	\$500	\$500
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

# 2022 Sierra Health and Life Small Group PPO Plans

	SHL Solutions PPO Plans			
Plan Name	Gold PPO 35/500/30%	Gold PPO 35/3300/40%	Silver PPO 25/1700/20%	Silver PPO 30/2450/0%
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$500 of EME <sup>1</sup> per Individual	\$3,300 of EME per Individual	\$1,700 of EME per Individual	\$2,450 of EME per Individual
	\$1,000 of EME per Family	\$6,600 of EME per Family	\$3,400 of EME per Family	\$4,900 of EME per Family
Non-Plan Provider	\$1,000 of EME per Individual	\$7,000 of EME per Individual	\$6,000 of EME per Individual	\$6,000 of EME per Individual
	\$2,000 of EME per Family	\$14,000 of EME per Family	\$12,000 of EME per Family	\$12,000 of EME per Family
<b>Coinsurance After CYD Insured Pays</b>				
Plan Provider	30% of EME	40% of EME	20% of EME	0% of EME
Non-Plan Provider	50% of EME	50% of EME	50% of EME	50% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$7,500 of EME per Individual	\$8,250 of EME per Individual	\$8,550 of EME per Individual	\$8,550 of EME per Individual
	\$15,000 of EME per Family	\$16,500 of EME per Family	\$17,100 of EME per Family	\$17,100 of EME per Family
Non-Plan Provider	\$14,700 of EME per Individual	\$16,500 of EME per Individual	\$15,800 of EME per Individual	\$17,100 of EME per Individual
	\$29,400 of EME per Family	\$33,000 of EME per Family	\$31,600 of EME per Family	\$34,200 of EME per Family
<b>Medical Office Visits (In Network) Insured Pays Per Visit</b>				
Preventive Care <sup>2</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician	\$35	\$35	\$25	\$30
Specialist	\$70	\$70	\$80	\$60
<b>Non-preventive Routine Lab and X-ray Services (In Network) Insured Pays Per Visit</b>				
Routine Laboratory	\$20	\$20	\$25	\$25
Routine X-ray	\$40	\$40	\$50	\$50
<b>Emergency Services (In Network) Insured Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$500; waived if admitted	\$500 then, after CYD, 0% of EME; waived if admitted	\$500 then, after CYD, 0% of EME; waived if admitted	After CYD, \$500; waived if admitted
Ambulance	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, \$500
<b>Hospital Facility Services (In Network) Insured Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, \$1000
Outpatient	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, \$500	After CYD, \$400
<b>Physician Surgical Services (In Network) Insured Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, \$200
Outpatient Hospital Facility	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, \$250	After CYD, \$400
Ambulatory Surgical Facility	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, \$150	After CYD, \$200
Anesthesia	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, \$200
<b>Prescription Drugs Non-Specialty Rx (In Network) Insured Pays</b>				
Rx CYD	N/A	N/A	Insured: \$350 Family: \$700 (Tier 4)	Insured: \$350 Family: \$700 (Tier 4)
Tier 1	\$15	\$15	\$25	\$25
Tier 2	\$40	\$40	\$50	\$50
Tier 3	\$70	\$70	\$75	\$75
Tier 4	\$300	\$300	After CYD, \$350	After CYD, \$350
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay
Rx CYD	N/A	N/A	Combined w/ Non-Specialty Rx CYD (Tier 4)	Combined w/ Non-Specialty Rx CYD (Tier 4)
Tier 1	\$15	\$15	\$25	\$25
Tier 2	\$150	\$150	\$150	\$150
Tier 3	\$350	\$350	\$350	\$350
Tier 4	\$500	\$500	After CYD, \$500	After CYD, \$500
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



# 2022 Sierra Health and Life Small Group PPO Plans

SHL Solutions PPO Plans				
Plan Name	Silver PPO 35/3000/IP	Silver PPO 35/2400/30%	Silver PPO 35/3300/0%	Silver PPO 35/3500/0%
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$0	\$2,400 of EME per Individual	\$3,300 of EME per Individual	\$3,500 of EME per Individual
	\$0	\$4,800 of EME per Family	\$6,600 of EME per Family	\$7,000 of EME per Family
Non-Plan Provider	\$5,000 of EME <sup>1</sup> per Individual	\$7,000 of EME per Individual	\$6,600 of EME per Individual	\$12,500 of EME per Individual
	\$10,000 of EME per Family	\$14,000 of EME per Family	\$13,200 of EME per Family	\$25,000 of EME per Family
<b>Coinsurance After CYD Insured Pays</b>				
Plan Provider	0% of EME	30% of EME	0% of EME	0% of EME
Non-Plan Provider	50% of EME	50% of EME	50% of EME	50% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$8,500 of EME per Individual	\$8,550 of EME per Individual	\$8,150 of EME per Individual	\$8,150 of EME per Individual
	\$17,000 of EME per Family	\$17,100 of EME per Family	\$16,300 of EME per Family	\$16,300 of EME per Family
Non-Plan Provider	\$16,300 of EME per Individual	\$17,000 of EME per Individual	\$16,300 of EME per Individual	\$16,300 of EME per Individual
	\$32,600 of EME per Family	\$34,000 of EME per Family	\$32,600 of EME per Family	\$32,600 of EME per Family
<b>Medical Office Visits (In Network) Insured Pays Per Visit</b>				
Preventive Care <sup>2</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician	\$35	\$35	\$35	\$35
Specialist	\$50	\$75	\$70	\$80
<b>Non-preventive Routine Lab and X-ray Services (In Network) Insured Pays Per Visit</b>				
Routine Laboratory	\$30	\$25	\$35	\$35
Routine X-ray	\$50	\$50	\$75	\$75
<b>Emergency Services (In Network) Insured Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,500; waived if admitted	\$1,250 then, after CYD, 0% of EME; waived if admitted	After CYD, \$500; waived if admitted	After CYD, \$500; waived if admitted
Ambulance	\$750	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Hospital Facility Services (In Network) Insured Pays Per Admission or Per Surgery</b>				
Inpatient	\$3,000	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient	\$500	After CYD, 30% of EME	After CYD, \$500	After CYD, \$500
<b>Physician Surgical Services (In Network) Insured Pays Per Surgery</b>				
Inpatient Hospital Facility	\$0	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	\$150	After CYD, \$250	After CYD, \$200	After CYD, \$200
Ambulatory Surgical Facility	\$150	After CYD, \$175	After CYD, \$200	After CYD, \$200
Anesthesia	\$100	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Prescription Drugs Non-Specialty Rx (In Network) Insured Pays</b>				
Rx CYD	N/A	Insured: \$350 Family: \$700 (Tier 4)	Insured: \$350 Family: \$700 (Tier 4)	Insured: \$500 Family: \$1,000 (Tier 4)
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50
Tier 3	\$75	\$75	\$75	\$100
Tier 4	\$350	After CYD, \$350	After CYD, \$350	After CYD, \$500
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay
<b>Prescription Drugs Specialty Rx (In Network) Insured Pays</b>				
Rx CYD	N/A	Combined w/ Non-Specialty Rx CYD (Tier 4)	Combined w/ Non-Specialty Rx CYD (Tier 4)	Combined w/ Non-Specialty Rx CYD (Tier 4)
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$150	\$150	\$150	\$150
Tier 3	\$350	\$350	\$350	\$350
Tier 4	\$500	After CYD, \$500	After CYD, \$500	After CYD, \$500
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

# 2022 Sierra Health and Life Small Group PPO Plans

SHL Solutions PPO Plans				
Plan Name	Silver PPO 35/5000/30%	Silver PPO 40/7000/0%	Silver PPO 45/5000/IP	Bronze PPO 25/8700/0%
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$5,000 of EME <sup>1</sup> per Individual	\$7,000 of EME per Individual	N/A	\$8,700 of EME per Individual
	\$10,000 of EME per Family	\$14,000 of EME per Family	N/A	\$17,400 of EME per Family
Non-Plan Provider	\$10,000 of EME per Individual	\$13,000 of EME per Individual	N/A	\$17,400 of EME per Individual
	\$20,000 of EME per Family	\$26,000 of EME per Family	N/A	\$34,800 of EME per Family
<b>Coinsurance After CYD Insured Pays</b>				
Plan Provider	30% of EME	0% of EME	0% of EME	0% of EME
Non-Plan Provider	50% of EME	50% of EME	50% of EME	50% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$8,500 of EME per Individual	\$8,150 of EME per Individual	\$8,700 of EME per Individual	\$8,700 of EME per Individual
	\$17,000 of EME per Family	\$16,300 of EME per Family	\$17,400 of EME per Family	\$17,400 of EME per Family
Non-Plan Provider	\$17,000 of EME per Individual	\$15,800 of EME per Individual	\$17,400 of EME per Individual	\$17,400 of EME per Individual
	\$34,000 of EME per Family	\$31,600 of EME per Family	\$34,800 of EME per Family	\$34,800 of EME per Family
<b>Medical Office Visits (In Network) Insured Pays Per Visit</b>				
Preventive Care <sup>2</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	0% of EME
Physician	\$35	\$40	\$45	\$25
Specialist	\$50	\$75	\$95	\$150
<b>Non-preventive Routine Lab and X-ray Services (In Network) Insured Pays Per Visit</b>				
Routine Laboratory	\$25	\$35	\$40	\$25
Routine X-ray	\$50	\$75	\$120	\$120
<b>Emergency Services (In Network) Insured Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,500; waived if admitted	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$1,500; waived if admitted	After CYD, 0% of EME
Ambulance	After CYD, \$350	After CYD, 0% of EME	\$350	After CYD, 0% of EME
<b>Hospital Facility Services (In Network) Insured Pays Per Admission or Per Surgery</b>				
Inpatient	\$3,000	After CYD, 0% of EME	\$5,000	After CYD, 0% of EME
Outpatient	\$350	After CYD, 0% of EME	\$350	After CYD, 0% of EME
<b>Physician Surgical Services (In Network) Insured Pays Per Surgery</b>				
Inpatient Hospital Facility	\$300	After CYD, 0% of EME	\$500	After CYD, 0% of EME
Outpatient Hospital Facility	\$650	After CYD, 0% of EME	\$650	After CYD, 0% of EME
Ambulatory Surgical Facility	\$500	After CYD, 0% of EME	\$500	After CYD, 0% of EME
Anesthesia	\$350	After CYD, 0% of EME	\$350	After CYD, 0% of EME
<b>Prescription Drugs Non-Specialty Rx (In Network) Insured Pays</b>				
Rx CYD	N/A	Insured: \$500 Family: \$1,000 (Tier 4)	Insured: \$500 Family: \$1,000 (Tier 4)	Combined Medical/Rx CYD Insured: \$8,700 Family: \$17,400 (Tiers 2-4)
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	After CYD, 0% of EME
Tier 3	\$75	\$100	\$100	After CYD, 0% of EME
Tier 4	\$350	After CYD, \$500	After CYD, \$500	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
<b>Prescription Drugs Specialty Rx (In Network) Insured Pays</b>				
Rx CYD	N/A	Combined w/ Non-Specialty Rx CYD (Tier 4)	Combined w/ Non-Specialty Rx CYD (Tier 4)	Combined w/ Non-Specialty Rx CYD (Tiers 2-4)
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$150	\$150	\$150	After CYD, 0% of EME
Tier 3	\$350	\$350	\$350	After CYD, 0% of EME
Tier 4	\$500	After CYD, \$500	After CYD, \$500	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

Denotes new plan or modified benefit

# 2022 Sierra Health and Life Small Group PPO Plans

SHL Solutions PPO Plans				
Plan Name	Bronze PPO 30/8000/30%	Bronze PPO 40/8550/30%	Bronze PPO 45/8550/0%	Bronze PPO 8100/0%
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$8,000 of EME <sup>1</sup> per Individual	\$8,550 of EME per Individual	\$8,550 of EME per Individual	\$8,100 of EME per Individual
	\$16,000 of EME per Family	\$17,100 of EME per Family	\$17,100 of EME per Family	\$16,200 of EME per Family
Non-Plan Provider	\$16,000 of EME per Individual	\$16,200 of EME per Individual	\$17,100 of EME per Individual	\$16,200 of EME per Individual
	\$32,000 of EME per Family	\$32,400 of EME per Family	\$34,200 of EME per Family	\$32,400 of EME per Family
<b>Coinsurance After CYD Insured Pays</b>				
Plan Provider	30% of EME	30% of EME	0% of EME	0% of EME
Non-Plan Provider	50% of EME	50% of EME	50% of EME	50% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$8,500 of EME per Individual	\$8,700 of EME per Individual	\$8,700 of EME per Individual	\$8,350 of EME per Individual
	\$17,000 of EME per Family	\$17,400 of EME per Family	\$17,400 of EME per Family	\$16,700 of EME per Family
Non-Plan Provider	\$32,000 of EME per Individual	\$32,400 of EME per Individual	\$17,400 of EME per Individual	\$32,400 of EME per Individual
	\$64,000 of EME per Family	\$64,800 of EME per Family	\$34,800 of EME per Family	\$64,800 of EME per Family
<b>Medical Office Visits (In Network) Insured Pays Per Visit</b>				
Preventive Care <sup>2</sup>	\$0	\$0	\$0	0% of EME
Virtual Visits (NowClinic®)	\$0	0% of EME	0% of EME	0% of EME
Physician	After CYD, \$30	After CYD, \$40	\$45	After CYD, 0% of EME
Specialist	After CYD, 30% of EME	After CYD, 30% of EME	\$90	After CYD, 0% of EME
<b>Non-preventive Routine Lab and X-ray Services (In Network) Insured Pays Per Visit</b>				
Routine Laboratory	After CYD, 30% of EME	After CYD, \$30	\$50	After CYD, 0% of EME
Routine X-ray	After CYD, 30% of EME	After CYD, 30% of EME	\$80	After CYD, 0% of EME
<b>Emergency Services (In Network) Insured Pays Per Visit or Per Trip</b>				
Urgent Care	\$25	After CYD, 0% of EME	\$50	After CYD, 0% of EME
Hospital Emergency Room Facility	After CYD, \$1,500; waived if admitted	After CYD, 30% 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
<b>Hospital Facility Services (In Network) Insured Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 30% 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, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Physician Surgical Services (In Network) Insured Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 30% 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, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Prescription Drugs Non-Specialty Rx (In Network) Insured Pays</b>				
Rx CYD	Insured: \$1,550 Family: \$3,100 (Tiers 1-4)	Insured: \$1,000 Family: \$2,000 (Tiers 3-4)	Combined Medical/Rx CYD Insured: \$8,550 Family: \$17,100 (Tiers 2-4)	Insured: \$1,550 Family: \$3,100 (Tiers 1-4)
Tier 1	After CYD, 0% of EME	\$30	\$30	After CYD, 0% of EME
Tier 2	After CYD, 0% of EME	\$125	After CYD, 0% of EME	After CYD, 0% of EME
Tier 3	After CYD, 0% of EME	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Tier 4	After CYD, 0% of EME	After CYD, 30% 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
<b>Prescription Drugs Specialty Rx (In Network) Insured Pays</b>				
Rx CYD	Combined w/ Non-Specialty Rx CYD (Tiers 1-4)	Combined w/ Non-Specialty Rx CYD (Tiers 3-4)	Combined w/ Medical/Rx CYD (Tiers 2-4)	Combined w/ Non-Specialty Rx CYD (Tiers 1-4)
Tier 1	After CYD, 0% of EME	\$30	\$30	After CYD, 0% of EME
Tier 2	After CYD, 0% of EME	\$150	After CYD, 0% of EME	After CYD, 0% of EME
Tier 3	After CYD, 0% of EME	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Tier 4	After CYD, 0% of EME	After CYD, 30% 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

Denotes new plan or modified benefit

# 2022 Sierra Health and Life Small Group HSA PPO Plans

SHL Solutions HSA PPO Plans				
Plan Name	Silver HSA PPO 15/2500/0%	Silver HSA PPO 15/4500/0%	Silver HSA PPO 20/3800/0%	Bronze HSA PPO 6850/0%
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$2,500 of EME <sup>1</sup> per Individual	\$4,500 of EME per Individual	\$3,800 of EME per Individual	\$6,850 of EME per Individual
	\$5,000 of EME per Family	\$9,000 of EME per Family	\$7,600 of EME per Family	\$13,700 of EME per Family
Non-Plan Provider	\$4,000 of EME per Individual	\$12,000 of EME per Individual	\$7,600 of EME per Individual	\$13,700 of EME per Individual
	\$8,000 of EME per Family	\$24,000 of EME per Family	\$15,200 of EME per Family	\$27,400 of EME per Family
<b>Coinsurance After CYD Insured Pays</b>				
Plan Provider	0% of EME	0% of EME	0% of EME	0% of EME
Non-Plan Provider	50% of EME	50% of EME	50% of EME	50% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$5,800 of EME per Individual	\$6,550 of EME per Individual	\$7,000 of EME per Individual	\$6,850 of EME per Individual
	\$11,600 of EME per Family	\$13,100 of EME per Family	\$14,000 of EME per Family	\$13,700 of EME per Family
Non-Plan Provider	\$10,600 of EME per Individual	\$13,100 of EME per Individual	\$14,000 of EME per Individual	\$13,700 of EME per Individual
	\$21,200 of EME per Family	\$26,200 of EME per Family	\$28,000 of EME per Family	\$27,400 of EME per Family
<b>Medical Office Visits (In Network) Insured Pays Per Visit</b>				
Preventive Care <sup>2</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	After CYD, \$0	After CYD, \$0	After CYD, \$0	0% of EME
Physician	After CYD, \$15	After CYD, \$15	After CYD, \$20	After CYD, 0% of EME
Specialist	After CYD, \$65	After CYD, \$65	After CYD, \$65	After CYD, 0% of EME
<b>Non-preventive Routine Lab and X-ray Services (In Network) Insured Pays Per Visit</b>				
Routine Laboratory	After CYD, \$15	After CYD, \$15	After CYD, \$15	After CYD, 0% of EME
Routine X-ray	After CYD, \$25	After CYD, \$25	After CYD, \$25	After CYD, 0% of EME
<b>Emergency Services (In Network) Insured Pays Per Visit or Per Trip</b>				
Urgent Care	After CYD, \$50	After CYD, \$50	After CYD, \$50	After CYD, 0% of EME
Hospital Emergency Room Facility	After CYD, \$500; waived if admitted	After CYD, \$500; waived if admitted	After CYD, \$500; waived if admitted	After CYD, 0% of EME
Ambulance	After CYD, \$500	After CYD, \$500	After CYD, \$500	After CYD, 0% of EME
<b>Hospital Facility Services (In Network) Insured Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, \$1,000	After CYD, \$1,000	After CYD, \$1,000	After CYD, 0% of EME
Outpatient	After CYD, \$350	After CYD, \$350	After CYD, \$350	After CYD, 0% of EME
<b>Physician Surgical Services (In Network) Insured Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, \$500	After CYD, \$500	After CYD, \$500	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, \$350	After CYD, \$350	After CYD, \$350	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, \$150	After CYD, \$150	After CYD, \$150	After CYD, 0% of EME
Anesthesia	After CYD, \$150	After CYD, \$150	After CYD, \$150	After CYD, 0% of EME
<b>Prescription Drugs Non-Specialty Rx (In Network) Insured Pays</b>				
Rx CYD	Combined Medical/Rx CYD Insured: \$2,500 Family: \$5,000 (Tiers 1-4)	Combined Medical/Rx CYD Insured: \$4,500 Family: \$9,000 (Tiers 1-4)	Combined Medical/Rx CYD Insured: \$3,800 Family: \$7,600 (Tiers 1-4)	Combined Medical/Rx CYD Insured: \$6,850 Family: \$13,700 (Tiers 1-4)
Tier 1	After CYD, \$15	After CYD, \$15	After CYD, \$15	After CYD, 0% of EME
Tier 2	After CYD, \$35	After CYD, \$35	After CYD, \$35	After CYD, 0% of EME
Tier 3	After CYD, \$65	After CYD, \$65	After CYD, \$65	After CYD, 0% of EME
Tier 4	After CYD, \$250	After CYD, \$250	After CYD, \$250	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
<b>Prescription Drugs Specialty Rx (In Network) Insured Pays</b>				
Rx CYD	Combined w/ Medical/Rx CYD (Tiers 1-4)	Combined w/ Medical/Rx CYD (Tiers 1-4)	Combined w/ Medical/Rx CYD (Tiers 1-4)	Combined w/ Medical/Rx CYD (Tiers 1-4)
Tier 1	After CYD, \$15	After CYD, \$15	After CYD, \$15	After CYD, 0% of EME
Tier 2	After CYD, \$150	After CYD, \$150	After CYD, \$150	After CYD, 0% of EME
Tier 3	After CYD, \$350	After CYD, \$350	After CYD, \$350	After CYD, 0% of EME
Tier 4	After CYD, \$500	After CYD, \$500	After CYD, \$500	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

Denotes new plan or modified benefit

# 2022 Sierra Health and Life Small Group EPO Plans

Plan Name	SHL Solutions EPO Plans		
	Gold EPO 20/1250/20%	Silver EPO 30/2000/0%	Silver EPO 35/3650/30%
<b>Calendar Year Deductible (CYD)</b>			
Plan Provider	\$1,250 of EME <sup>1</sup> per Individual	\$2,000 of EME per Individual	\$3,650 of EME per Individual
	\$2,500 of EME per Family	\$4,000 of EME per Family	\$7,300 of EME per Family
<b>Coinsurance After CYD Insured Pays</b>			
Plan Provider	20% of EME	0% of EME	30% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>			
Plan Provider	\$8,300 of EME per Individual	\$8,450 of EME per Individual	\$8,500 of EME per Individual
	\$16,600 of EME per Family	\$16,900 of EME per Family	\$17,000 of EME per Family
<b>Medical Office Visits (In Network) Insured Pays Per Visit</b>			
Preventive Care <sup>2</sup>	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0
Physician	\$20	\$30	\$35
Specialist	\$60	\$60	\$70
<b>Non-preventive Routine Lab and X-ray Services (In Network) Insured Pays Per Visit</b>			
Routine Laboratory	\$15	\$25	\$25
Routine X-ray	\$50	\$50	\$50
<b>Emergency Services (In Network) Insured Pays Per Visit or Per Trip</b>			
Urgent Care	\$20	\$30	\$35
Hospital Emergency Room Facility	\$750; waived if admitted	After CYD, \$1,000; waived if admitted	After CYD, \$1,000; waived if admitted
Ambulance	After CYD, 20% of EME	After CYD, \$500	After CYD, 30% of EME
<b>Hospital Facility Services (In Network) Insured Pays Per Admission or Per Surgery</b>			
Inpatient	After CYD, 20% of EME	After CYD, \$1,000	After CYD, \$2,000 per day not to exceed \$6,000
Outpatient	After CYD, 20% of EME	After CYD, \$400	After CYD, 30% of EME
<b>Physician Surgical Services (In Network) Insured Pays Per Surgery</b>			
Inpatient Hospital Facility	After CYD, 20% of EME	After CYD, \$200	After CYD, 30% of EME
Outpatient Hospital Facility	After CYD, 20% of EME	After CYD, \$400	After CYD, 30% of EME
Ambulatory Surgical Facility	After CYD, 20% of EME	After CYD, \$200	After CYD, 30% of EME
Anesthesia	After CYD, 20% of EME	After CYD, \$200	After CYD, 30% of EME
<b>Prescription Drugs Non-Specialty Rx (In Network) Insured Pays</b>			
Rx CYD	N/A	Insured: \$350 Family: \$700 (Tier 4)	Insured: \$350 Family: \$700 (Tier 4)
Tier 1	\$15	\$25	\$25
Tier 2	\$40	\$50	\$50
Tier 3	\$70	\$75	\$75
Tier 4	\$300	After CYD, \$350	After CYD, \$350
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay
<b>Prescription Drugs Specialty Rx (In Network) Insured Pays</b>			
Rx CYD	N/A	Combined w/ Non-Specialty Rx CYD (Tier 4)	Combined w/ Non-Specialty Rx CYD (Tier 4)
Tier 1	\$15	\$25	\$25
Tier 2	\$150	\$150	\$150
Tier 3	\$350	\$350	\$350
Tier 4	\$500	After CYD, \$500	After CYD, \$500
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay

Denotes new plan or modified benefit

# SHL Solutions PPO, HSA PPO and EPO Plans



## SHL Solutions PPO, HSA PPO AND EPO PLANS

Pediatric dental and vision are embedded up to age 19 in all SHL Solutions plans.

<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.

These Plans include additional benefits, exclusions and limitations which are shown in the Sierra Health and Life Certificate 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.

### SHL Solutions PPO and HSA PPO Plans

The Insured is responsible for any/all amounts exceeding any stated maximum benefit amounts and/or any/all amounts exceeding the Plan's payment to Non-Plan Providers under this Plan. Further, such amounts do not accumulate to the calculation of the Calendar Year Out of Pocket Maximum.

### SHL Solutions EPO Plans

The Insured's medical Tier I Copayment/Cost-share will not be more than 50% of the allowed cost of providing any single service or supplying an item to an Insured, after the deductible, if applicable, has been met. An Insured may not contribute any more than the individual CYD amount toward the family CYD amount. An Insured may not contribute any more than the individual Calendar Year Out of Pocket Maximum toward the family Calendar Year Out of Pocket Maximum amount. 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.

## FORM NUMBERS

### SHL Solutions PPO and HSA PPO Plans

22S\_SN\_PPO\_P\_20\_250\_10, 22S\_SN\_PPO\_P\_10\_100\_10,  
22S\_SN\_PPO\_G\_20\_1000\_20, 22S\_SN\_PPO\_G\_25\_500\_20,  
22S\_SN\_PPO\_G\_25\_1000\_20, 22S\_SN\_PPO\_G\_25\_500\_30,  
22S\_SN\_PPO\_G\_30\_1000\_20, 22S\_SN\_PPO\_S\_25\_1700\_20,  
22S\_SN\_PPO\_G\_30\_1000\_IP, 22S\_SN\_PPO\_S\_30\_2450\_0,  
22S\_SN\_PPO\_G\_35\_500\_30, 22S\_SN\_PPO\_S\_35\_2400\_30,  
22S\_SN\_PPO\_S\_35\_3000\_IP, 22S\_SN\_PPO\_S\_35\_3300\_0,  
22S\_SN\_PPO\_S\_35\_3500\_0, 22S\_SN\_PPO\_S\_35\_5000\_30,  
22S\_SN\_PPO\_S\_40\_7000\_0, 22S\_SN\_PPO\_S\_45\_5000\_IP,  
22S\_SN\_PPO\_B\_25\_8700\_0, 22S\_SN\_PPO\_B\_30\_8000\_30,  
22S\_SN\_PPO\_B\_40/8550\_30, 22S\_SN\_PPO\_B\_45\_8550\_0,  
22S\_SN\_PPO\_B\_8100\_0, 22S\_SN\_PPO\_G\_35\_3300\_40,  
22S\_SN\_HSA\_PPO\_S\_15\_2500\_0, 22S\_SN\_HSA\_PPO\_S\_15\_3800\_0,  
22S\_SN\_HSA\_PPO\_S\_15\_4500\_0, 22S\_SN\_HSA\_PPO\_B\_6850\_0.

### SHL Solutions EPO Plans

22S\_SN\_EPO\_G\_20\_1250\_20, 22S\_SN\_EPO\_S\_30\_2000\_0,  
22S\_SN\_EPO\_S\_35\_3650\_30.

# 2022 Sierra Health and Life Dental and Vision Plans



<b>SHL Adult Dental</b>				
Area 1 - Clark County and Nye County				
<b>Quarterly Rates</b>	<b>Q1 2022</b>	<b>Q2 2022</b>	<b>Q3 2022</b>	<b>Q4 2022</b>
Dental Plan 27 22S_SN_DPPO_Plan27	\$26.64	\$26.91	\$27.17	\$27.44
Dental Plan 28 22S_SN_DPPO_Plan28	\$23.98	\$24.22	\$24.46	\$24.70
Dental Plan 29 22S_SN_DPPO_Plan29	\$29.31	\$29.60	\$29.89	\$30.18
<b>SHL Adult Dental</b>				
Area 2-4 - All other Nevada Counties				
<b>Quarterly Rates</b>	<b>Q1 2022</b>	<b>Q2 2022</b>	<b>Q3 2022</b>	<b>Q4 2022</b>
Dental Plan 27 22S_SN_DPPO_Plan27	\$34.63	\$34.98	\$35.32	\$35.67
Dental Plan 28 22S_SN_DPPO_Plan28	\$31.17	\$31.49	\$31.80	\$32.11
Dental Plan 29 22S_SN_DPPO_Plan29	\$38.10	\$38.48	\$38.86	\$39.23
<b>SHL Adult Vision</b>				
<b>Product Name</b>	<b>Effective</b>	<b>Rate</b>	<b>All 4 Qtrs</b>	<b>All Rating Areas</b>
SHL PPO EyeMed 13: 12/24/24 \$10/\$130 So. NV 22S_SN_ASAOV_13	1/1/2022	\$6.28	Y	Y
SHL PPO EyeMed 14: 12/12/12 \$0/\$130 So. NV 22S_SN_ASAOV_14	1/1/2022	\$8.59	Y	Y
SHL PPO EyeMed 15: 12/12/24 \$0/\$100 So. NV 22S_SN_ASAOV_13	1/1/2022	\$5.41	Y	Y

These rates include benefits, exclusions and limitations which are shown in the Health Plan of Nevada, Inc. and/or Sierra Health and Life Insurance Co, Inc. Evidence of Coverage and/or Certificate of Coverage and any other applicable Riders and Summary of Benefits and Coverage documents. The Nevada Division of Insurance reviews individual and small group market rates to ensure they are adequate, not excessive and not unfairly discriminatory. Copies of any plan documents are available upon request. Plan documents govern in resolving any benefit or rate discrepancies or questions.

**Sales Office**

Toll-free **1-800-873-0004**

**HealthPlanofNevada.com**

**SierraHealthandLife.com**



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company



HPN



SIERRA HEALTH AND LIFE  
A UnitedHealthcare Company



SHL

**Get a Quote!**