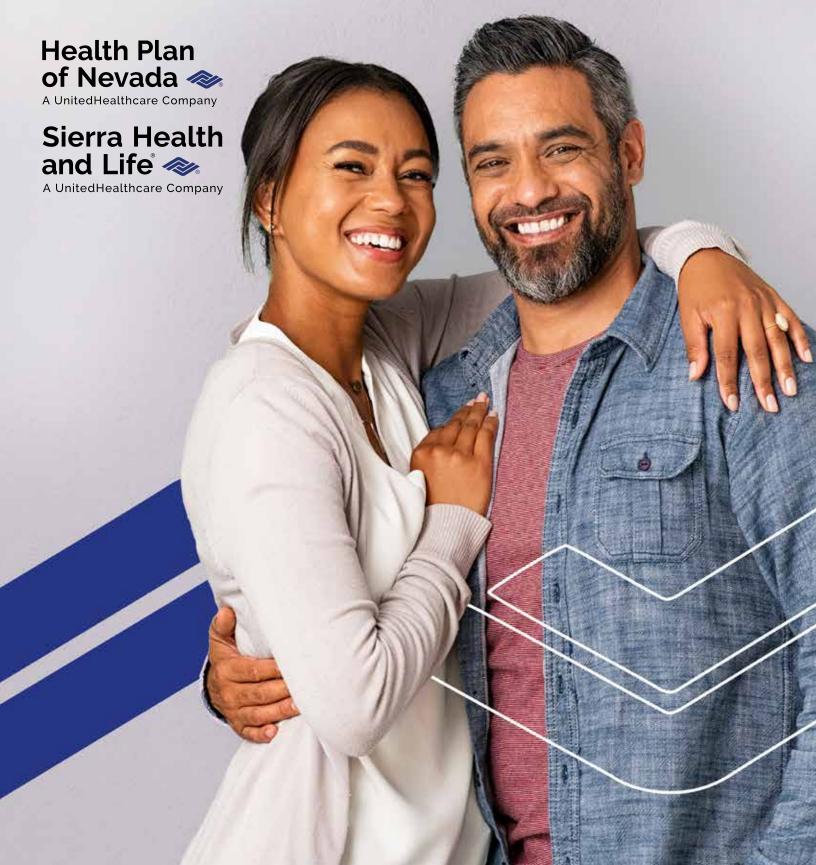
Individual Plan Updates





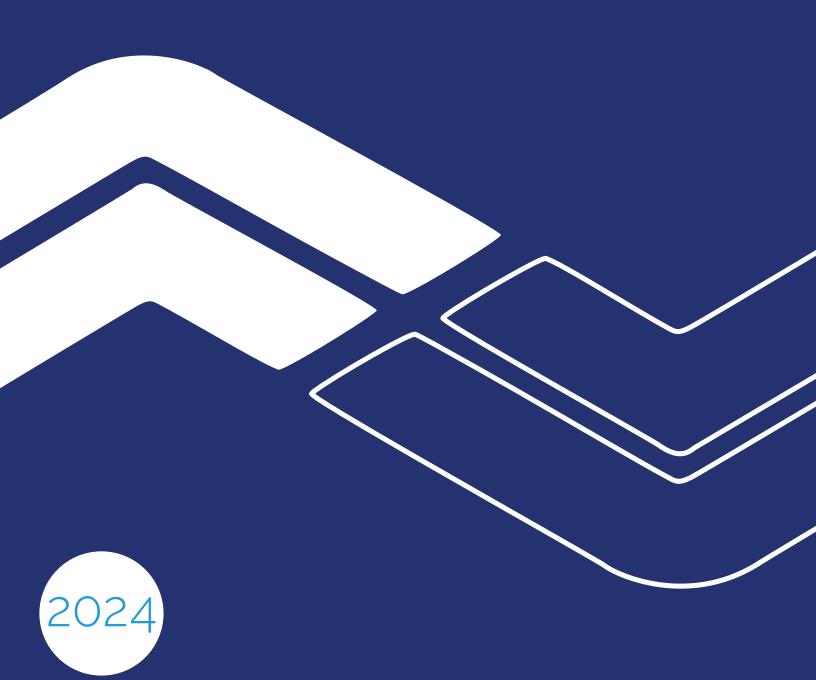
40+

years of experience

Health Plan of Nevada (HPN) and Sierra Health and Life (SHL) have been in the health care industry for a long time. It's our purpose and our passion. And the best part, we're local.

Our approach is simple. We offer competitive rates and help your clients navigate the complex world of health care. Find the right plan the first time to keep your clients – and your business – healthy.

HPN HMO Individual Off Exchange Plans



2023 - 2024 MyHPN Solutions HMO Individual Off Exchange Plan Mapping

2023 MyHPN Solutions HMO Plans	2024 STATUS	2024 MyHPN Solutions HMO Plans
MyHPN Solutions Plus HMO Bronze 1	Modified with changes	MyHPN Solutions HMO Bronze 1
MyHPN Solutions Plus HMO Bronze 2	Modified with changes	MyHPN Solutions HMO Bronze 2
MyHPN Solutions HMO Gold 7	Modified with changes	MyHPN Solutions HMO Gold 7
MyHPN Solutions HMO Silver 1.1	Modified with changes	MyHPN Solutions HMO Silver 1.1
MyHPN Solutions HMO Silver 3.1	Modified with changes	MyHPN Solutions HMO Silver 3.1
MyHPN Solutions HMO Bronze 3	Modified with changes	MyHPN Solutions Plus HMO Bronze 3
MyHPN Solutions HMO Silver 4	Modified with changes	MyHPN Solutions HMO Silver 4
	New	My HPN Solutions Plus HMO Bronze 4

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)				
	\$2,000 of EME ²	\$5,400 of EME	\$5,000 of EME	\$5,000 of EME
Plan Provider	per Individual	per Individual	per Individual	per Individual
I lair i rovidor	\$4,000 of EME	\$10,800 of EME	\$10,000 of EME	\$10,000 of EME
0.: 46. 0.10.11	per Family	per Family	per Family	per Family
Coinsurance After CYD Member Page				45.45
Plan Provider	20% of EME	30% of EME	30% of EME	0% of EME
Out of Pocket Maximum (includes C	\$8,500 of EME	\$8,900 of EME	\$8,900 of EME	\$7,500 of EME
	per Individual	per Individual	per Individual	per Individual
Plan Provider	\$17,000 of EME	\$17,800 of EME	\$17.800 of EME	\$15,000 of EME
	per Family	per Family	per Family	per Family
Medical Office Visits (In Network) M		por raining	por runny	por r army
		.	.	.
Preventive Care ³	\$0	\$0	\$0	\$0
Virginity (No. Of the S)	\$ 0	t o	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	фυ	\$0
Physician Extender	\$ 5	\$10	\$30	\$25
1 Hysician Extender	ΨΟ	φιο	φου	Ψ25
Physician (PCP)	\$20	\$20	\$40	\$50
1 Hydrolair (i Gr)	Ψ20	420	Ψ10	Ψοσ
Specialist	\$30	\$40	\$80	\$100
'	•	·	¥	7111
Non-preventive Routine Lab and X-r	ay Services (in Network) Mem	iber Pays Per Visit		
Routine Laboratory	\$10	\$25	\$25	\$50
Routine X-ray	\$10	\$25	\$25	\$65
Emergency Services (In Network) Me	ember Pavs Per Visit or Per Ti	rip		
			.	A
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency	After CYD,	\$1,000 then, after CYD, 0%	\$1,500;	\$1,500 then, after CYD, 0%
Room Facility	20% of EME	of EME; Waived if admitted	waived if admitted	of EME; Waived if admitted
Ambulance	\$100	After CYD,	After CYD,	After CYD,
	•	30% of EME	30% of EME	0% of EME
Hospital Facility Services (In Networ	k) Member Pays Per Admission	on or Per Surgery		
Inpatient	After CYD,	After CYD,	After CYD,	After CYD,
panom	20% of EME	30% of EME	30% of EME	0% of EME
Outpatient	After CYD,	After CYD,	After CYD,	After CYD,
·	20% of EME	30% of EME	30% of EME	0% of EME
Physician Surgical Services (In Network)			A(L. OVD	Att. OVD
Inpatient Hospital Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
. ,	After CYD,	After CYD,	After CYD,	After CYD,
Outpatient Hospital Facility	Aπer CYD, 20% of EME	Aπer CYD, 30% of EME	Aπer CYD, 30% of EME	O% of EME
	After CYD,	After CYD,	After CYD,	After CYD,
Ambulatory Surgical Facility	20% of EME	30% of EME	30% of EME	0% of EME
	After CYD,	After CYD,	After CYD,	After CYD,
Anesthesia	20% of EME	30% of EME	30% of EME	0% of EME
Prescription Drugs (In Network) Mer	nber Pays			
	Member: \$500	Member: \$1,500	Member: \$1,500	Member: \$1,500
Rx CYD	Family: \$1,000	Family: \$3,000	Family: \$3,000	Family: \$3,000
	(Tiers 3-4)	(Tiers 3-4)	(Tiers 3-4)	(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
	After CYD,	After CYD,	After CYD,	After CYD,
Tier 4	Aπer CYD, 50% of EME	Aπer CYD, 50% of EME	Aπer CYD, 50% of EME	After CYD, 50% of EME
		OU 70 OI LIVIL		
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

Plan Name	MyHPN Solutions HMO Bronze 1	MyHPN Solutions HMO Bronze 2	MyHPN Solutions Plus HMO Bronze 3	MyHPN Solutions Plu HMO Bronze 4
lendar Year Deductible (CYD)		A	4	
	\$7,250 of EME ²	\$6,500 of EME	\$8,700 of EME	\$9,200 of EME
Plan Provider	per Individual	per Individual	per Individual	per Individual
	\$14,500 of EME	\$13,000 of EME	\$17,400 of EME	\$18,400 of EME
Company of the CVD March of the Company of the CVD March	per Family	per Family	per Family	per Family
insurance After CYD Member Pa	, <u> </u>	00/ . (EME	00/ . (EME	00/ . (EME
Plan Provider t of Pocket Maximum (includes C	40% of EME	0% of EME	0% of EME	0% of EME
tor Focket Maximum (includes C	\$8,800 of EME	\$8,900 of EME	\$8,700 of EME	\$9,200 of EME
	per Individual	per Individual	per Individual	per Individual
Plan Provider	\$17,600 of EME	\$17,800 of EME	\$17,400 of EME	\$18,400 of EME
	per Family	per Family	per Family	per Family
dical Office Visits (In Network) M		per raininy	per r anniy	per ranniy
			<u>.</u>	
Preventive Care ³	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	After CYD, \$0	After CYD, 0% 0f EME	\$5
Physician (PCP)	\$50	After CYD, \$0	After CYD, 0% of EME	\$50
Specialist	After CYD,	After CYD, \$0	After CYD,	\$150
n-preventive Routine Lab and X-r	40% of EME	, .	0% of EME	
n-preventive Routine Lab and X-r	,	nber Pays Per Visit	Attau CVD	
Routine Laboratory	After CYD,	After CYD, \$0	After CYD,	\$50
	40% of EME		0% of EME	
Routine X-ray	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	\$120
ergency Services (In Network) M		rio	0% OI EIVIE	
ergency Services (in Network) in	ember rays rer visit of rer i	ПР	After CYD,	
Urgent Care	\$50	After CYD, \$0	0% of EME	\$50
Hospital Emergency	After CYD,	\$1,500 then, after CYD, 0%	After CYD,	After CYD,
Room Facility	40% of EME	of EME; waived if admitted	0% of EME	0% of EME
room raomy	After CYD,		After CYD,	
Ambulance	40% of EME	After CYD, \$0	0% of EME	\$100
spital Facility Services (In Networ		on or Per Surgery	0 70 01 2III2	
	After CYD.	After CYD.	After CYD,	After CYD,
Inpatient	40% of EME	0% of EME	0% of EME	0% of EME
	After CYD,	After CYD,	After CYD,	After CYD,
Outpatient	40% of EME	0% of EME	0% of EME	0% of EME
vsician Surgical Services (In Netw	vork) Member Pays Per Surge	ery		
	After CYD,	After CYD,	After CYD,	After CYD,
Inpatient Hospital Facility	40% of EME	0% of EME	0% of EME	0% of EME
Outpotiont Hamital Fig. 20	After CYD,	After CYD,	After CYD,	After CYD,
Outpatient Hospital Facility	40% of EME	0% of EME	0% of EME	0% of EME
Ambulatory Surgical Facility	After CYD,	After CYD,	After CYD,	After CYD,
Ambulatory Surgical Facility	40% of EME	0% of EME	0% of EME	0% of EME
Anesthesia	After CYD,	After CYD,	After CYD,	After CYD,
	40% of EME	0% of EME	0% of EME	0% of EME
scription Drugs (In Network) Mer	nber Pays			
		Combined Medical/Rx	Combined Medical/Rx	Combined Medical/F
D 0)/D	Member: \$1,900	CYD	CYD	CYD
Rx CYD	Family: \$3,800	Member: \$6,500	Member: \$8,700	Member: \$9,200
	(Tiers 3-4)	Family: \$13,000	Family: \$17,400	Family: \$18,400
		(Tiers 3-4)	(Tiers 1-4)	(Tiers 3-4)
Tier 1	\$25	\$25	After CYD, 0% of EME	\$30
Tier 2	\$100	\$75	After CYD, 0% of EME	\$120
T' 0	A(: 0)(D #:=0	A(1 0)/5 \$150	After CYD,	After CYD,
Tier 3	After CYD, \$150	After CYD, \$150	0% of EME	0% of EME
T' . 4	After CYD,	After CYD,	After CYD,	After CYD,
Tier 4	50% of EME	50% of EME	0% of EME	50% of EME
	2.5 x Copay		2.5 x Copay	2.5 x Copay

MyHPN Solutions HMO Plans



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

¹2024 HPN HMO individual off exchange plans are only available in Clark, Nye and Washoe counties.

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

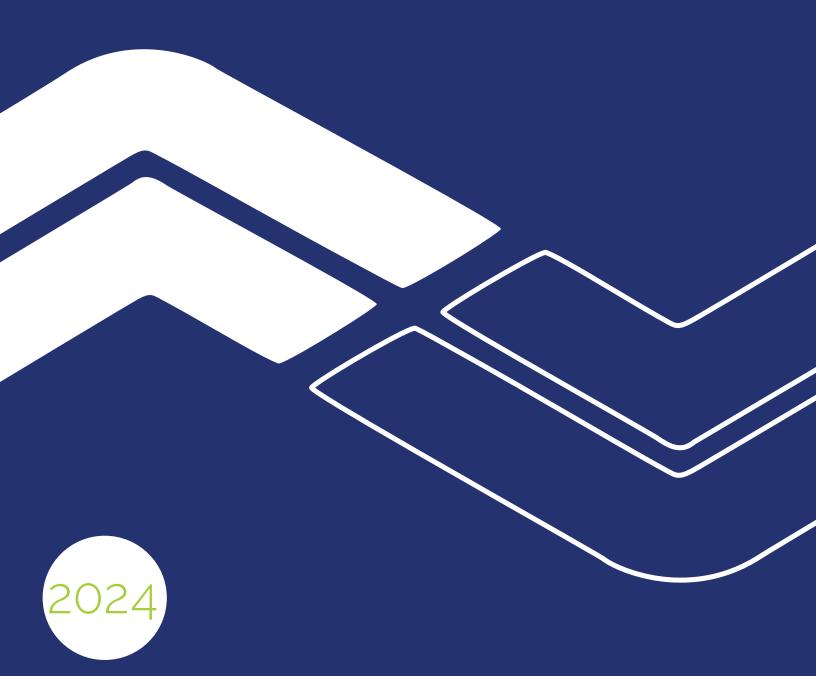
³Includes covered preventive exams, labs, diagnostic tests/procedures and prescription drugs as set forth by the federal government.

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

FORM NUMBERS

MyHPN Solutions HMO Plans 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.

SHL EPO and HSA EPO Individual Off Exchange Plans



2023 - 2024 MySHL Solutions EPO and HSA EPO Individual Off Exchange Plan Mapping

2023 MySHL Solutions EPO,	2024 CTATUC	2024 MySHL Solutions EPO,
HSA EPO, Catastrophic Plans	2024 STATUS	HSA EPO, Catastrophic Plans
MySHL Solutions EPO Bronze 11	Modified with changes	MySHL Solutions EPO Bronze 11
MySHL Solutions EPO Bronze 12	Modified with changes	MySHL Solutions EPO Bronze 12
MySHL Solutions EPO Bronze 13	Modified with changes	MySHL Solutions EPO Bronze 13
MySHL Solutions EPO Bronze 14	Modified with changes	MySHL Solutions EPO Bronze 14
MySHL Solutions EPO Catastrophic 1	Modified with changes	MySHL Solutions EPO Catastrophic
MySHL Solutions EPO Gold 7	Modified with changes	MySHL Solutions EPO Gold 7
MySHL Solutions EPO Silver 1	Modified with changes	MySHL Solutions EPO Silver 1
MySHL Solutions EPO Silver 2	Modified with changes	MySHL Solutions EPO Silver 2
MySHL Solutions EPO Silver 6	Modified with changes	MySHL Solutions EPO Silver 6
MySHL Solutions EPO Silver 7	Modified with changes	MySHL Solutions EPO Silver 7
MySHL Solutions EPO Silver 8	Modified with changes	MySHL Solutions EPO Silver 8
MySHL Solutions EPO Silver 9	Modified with changes	MySHL Solutions EPO Silver 9
MySHL Solutions HSA EPO Bronze 3.1	Modified with changes	MySHL Solutions HSA EPO Bronze 3.1

2024 Sierra Health and Life Individual Off Exchange EPO Plans¹

Plan Name	MySHL Solutions EPO Gold 7	MySHL Solutions EPO Silver 1	MySHL Solutions EPO Silver 2	MySHL Solutions EPO Silver 6
Calendar Year Deductible (CYD)				
	\$2,500 of EME ²	\$5,500 of EME	\$4,200 of EME	\$5,500 of EME
Plan Provider	per Individual \$5,000 of EME	per Individual \$11,000 of EME	per Individual \$8.400 of EME	per Individual \$11,000 of EME
	per Family	per Family	per Family	per Family
Coinsurance After CYD Member F				
Plan Provider Out of Pocket Maximum (includes	20% of EME	30% of EME	40% of EME	30% of EME
out of Pocket Maximum (includes	\$7,900 of EME	\$8,800 of EME	\$8,900 of EME	\$9,000 of EME
Plan Provider	per Individual	per Individual	per Individual	per Individual
rian Frovider	\$15,800 of EME	\$17,600 of EME	\$17,800 of EME	\$18,000 of EME
edical Office Visits (In Network) I	per Family	per Family	per Family	per Family
Preventive Care ³	\$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
on-preventive Routine Lab and X	-ray Services (In Network) Mem	ber Pays Per Visit		
Routine Laboratory	\$10	\$25	\$25	\$25
Routine X-ray	\$10	\$50	\$70	\$25
mergency Services (In Network) I	Member Pays Per Visit or Per Tr	ip		
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
lospital Facility Services (In Netwo	ork) Member Pays Per Admissio	on or Per Surgery		
Inpatient	After CYD,	After CYD,	After CYD,	After CYD,
·	20% of EME After CYD,	30% of EME After CYD,	40% of EME After CYD,	30% of EME After CYD,
Outpatient	20% of EME	30% of EME	40% of EME	30% of EME
hysician Surgical Services (In Net	twork) Member Pays Per Surge			
Inpatient Hospital Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
	After CYD,	After CYD,	After CYD,	After CYD,
Outpatient Hospital Facility	20% of EME	30% of EME	40% of EME	30% of EME
Ambulatory Surgical Facility	After CYD,	After CYD,	After CYD,	After CYD,
, , ,	20% of EME After CYD,	30% of EME After CYD,	40% of EME After CYD,	30% of EME After CYD,
Anesthesia	20% of EME	30% of EME	40% of EME	30% of EME
rescription Drugs (In Network) M	ember Pays			
D. 07/D	Member: \$750	Member: \$1,000	Member: \$1,000	Member: \$1,000
Rx CYD	Family: \$1,500 (Tiers 3-4)	Family: \$2,000 (Tiers 3-4)	Family: \$2,000 (Tiers 3-4)	Family: \$2,000 (Tiers 3-4)
Tier 1	\$25	\$25	\$25	\$25
ner I	φ20	φ20	φ20	\$20
Tier 2	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$75	After CYD, \$100	After CYD, \$100	After CYD, \$100
Tier 4	After CYD,	After CYD,	After CYD,	After CYD,
Mail Order 90-Day Supply	50% of EME	50% of EME 2.5 x Copay	50% of EME 2.5 x Copay	50% of EME 2.5 x Copay
iviali Order 90-Day Supply	2.5 x Copay	2.5 x CODAV	ı 2.5 x Conav	ı 2.5 x Conav

2024 Sierra Health and Life Individual Off Exchange EPO Plans¹

Plan Name	MySHL Solutions EPO Silver 7	MySHL Solutions EPO Silver 8	MySHL Solutions EPO Silver 9	MySHL Solutions EPO Bronze 11	MySHL Solutions EPO Bronze 12
Calendar Year Deductible (CYD)	d= ===	# 4500 (F M5	ф4.500 (БМ Б	фо поо . (БМ Б	фо ооо . (EME
	\$5,500 of EME ² 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
Plan Provider	\$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
oinsurance After CYD Member F	<u> </u>	400% - 4 FMF	2004 - 4 FMF	004 - F EME	00/ -£ FMF
Plan Provider Out of Pocket Maximum (includes	30% of EME CYD, coinsurance and copayr	40% of EME nents)	30% of EME	0% of EME	0% of EME
	\$8,100 of EME	\$7,800 of EME	\$7,500 of EME	\$8,700 of EME	\$9,200 of EME
Plan Provider	per Individual \$16,200 of EME	per Individual \$15,600 of EME	per Individual \$15,000 of EME	per Individual \$17,400 of EME	per Individual \$18,400 of EME
	per Family	per Family	per Family	per Family	per Family
edical Office Visits (In Network)	Member Pays Per Visit				
Preventive Care ³	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$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
on-preventive Routine Lab and X	K-ray Services (In Network) Me	mber Pays Per Visit	After CVD	After CVD	
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
mergency Services (In Network)	Member Pays Per Visit or Per	Trip	OO /// OF EIVIE	0 70 OI LIVIL	
Urgent Care	\$50	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 30% of EME	\$1,000 then, after CYD, 0% of EME; waived if admitted	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulance	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	\$100
ospital Facility Services (In Netw			30% OF LIVIL	070 OI LIVIL	
Inpatient	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
працеп	30% of EME	40% of EME	30% of EME	0% of EME	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
hysician Surgical Services (In Ne			46 015	46 000	A6 017
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
Outration Harming Facility	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
Outpatient Hospital Facility	30% of EME	40% of EME	30% of EME	0% of EME	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
rescription Drugs (In Network) M		40 % OF LIVE	OO /// OF LIVIL	0 70 OI LIVIL	0 70 OI LIVIL
·	•			Combined Medical/Rx	Combined Medical/Rx
Rx CYD	Member: \$1,000	Member: \$1,500	Member: \$1,000	CYD	CYD
KX O I D	Family: \$2,000 (Tiers 3-4)	Family: \$3,000 (Tiers 3-4)	Family: \$2,000 (Tier 3-4)	Member: \$8,700 Family: \$17,400	Member: \$9,200 Family: \$18,400
	(11010 0 1)	(11616 6 1)	(1101 3 1)	(Tiers 1-4)	(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 Sierra Health and Life Individual Off Exchange EPO, Catastrophic and HSA EPO Plans¹

Plan Name	Bronze 13		MySHL Solutions EPO Catastrophic	MySHL Solutions HSA EPC Bronze 3.1	
alendar Year Deductible (CYD)	\$7,500 of EME ²	\$7,500 of EME	\$9,450 of EME	\$6,500 of EME	
Plan Provider	per Individual	per Individual	per Individual	per Individual	
Flail Flovidei	\$15,000 of EME	\$15,000 of EME	\$18,900 of EME	\$13,000 of EME	
	per Family	per Family	per Family	per Family	
oinsurance After CYD Member Pa	•				
Plan Provider	40% of EME	40% of EME	0% of EME	30% of EME	
out of Pocket Maximum (includes C			фо. 450. (БМ Б	ΦΕ ΕΩΟ (ΕΝΕ	
	\$9,000 of EME per Individual	\$8,900 of EME per Individual	\$9,450 of EME per Individual	\$7,500 of EME per Individual	
Plan Provider	\$18.000 of EME	\$17,800 of EME	\$18,900 of EME	\$15,000 of EME	
	per Family	per Family	per Family	per Family	
ledical Office Visits (In Network) N					
Preventive Care ³	\$0	\$0	\$0	\$0	
Preventive Care	ΨΟ	φυ	φυ	φυ	
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 per Calendar Year.	After CYD, 30% of EME	
0 1 "	40 OVD 4-	40 0VD 1	After CYD,	After CYD,	
Specialist	After CYD, \$0	After CYD, \$60	0% of EME	30% of EME	
on-preventive Routine Lab and X-	ray Services (In Network) Men	nber Pays Per Visit			
Routine Laboratory	After CYD, \$25	After CYD, \$50	After CYD,	After CYD,	
reduing Educationy	71101 015, 420	71101 015, 400	0% of EME	30% of EME	
Routine X-ray	After CYD, \$25	After CYD, \$50	After CYD,	After CYD,	
mergency Services (In Network) N	Mombor Pays Par Visit or Par T	rin	0% of EME	30% of EME	
nergency Services (in Network) is	-		After CYD,	After CYD,	
Urgent Care	\$50	\$50	0% of EME	30% of EME	
Hospital Emergency	After CYD, \$600;	After CYD, \$600;	After CYD,	After CYD,	
Room Facility	waived if admitted	waived if admitted	0% of EME	30% of EME	
Ambulance	\$100	\$100	After CYD,	After CYD,	
ospital Facility Services (In Netwo	urk) Mambar Paya Par Admissio	on or Per Surgery	0% of EME	30% of EME	
	After CYD,	After CYD,	After CYD,	After CYD,	
Inpatient	40% of EME	40% of EME	0% of EME	30% of EME	
Outrations	After CYD,	After CYD,	After CYD,	After CYD,	
Outpatient	40% of EME	40% of EME	0% of EME	30% of EME	
nysician Surgical Services (In Net	work) Member Pays Per Surge	ery			
Inpatient Hospital Facility	After CYD,	After CYD,	After CYD,	After CYD,	
ļ	40% of EME	40% of EME	0% of EME	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	
	After CYD,	After CYD,	After CYD,	After CYD,	
Ambulatory Surgical Facility	40% of EME	40% of EME	0% of EME	30% of EME	
	After CYD,	After CYD,	After CYD,	After CYD,	
Anesthesia	40% of EME	40% of EME	0% of EME	30% of EME	
escription Drugs (In Network) Me					
	Combined Medical/Rx CYD	Member: \$2,000	Combined Medical/Rx CYD	Combined Medical/Rx CYD	
Rx CYD	Member: \$7,500	Family: \$4,000	Member: \$9,450	Member: \$6,500	
RX CTD	Family: \$15,000	(Tiers 3-4)	Family: \$18,900	Family: \$13,000	
	(Tiers 2-4)	(11010 0 1)	(Tiers 1-4)	(Tiers 1-4)	
Tier 1	\$25	\$25	After CYD, 0% of EME	After CYD, \$25	
Tier 2	After CYD,	\$75	After CYD,	After CYD, \$75	
IICI Z	40% of EME	Ψίσ	0% of EME	Antei O10, \$70	
Tier 3	After CYD,	After CYD, \$75	After CYD,	After CYD, \$150	
	40% of EME		0% of EME	* *	
Tier 4	After CYD,	After CYD,	After CYD,	After CYD,	
Mail Order 90-Day Supply	40% of EME	50% of EME	0% of EME	30% of EME	
IVIAII UTUEI 90-DAV OUDDIV	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay	

MyHPN Solutions EPO, HSA EPO Plans

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

¹2024 SHL EPO and HSA EPO individual off exchange plans are only available in Clark County.

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

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

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

FORM NUMBERS

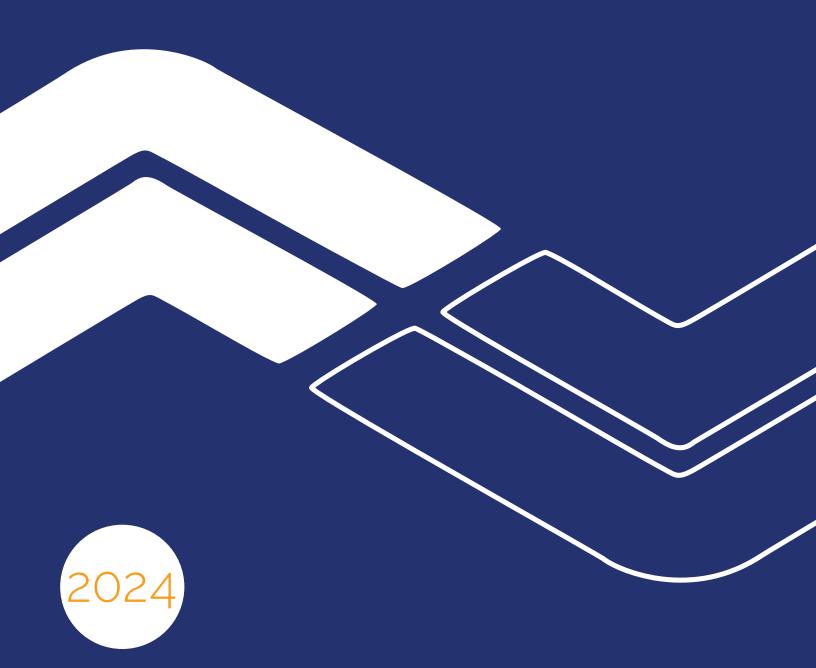
MySHL Solutions EPO Plans 24S_IN_EPO_G_7, 24S_IN_EPO_S_1, 24S_IN_EPO_S_2, 24S_IN_EPO_S_6, 24S_IN_EPO_S_7, 24S_IN_EPO_S_8, 24S_IN_EPO_S_9, 24S_IN_EPO_B_11, 24S_IN_EPO_B_12, 24S_IN_EPO_B_13, 24S_IN_EPO_B_14.

MySHL Solutions EPO Catastrophic Plan 24S_IN_EPO_CAT.

MySHL Solutions HSA EPO Plan 24S_IN_HSA_EPO_B_3_1.



HPN HMO Individual On Exchange Plans



2023 - 2024 MyHPN HMO Individual On Exchange Plan Mapping

2023 MyHPN HMO and Catastrophic Plans	2024 STATUS	2024 MyHPN HMO and Catastrophic Plans
MyHPN Bronze 2 - Medicaid Transition Plan	Modified with changes	MyHPN Bronze 2 - Medicaid Transition Plan
MyHPN Bronze 3	Modified with changes	MyHPN Bronze 3
MyHPN Catastrophic Plan	Modified with changes	MyHPN Catastrophic Plan
MyHPN Gold 6	Modified with changes	MyHPN Gold 6
MyHPN Plus Bronze 4	Modified with changes	MyHPN Plus Bronze 4
MyHPN Plus Bronze 5	Modified with changes	MyHPN Plus Bronze 5
MyHPN Plus Bronze 6	Modified with changes	MyHPN Plus Bronze 6
MyHPN Select Network Gold 1	Modified with changes	MyHPN Select Network Gold 1
MyHPN Select Network Silver 1	Modified with changes	MyHPN Select Network Silver 1
MyHPN Select Network Silver 1-73	Modified with changes	MyHPN Select Network Silver 1-73
MyHPN Select Network Silver 1-87	Modified with changes	MyHPN Select Network Silver 1-87
MyHPN Select Network Silver 1-94	Modified with changes	MyHPN Select Network Silver 1-94
MyHPN Silver 1.1	Modified with changes	MyHPN Silver 1.1
MyHPN Silver 1.1-73	Modified with changes	MyHPN Silver 1.1-73
MyHPN Silver 1.1-87	Modified with changes	MyHPN Silver 1.1-87
MyHPN Silver 1.1-94	Modified with changes	MyHPN Silver 1.1-94
MyHPN Silver 10	Modified with changes	MyHPN Silver 10
MyHPN Silver 10-73	Modified with changes	MyHPN Silver 10-73
MyHPN Silver 10-87	Modified with changes	MyHPN Silver 10-87
MyHPN Silver 10-94	Modified with changes	MyHPN Silver 10-94
MyHPN Silver 11	Modified with changes	MyHPN Silver 11
MyHPN Silver 11-73	Modified with changes	MyHPN Silver 11-73
MyHPN Silver 11-87	Modified with changes	MyHPN Silver 11-87
•	Modified with changes	·
MyHPN Silver 11-94		MyHPN Silver 11-94
MyHPN Silver 12	Modified with changes	MyHPN Silver 12
MyHPN Silver 12-73	Modified with changes	MyHPN Silver 12-73
MyHPN Silver 12-87	Modified with changes	MyHPN Silver 12-87
MyHPN Silver 12-94	Modified with changes	MyHPN Silver 12-94
MyHPN Silver 5/Medicaid Transition Plan	Modified with changes	MyHPN Silver 5/Medicaid Transition Plan
MyHPN Silver 5/Medicaid Transition Plan-73	Modified with changes	MyHPN Silver 5/Medicaid Transition Plan-73
MyHPN Silver 5/Medicaid Transition Plan-87	Modified with changes	MyHPN Silver 5/Medicaid Transition Plan-87
MyHPN Silver 5/Medicaid Transition Plan-94	Modified with changes	MyHPN Silver 5/Medicaid Transition Plan-94
Virtual HPN	Modified with changes	Virtual HPN
	New	MyHPN Select Network Silver 3
	New	MyHPN Select Network Silver 3 - 73
	New	MyHPN Select Network Silver 3 - 87
	New	MyHPN Select Network Silver 3 - 94
	New	MyHPN Select Network Silver 4
	New	MyHPN Select Network Silver 4 - 73
	New	MyHPN Select Network Silver 4 - 87
	New	MyHPN Select Network Silver 4 - 94
MyHPN Select Network Silver 2	Discontinued	MyHPN Select Network Silver 1
MyHPN Select Network Silver 2 - 73	Discontinued	MyHPN Select Network Silver 1 - 73
MyHPN Select Network Silver 2 - 87	Discontinued	MyHPN Select Network Silver 1 - 87
MyHPN Select Network Silver 2 - 94	Discontinued	MyHPN Select Network Silver 1 - 94
	2.500116114004	

Plan Name	MyHPN Select Network Gold 1	MyHPN Select Network Silver 1	MyHPN Select Network Silver 1 - 73	MyHPN Select Network Silver 1 - 87	MyHPN Select Network Silver 1 - 94
Calendar Year Deductible (CYD)					
	\$2,000 of EME ²	\$5,000 of EME	\$5,000 of EME	\$1,200 of EME	\$0 of EME
Plan Provider	per Individual	per Individual	per Individual	per Individual	per Individual
	\$4,000 of EME	\$10,000 of EME	\$10,000 of EME	\$2,400 of EME	\$0 of EME
Coinsurance After CYD Member Par	per Family	per Family	per Family	per Family	per Family
Plan Provider	20% of EME	40% of EME	20% of EME	15% of EME	15% of EME
Out of Pocket Maximum (includes C					
	\$8,000 of EME	\$8,700 of EME	\$7,000 of EME	\$2,900 of EME	\$1,800 of EME
Plan Provider	per Individual	per Individual	per Individual	per Individual	per Individual
	\$16,000 of EME per Family	\$17,400 of EME per Family	\$14,000 of EME per Family	\$5,800 of EME per Family	\$3,600 of EME per Family
Medical Office Visits (In Network) Me		per ranning	per ranniny	per raininy	per raininy
		φo	r c	φo	φo
Preventive Care ³	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$0	\$0	\$0	\$0
Physician (PCP)	\$15	\$0	\$0	\$0	\$0
Specialist	\$30	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Non-preventive Routine Lab and X-ra	av Services (In Network) Mem		20% OF LIVIL	1370 OI LIVIL	
Routine Laboratory	\$10	After CYD,	After CYD,	After CYD,	15% of EME
Routine Laboratory	\$10	40% of EME	20% of EME	15% of EME	15% OF EIVIE
Routine X-ray	\$10	After CYD,	After CYD,	After CYD,	15% of EME
Emergency Services (In Network) Mo	ember Pays Per Visit or Per T	40% of EME	20% of EME	15% of EME	
	l i		A	A	4
Urgent Care	\$50	\$50	\$50	\$50	\$50
Hospital Emergency	After CYD,	After CYD,	After CYD,	After CYD,	25% of EME
Room Facility	20% of EME	50% of EME	50% of EME	30% of EME	20 /0 0: 2:::2
Ambulance	\$100	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 30% of EME	15% of EME
Hospital Facility Services (In Network	k) Member Pays Per Admission		20 /0 OI LIVIL	OO /O OI EIVIE	
Inpatient	After CYD,	After CYD,	After CYD,	After CYD,	15% of EME
працепц	20% of EME	40% of EME	20% of EME	15% of EME	15% OF EIVIE
Outpatient	After CYD,	After CYD,	After CYD,	After CYD,	15% of EME
Physician Surgical Services (In Netw	20% of EME	40% of EME	20% of EME	15% of EME	
,	After CYD,	After CYD,	After CYD,	After CYD,	150/ 151/5
Inpatient Hospital Facility	20% of EME	40% of EME	20% of EME	15% of EME	15% of EME
Outpatient Hospital Facility	After CYD,	After CYD,	After CYD,	After CYD,	15% of EME
Sarpanoni i noophan i domity	20% of EME	40% of EME	20% of EME	15% of EME	107001 EINE
Ambulatory Surgical Facility	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Anesthesia	After CYD,	After CYD,	After CYD,	After CYD,	150% of EME
	20% of EME	40% of EME	20% of EME	15% of EME	15% of EME
Prescription Drugs (In Network) Men	nber Pays	Combined Medical/Rx	Combined Medical/Rx	Combined Medical/Rx	Combined Medical/Rx
	Member: \$500	CYD	CYD	CYD	CYD
Rx CYD	Family: \$1,000	Member: \$5,000	Member: \$5,000	Member: \$1,200	Member: \$0
	(Tiers 3-4)	Family: \$10,000	Family: \$10,000	Family: \$2,400	Family: \$0
		(Tiers 2-4)	(Tiers 2-4)	(Tiers 2-4)	(No CYD)
Tier 1	\$25	\$5	\$0	\$0	\$0
Tier 2	\$50	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Tier 3	After CYD, \$75	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% of EME	20% of EME
T	After CYD,	After CYD,	After CYD,	After CYD,	000/ 55145
Tier 4	50% of EME	50% of EME	50% of EME	30% of EME	20% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

Plan Name	MyHPN Select Network Silver 3	MyHPN Select Network Silver 3 - 73	MyHPN Select Network Silver 3 - 87	MyHPN Select Network Silver 3 - 94
Calendar Year Deductible (CYD)				
	\$6,000 of EME ²	\$4,600 of EME	\$750 of EME	\$0 of EME
Plan Provider	per Individual \$12,000 of EME	per Individual \$9.200 of EME	per Individual \$1,500 of EME	per Individual \$0 of EME
	per Family	per Family	per Family	per Family
Coinsurance After CYD Member Pay		per rainily	per ranniy	per ranniy
Plan Provider	50% of EME	40% of EME	30% of EME	30% of EME
Out of Pocket Maximum (includes C'	YD, coinsurance and copaym	ents)		
	\$8,500 of EME	\$7,500 of EME	\$2,600 of EME	\$950 of EME
Plan Provider	per Individual	per Individual	per Individual	per Individual
	\$17,000 of EME	\$15,000 of EME per Family	\$5,200 of EME per Family	\$1,900 of EME
Medical Office Visits (In Network) Me	per Family ember Pays Per Visit	рег ғапшу	рег гаппі	per Family
Preventive Care ³	\$0	\$0	\$0	\$ 0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$0	\$10	\$5	\$0
Physician (PCP)	\$10	\$0	\$0	\$0
Specialist	After CYD, 50% of EME	\$60	\$25	\$5
Non-preventive Routine Lab and X-ra	ay Services (In Network) Mem	ber Pays Per Visit		
Routine Laboratory	\$10	\$10	\$10	\$10
Routine X-ray	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Emergency Services (In Network) Me				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$750 then, after CYD, 0% of EME; waived if admitted	\$750 then, after CYD, 0% of EME; waived if admitted	\$500 then, after CYD, 0% of EME; waived if admitted	\$250
Ambulance	After CYD,	After CYD,	After CYD,	30% of EME
Haspital Essility Caminas (In Natural	40% of EME	40% of EME	30% of EME	
Hospital Facility Services (In Network	After CYD,	After CYD,	After CYD,	
Inpatient	50% of EME	40% of EME	30% of EME	30% of EME
	After CYD,	After CYD,	After CYD,	
Outpatient	50% of EME	40% of EME	30% of EME	30% of EME
Physician Surgical Services (In Netw	ork) Member Pays Per Surge	ry		
Inpatient Hospital Facility	After CYD,	After CYD,	After CYD,	30% of EME
p	50% of EME	40% of EME	30% of EME	
Outpatient Hospital Facility	After CYD,	After CYD,	After CYD, 30% of EME	30% of EME
,	50% of EME After CYD,	40% of EME After CYD,	After CYD,	
Ambulatory Surgical Facility	50% of EME	40% of EME	30% of EME	30% of EME
Anesthesia	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Prescription Drugs (In Network) Men				
	Combined Medical/Rx	Combined Medical/Rx	Combined Medical/Rx	Combined Medical/Rx
	CYD	CYD	CYD	CYD
Rx CYD	Member: \$6,000	Member: \$4,600	Member: \$750	Member: \$0
	Family: \$12,000 (Tiers 2-4)	Family: \$9,200 (Tiers 2-4)	Family: \$1,500	Family: \$0 (No CYD)
			(Tier 4 Only)	
Tier 1	\$10	\$10	\$10	\$10
Tier 2	After CYD, 50% of EME	After CYD, \$75	\$75	\$25
Tier 3	After CYD,	After CYD, \$100	\$100	\$50
rier 3	50% of EME	* *	· ·	φθυ
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay
iviali Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.0 x Copay	2.5 x Copay

Plan Name	MyHPN Select Network Silver 4	MyHPN Select Network Silver 4 - 73	MyHPN Select Network Silver 4 - 87	MyHPN Select Network Silver 4 - 94	MyHPN Select Network Plus Bronze 1
Calendar Year Deductible (CYD)					
	\$6,400 of EME ²	\$5,000 of EME	\$1,000 of EME	\$100 of EME	\$8,700 of EME
Plan Provider	per Individual	per Individual	per Individual	per Individual	per Individual
Tian Tovidor	\$12,800 of EME	\$10,000 of EME	\$2,000 of EME	\$200 of EME	\$17,400 of EME
0: 46 0/014	per Family	per Family	per Family	per Family	per Family
Coinsurance After CYD Member Pay Plan Provider	35% of EME	40% of EME	30% of EME	30% of EME	0% of EME
Out of Pocket Maximum (includes C)			30% OF EIVIE	30% OF EIVIE	0% OF EIVIE
Out of 1 ocket Maximum (includes o	\$8,200 of EME	\$7.500 of EME	\$2.600 of EME	\$950 of EME	\$8,700 of EME
D. D	per Individual	per Individual	per Individual	per Individual	per Individual
Plan Provider	\$16,400 of EME	\$15,000 of EME	\$5,200 of EME	\$1,900 of EME	\$17,400 of EME
	per Family	per Family	per Family	per Family	per Family
Medical Office Visits (In Network) Me	ember Pays Per Visit				
Preventive Care ³	\$0	\$0	\$0	\$0	\$0
1 Teventive Gare	Ψ*	Ψ*	Ψ**		Ψ*
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$0	\$10	\$5	\$0	After CYD,
, , , , , , , , , , , , , , , , , , , ,					0% of EME
Physician (PCP)	\$15	\$0	\$0	\$0	After CYD,
	After CYD,				0% of EME After CYD,
Specialist	35% of EME	\$60	\$25	\$5	O% of EME
Non-preventive Routine Lab and X-ra	l .	ber Pavs Per Visit			0 70 OI LIVIL
·			d. a	A	After CYD,
Routine Laboratory	\$20	\$10	\$10	\$10	0% of EME
Routine X-ray	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
	35% of EME	40% of EME	30% of EME	30% of EME	0% of EME
Emergency Services (In Network) Me	ember Pays Per Visit or Per T	rip			
Urgent Care	\$50	\$50	\$50	\$50	After CYD,
			·	• • • • • • • • • • • • • • • • • • • •	0% of EME
Hospital Emergency	After CYD, 35% of EME	\$750 then, after CYD, 0%	\$500 then, after CYD, 0%	\$250	After CYD,
Room Facility	After CYD,	of EME; waived if admitted After CYD,	of EME; waived if admitted After CYD,		0% of EME After CYD,
Ambulance	40% of EME	40% of EME	30% of EME	30% of EME	0% of EME
Hospital Facility Services (In Network			50 /0 01 EME		0 70 OI EINE
,	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
Inpatient	35% of EME	40% of EME	30% of EME	30% of EME	0% of EME
Outpatient	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
·	35% of EME	40% of EME	30% of EME	30% of EME	0% of EME
Physician Surgical Services (In Netw	, ,	,,,			
Inpatient Hospital Facility	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
· · · · · ·	35% of EME	40% of EME	30% of EME	30% of EME	0% of EME
Outpatient Hospital Facility	After CYD, 35% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
Ambulatory Surgical Facility	35% of EME	40% of EME	30% of EME	30% of EME	0% of EME
	After CYD,	After CYD,	After CYD,		After CYD,
Anesthesia	40% of EME	40% of EME	30% of EME	30% of EME	0% of EME
Prescription Drugs (In Network) Mem	<u>, </u>				
	Combined Medical/Rx	Combined Medical/Rx	Combined Medical/Rx	Combined Medical/Rx	Combined Medical/Rx
D 072	CYD M	CYD M l d oo	CYD	CYD	CYD M + #0.700
Rx CYD	Member: \$6,400	Member: \$5,000	Member: \$1,000	Member: \$100	Member: \$8,700
	Family: \$12,800 (Tiers 2-4)	Family: \$10,000 (Tiers 2-4)	Family: \$2,000 (Tier 4 Only)	Family: \$200 (No CYD)	Family: \$17,400 (Tiers 1-4)
_			` '		After CYD,
Tier 1	\$10	\$10	\$10	\$ 10	0% of EME
Tier 2	After CYD, \$75	After CYD, \$75	\$75	\$25	After CYD, 0% of EME
Tier 3	After CYD, 50% of EME	After CYD, \$100	\$100	\$50	After CYD, 0% of EME
T	After CYD,	After CYD,	After CYD,	F00/ / F1/F	After CYD,
Tier 4	50% of EME	50% of EME	50% of EME	50% of EME	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

Plan Name	MyHPN Gold 6	MyHPN Silver 1.1	MyHPN Silver 1.1 - 73	MyHPN Silver 1.1 - 87	MyHPN Silver 1.1 - 9
endar Year Deductible (CYD)	\$1,800 of EME ²	\$4,900 of EME	\$4,200 of EME	\$0 of EME	\$0 of EME
Plan Provider	per Individual	per Individual	per Individual	per Individual	per Individual
Trail Tovide	\$3,600 of EME per Family	\$9,800 of EME per Family	\$8,400 of EME per Family	\$0 of EME per Family	\$0 of EME per Family
nsurance After CYD Member Pa	,			224	
Plan Provider of Pocket Maximum (includes C	30% of EME	30% of EME	30% of EME	30% of EME	30% of EME
	\$7,900 of EME per Individual	\$8,900 of EME per Individual	\$7,250 of EME per Individual	\$3,150 of EME per Individual	\$700 of EME per Individual
Plan Provider	\$15,800 of EME per Family	\$17,800 of EME per Family	\$14,500 of EME per Family	\$6,300 of EME	\$1,400 of EME per Family
ical Office Visits (In Network) M		por rowny	p or r ammy	pa: + a	<u> </u>
Preventive Care ³	\$0	\$0	\$0	\$0	\$0
/irtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$10	\$10	\$10	\$0
Physician (PCP)	\$0	\$25	\$25	\$10	\$5
Specialist	\$0	\$40	\$40	\$20	\$10
-preventive Routine Lab and X-r	ay Services (In Network) Me	ember Pays Per Visit	l l		ı
Routine Laboratory	\$15	\$25	\$25	\$25	\$25
Routine X-ray	\$15	\$25	\$25	\$25	\$25
rgency Services (In Network) M	ember Pays Per Visit or Per	Trip			
Urgent Care	\$50	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 30% of EME	\$1,500 then, after CYD, 0% of EME; waived if admitted	\$1,500 then, after CYD, 0% of EME; waived if admitted	\$750; waived if admitted	\$650; waived if admitted
Ambulance	\$100	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
oital Facility Services (In Netwo	•				T
Inpatient	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Outpatient	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
ician Surgical Services (In Netv	, ,	, ,	A (; O)/D		I
Inpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Outpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
mbulatory Surgical Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Anesthesia	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
cription Drugs (In Network) Mer					
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 (Tier 4 Only)	Member: \$0 Family: \$0 (No CYD)	Member: \$0 Family: \$0 (No CYD)
Tier 1	\$25	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$75	After CYD, \$100	\$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

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Plan Name	MyHPN Silver 5/Medicaid Transition Plan	MyHPN Silver 5/Medicaid Transition Plan - 73	MyHPN Silver 5/Medicaid Transition Plan - 87	MyHPN Silver 5/Medicaid Transition Plan - 94
Calendar Year Deductible (CYD)				
	\$5,500 of EME ²	\$4,000 of EME	\$0 of EME	\$0 of EME
Plan Provider	per Individual	per Individual	per Individual	per Individual
	\$11,000 of EME	\$8,000 of EME	\$0 of EME	\$0 of EME
Cairanna an Affan CVD Manahan Dan	per Family	per Family	per Family	per Family
Coinsurance After CYD Member Pay Plan Provider	30% of EME	30% of EME	30% of EME	30% of EME
Out of Pocket Maximum (includes C'			30% OF EIVIE	30% OF EIVIE
Cut of Fooket Maximum (molades o	\$9,000 of EME	\$7,200 of EME	\$2,800 of EME	\$600 of EME
	per Individual	per Individual	per Individual	per Individual
Plan Provider	\$18,000 of EME	\$14,400 of EME	\$5,600 of EME	\$1,200 of EME
	per Family	per Family	per Family	per Family
Medical Office Visits (In Network) Me	ember Pays Per Visit			
Preventive Care ³	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$5	\$5	\$0
Physician (PCP)	\$15	\$15	\$10	\$0
Specialist	\$85	\$75	\$70	\$50
Non-preventive Routine Lab and X-ra	ay Services (In Network) Memb	er Pays Per Visit		
Routine Laboratory	\$15	\$25	\$25	\$25
Routine X-ray	\$15	\$50	\$50	\$50
Emergency Services (In Network) Me	ember Pays Per Visit or Per Trip			
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,200 then, after CYD, 0% of EME; waived if admitted	\$750 then, after CYD, 0% of EME; waived if admitted	\$500; waived if admitted	\$500; waived if admitted
Ambulance	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Hospital Facility Services (In Network	<u>, </u>	,		
Inpatient	After CYD,	After CYD,	30% of EME	30% of EME
·	30% of EME After CYD.	30% of EME		
Outpatient	30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Physician Surgical Services (In Netw				
-	After CYD,	After CYD,	2007 -1 5145	000/ -1545
Inpatient Hospital Facility	30% of EME	30% of EME	30% of EME	30% of EME
Outpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Ambulatory Surgical Facility	After CYD,	After CYD,	30% of EME	30% of EME
Anesthesia	30% of EME After CYD,	30% of EME After CYD,	30% of EME	30% of EME
	30% of EME	30% of EME	JUYU UI EIVIE	30% OF EIVIE
Prescription Drugs (In Network) Mem		M 44 500	M **	NA 1 40
Rx CYD	Member: \$1,500 Family: \$3,000	Member: \$1,500 Family: \$3,000	Member: \$0	Member: \$0
KX CTD	(Tiers 3-4)	(Tiers 3-4)	Family: \$0 (No CYD)	Family: \$0 (No CYD)
				, , ,
Tier 1	\$25	\$25	\$ 25	\$25
Tier 2	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$100	After CYD, \$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

Plan Name	MyHPN Silver 10	MyHPN Silver 10 - 73	MyHPN Silver 10 - 87	MyHPN Silver 10 - 94
lendar Year Deductible (CYD)				
	\$6,000 of EME ²	\$4,600 of EME	\$900 of EME	\$0 of EME
Plan Provider	per Individual	per Individual	per Individual	per Individual
Flail Flovidei	\$12,000 of EME	\$9,200 of EME	\$1,800 of EME	\$0 of EME
	per Family	per Family	per Family	per Family
insurance After CYD Member Pa	<u>, </u>			
Plan Provider	40% of EME	40% of EME	40% of EME	20% of EME
t of Pocket Maximum (includes C	\$8,200 of EME	\$7,250 of EME	\$2,500 of EME	\$800 of EME
	per Individual	per Individual	per Individual	per Individual
Plan Provider	\$16,400 of EME	\$14,500 of EME	\$5,000 of EME	\$1,600 of EME
	per Family	per Family	per Family	per Family
dical Office Visits (In Network) M	<u> </u>	por r army	por r arring	por r arminy
	1	. .	4	1.
Preventive Care ³	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
VIII Uai Visits (NOWCIIIIC®)	Φ0	φυ	Φ0	φυ
Physician Extender	\$15	\$ 5	\$ 5	\$0
1 Hydiolan Extender	Ψισ	Ψ	Ψ	ΨΨ
Physician (PCP)	\$30	\$15	\$15	\$0
,	7	T	T	*-
Specialist	\$85	\$50	\$50	\$0
n-preventive Routine Lab and X-r	ray Sarvicas (In Natwork) Mamb	or Pave Por Vieit		
n-preventive Routine Lab and X-1				
Routine Laboratory	\$25	\$25	\$25	\$0
	.	1	.	1-
Routine X-ray	\$25	\$25	\$25	\$0
ergency Services (In Network) M	ember Pays Per Visit or Per Trip			
Urgent Care	\$50	\$50	\$50	\$50
	· ·	•	·	
Hospital Emergency	\$1,000 then, after CYD, 0%	\$1,000 then, after CYD, 0%	\$1,000 then, after CYD, 0%	\$500;
Room Facility	of EME; waived if admitted	of EME; waived if admitted	of EME; waived if admitted	waived if admitted
Ambulance	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
	40% OF FIVE		40% OI EIVIE	
anital Easility Camilaga (In Natura)		Lau Dau Cuumami		
spital Facility Services (In Networ	rk) Member Pays Per Admission		Attan CVD	
spital Facility Services (In Networ Inpatient	rk) Member Pays Per Admission After CYD,	After CYD,	After CYD,	20% of EME
-	rk) Member Pays Per Admission After CYD, 40% of EME	After CYD, 40% of EME	40% of EME	20% of EME
-	rk) Member Pays Per Admission After CYD, 40% of EME After CYD,	After CYD, 40% of EME After CYD,	40% of EME After CYD,	20% of EME 20% of EME
Inpatient Outpatient	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME	After CYD, 40% of EME After CYD, 40% of EME	40% of EME	
Inpatient Outpatient vsician Surgical Services (In Netw	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME vork) Member Pays Per Surgery	After CYD, 40% of EME After CYD, 40% of EME	40% of EME After CYD, 40% of EME	20% of EME
Inpatient Outpatient	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME	After CYD, 40% of EME After CYD, 40% of EME	40% of EME After CYD,	
Inpatient Outpatient ysician Surgical Services (In Netwon) Inpatient Hospital Facility	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Arter CYD, 40% of EME After CYD, After CYD, After CYD,	After CYD, 40% of EME After CYD, 40% of EME	40% of EME After CYD, 40% of EME After CYD,	20% of EME 20% of EME
Inpatient Outpatient vsician Surgical Services (In Netw	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME vork) Member Pays Per Surgery After CYD, 40% of EME	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME	40% of EME After CYD, 40% of EME After CYD, 40% of EME	20% of EME
Inpatient Outpatient visician Surgical Services (In Netwon) Inpatient Hospital Facility Outpatient Hospital Facility	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Vork) Member Pays Per Surgery After CYD, 40% of EME After CYD, 40% of EME After CYD,	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD,	40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME	20% of EME 20% of EME 20% of EME
Inpatient Outpatient ysician Surgical Services (In Netwon) Inpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME	After CYD, 40% of EME	20% of EME 20% of EME
Inpatient Outpatient visician Surgical Services (In Network Inpatient Hospital Facility Outpatient Hospital Facility Ambulatory Surgical Facility	After CYD, 40% of EME After CYD,	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME	After CYD, 40% of EME	20% of EME 20% of EME 20% of EME 20% of EME
Inpatient Outpatient visician Surgical Services (In Netvention Surgical Services) Inpatient Hospital Facility Outpatient Hospital Facility Ambulatory Surgical Facility Anesthesia	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Vork) Member Pays Per Surgery After CYD, 40% of EME	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME	A0% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME	20% of EME 20% of EME 20% of EME
Inpatient Outpatient visician Surgical Services (In Netvention Surgical Services) Inpatient Hospital Facility Outpatient Hospital Facility Ambulatory Surgical Facility Anesthesia	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Vork) Member Pays Per Surgery After CYD, 40% of EME	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME	40% of EME After CYD, 40% of EME	20% of EME
Inpatient Outpatient Visician Surgical Services (In Network) Inpatient Hospital Facility Outpatient Hospital Facility Ambulatory Surgical Facility Anesthesia	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Vork) Member Pays Per Surgery After CYD, 40% of EME Member CYD, 40% of EME	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Member: \$1,500	40% of EME After CYD, 40% of EME Member: \$0	20% of EME Member: \$0
Inpatient Outpatient Visician Surgical Services (In Network Inpatient Hospital Facility Outpatient Hospital Facility Ambulatory Surgical Facility Anesthesia	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Member CYD, 40% of EME After CYD, 40% of EME	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Member: \$1,500 Family: \$3,000	40% of EME After CYD, 40% of EME Member: \$0 Family: \$0	20% of EME Member: \$0 Family: \$0
Inpatient Outpatient visician Surgical Services (In Netvisician Surgical Services (In Netvisician Surgical Facility Inpatient Hospital Facility Outpatient Hospital Facility Ambulatory Surgical Facility Anesthesia	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Vork) Member Pays Per Surgery After CYD, 40% of EME Member CYD, 40% of EME	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME	40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Member: \$0 Family: \$0 (No CYD)	20% of EME Member: \$0 Family: \$0 (No CYD)
Inpatient Outpatient visician Surgical Services (In Netvisician Surgical Services (In Netvisician Surgical Facility Inpatient Hospital Facility Outpatient Hospital Facility Ambulatory Surgical Facility Anesthesia	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Member CYD, 40% of EME After CYD, 40% of EME	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Member: \$1,500 Family: \$3,000	40% of EME After CYD, 40% of EME Member: \$0 Family: \$0	20% of EME Member: \$0 Family: \$0
Inpatient Outpatient Visician Surgical Services (In Network) Inpatient Hospital Facility Outpatient Hospital Facility Ambulatory Surgical Facility Anesthesia Escription Drugs (In Network) Meronsky CYD Tier 1	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Work) Member Pays Per Surgery After CYD, 40% of EME Mber Pays Member: \$1,500 Family: \$3,000 (Tiers 3-4)	After CYD, 40% of EME	40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME	20% of EME Member: \$0 Family: \$0 (No CYD) \$25
Inpatient Outpatient Visician Surgical Services (In Network) Inpatient Hospital Facility Outpatient Hospital Facility Ambulatory Surgical Facility Anesthesia Escription Drugs (In Network) Meronal Rx CYD	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Work) Member Pays Per Surgery After CYD, 40% of EME After SyD, 40% of EME After SyD, 40% of EME After CYD, 40% of EME After SyD, 40% of EME Member Pays Member: \$1,500 Family: \$3,000 (Tiers 3-4)	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME	40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Member: \$0 Family: \$0 (No CYD)	20% of EME Member: \$0 Family: \$0 (No CYD)
Inpatient Outpatient Visician Surgical Services (In Network) Inpatient Hospital Facility Outpatient Hospital Facility Ambulatory Surgical Facility Anesthesia Escription Drugs (In Network) Meron Rx CYD Tier 1 Tier 2	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Work) Member Pays Per Surgery After CYD, 40% of EME After SyD, 40% of EME After CYD, 40% of EME After SyD, 40% of EME Member Pays Member: \$1,500 Family: \$3,000 (Tiers 3-4) \$25	After CYD, 40% of EME Member: \$1,500 Family: \$3,000 (Tiers 3-4) \$25	40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Member: \$0 Family: \$0 (No CYD) \$25	20% of EME Member: \$0 Family: \$0 (No CYD) \$25 \$75
Inpatient Outpatient Visician Surgical Services (In Network) Inpatient Hospital Facility Outpatient Hospital Facility Ambulatory Surgical Facility Anesthesia Escription Drugs (In Network) Meronsky CYD Tier 1	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Work) Member Pays Per Surgery After CYD, 40% of EME Mber Pays Member: \$1,500 Family: \$3,000 (Tiers 3-4)	After CYD, 40% of EME	40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME	20% of EME Member: \$0 Family: \$0 (No CYD) \$25
Inpatient Outpatient Visician Surgical Services (In Network) Inpatient Hospital Facility Outpatient Hospital Facility Ambulatory Surgical Facility Anesthesia Escription Drugs (In Network) Meron Rx CYD Tier 1 Tier 2 Tier 3	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Work) Member Pays Per Surgery After CYD, 40% of EME After SyD, 40% of EME After CYD, 40% of EME After SyD, 40% of EME Member Pays Member: \$1,500 Family: \$3,000 (Tiers 3-4) \$25	After CYD, 40% of EME Member: \$1,500 Family: \$3,000 (Tiers 3-4) \$25	40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Member: \$0 Family: \$0 (No CYD) \$25 \$75	20% of EME Member: \$0 Family: \$0 (No CYD) \$25 \$75
Inpatient Outpatient Visician Surgical Services (In Network) Inpatient Hospital Facility Outpatient Hospital Facility Ambulatory Surgical Facility Anesthesia Escription Drugs (In Network) Meron Rx CYD Tier 1 Tier 2	After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Mber Pays Member: \$1,500 Family: \$3,000 (Tiers 3-4) \$25 \$75 After CYD, \$150	After CYD, 40% of EME Member: \$1,500 Family: \$3,000 (Tiers 3-4) \$25 \$75 After CYD, \$100	40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME After CYD, 40% of EME Member: \$0 Family: \$0 (No CYD) \$25	20% of EME Member: \$0 Family: \$0 (No CYD) \$25 \$75

Plan Name	MyHPN Silver 11	MyHPN Silver 11 - 73	MyHPN Silver 11 - 87	MyHPN Silver 11 - 94
alendar Year Deductible (CYD)				
	\$6,500 of EME ²	\$4,500 of EME	\$400 of EME	\$0 of EME
Plan Provider	per Individual	per Individual	per Individual	per Individual
i idii i ioildo.	\$13,000 of EME	\$9,000 of EME	\$800 of EME	\$0 of EME
	per Family	per Family	per Family	per Family
oinsurance After CYD Member Pay				
Plan Provider	50% of EME	40% of EME	30% of EME	30% of EME
ut of Pocket Maximum (includes C	\$8,700 of EME	\$7,500 of EME	\$2,500 of EME	\$900 of EME
	per Individual	per Individual	per Individual	per Individual
Plan Provider	\$17,400 of EME	\$15,000 of EME	\$5,000 of EME	\$1,800 of EME
	per Family	per Family	per Family	per Family
edical Office Visits (In Network) Mo		per raining	per raining	per rainily
Preventive Care ³	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	\$10	\$ 5	\$0
Physician (PCP)	\$0	\$0	\$0	\$0
Specialist	\$85	\$40	\$20	\$5
on-preventive Routine Lab and X-ra	ay Services (In Network) Memb	er Pays Per Visit		
Routine Laboratory	\$25	\$25	\$25	\$25
Routine X-ray	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
mergency Services (In Network) Me	ember Pays Per Visit or Per Trip)		
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency	\$1,000 then, after CYD, 0%	\$750 then, after CYD, 0% of	\$500 then, after CYD, 0% of	\$250;
Room Facility	of EME; waived if admitted	EME; waived if admitted	EME; waived if admitted	waived if admitted
A 1 1	After CYD,	After CYD,	After CYD,	000/ (EME
Ambulance	50% of EME	40% of EME	30% of EME	30% of EME
ospital Facility Services (In Networ	k) Member Pays Per Admission	or Per Surgery		
Inpatient	After CYD,	After CYD,	After CYD,	30% of EME
inpatient	50% of EME	40% of EME	30% of EME	30 % Of EME
Outpatient	After CYD,	After CYD,	After CYD,	30% of EME
'	50% of EME	40% of EME	30% of EME	30 70 OI LIVIL
nysician Surgical Services (In Netw	, , ,			
Inpatient Hospital Facility	After CYD,	After CYD,	After CYD,	30% of EME
pation reophal raomy	50% of EME	40% of EME	30% of EME	55 ,5 OI LINE
Outpatient Hospital Facility	After CYD,	After CYD,	After CYD,	30% of EME
	50% of EME	40% of EME	30% of EME	
Ambulatory Surgical Facility	After CYD,	After CYD,	After CYD,	30% of EME
	50% of EME	40% of EME	30% of EME	
Anesthesia	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
rescription Drugs (In Network) Men	,	0 1: 1:: " ::5	0 1: 1:1 :: 1:0	0 1: :::
	Combined Medical/Rx	Combined Medical/Rx	Combined Medical/Rx	Combined Medical/Rx
D. OVD	CYD	CYD	CYD	CYD
Rx CYD	Member: \$6,500	Member: \$4,500 Family: \$9,000	Member: \$400 Family: \$800	Member: \$0 Family: \$0
	Family, \$12,000			
	Family: \$13,000 (Tiers 3-4)	, , ,	(Tier 4 Only)	(INO (;YI I)
Tier 1	Family: \$13,000 (Tiers 3-4) \$25	(Tiers 3-4) \$25	(Tier 4 Only) \$25	(No CYD) \$10
	(Tiers 3-4) \$25	(Tiers 3-4) \$25	\$25	\$10
Tier 2	(Tiers 3-4) \$25 \$75	(Tiers 3-4) \$25 \$75	\$25 \$75	\$10 \$25
	(Tiers 3-4) \$25 \$75 After CYD, 50% of EME	(Tiers 3-4) \$25 \$75 After CYD, \$100	\$25 \$75 \$100	\$10
Tier 2	(Tiers 3-4) \$25 \$75 After CYD,	(Tiers 3-4) \$25 \$75	\$25 \$75	\$10 \$25

2024 Health Plan of Nevada Individual On Exchange HMO, Virtual and Catastrophic Plans¹

Plan Name	MyHPN Silver 12	MyHPN Silver 12 - 73	MyHPN Silver 12 - 87	MyHPN Silver 12 - 94
endar Year Deductible (CYD)	\$7,000 of EME ²	\$4,500 of EME	\$1,000 of EME	\$0 of EME
	per Individual	per Individual	per Individual	per Individual
Plan Provider	\$14,000 of EME	\$9.000 of EME	\$2,000 of EME	\$0 of EME
	per Family	per Family	per Family	per Family
insurance After CYD Member Pa	<u>, </u>			
Plan Provider tof Pocket Maximum (includes C	40% of EME	40% of EME	40% of EME	10% of EME
t of Focket Maximum (includes C	\$8,700 of EME	\$7,250 of EME	\$2,850 of EME	\$850 of EME
5. 5	per Individual	per Individual	per Individual	per Individual
Plan Provider	\$17,400 of EME	\$14,500 of EME	\$5,700 of EME	\$1,700 of EME
	per Family	per Family	per Family	per Family
dical Office Visits (In Network) N	lember Pays Per Visit			
Preventive Care ³	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Virtual Visits (NOWCliffic®)	φ0	φυ	φυ	φ0
Physician Extender	\$15	\$5	\$0	\$0
Physician (PCP)	\$0	\$0	\$0	\$0
Specialist	\$85	\$65	\$25	\$15
n-preventive Routine Lab and X-	ray Services (In Network) Memb	er Pays Per Visit		
Routine Laboratory	\$25	\$25	\$15	\$0
Routine X-ray	\$50	\$25	\$15	\$0
ergency Services (In Network) M	L lember Pays Per Visit or Per Trip)		
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency	\$1,000 then, after CYD, 0%	\$1,000 then, after CYD, 0%	\$1,000 then, after CYD, 0%	\$500;
Room Facility	of EME; waived if admitted After CYD,	of EME; waived if admitted After CYD,	of EME; waived if admitted After CYD,	waived if admitted
Ambulance	40% of EME	40% of EME	40% of EME	10% of EME
spital Facility Services (In Netwo	rk) Member Pays Per Admissior	or Per Surgery		
Inpatient	After CYD,	After CYD,	After CYD,	10% of EME
mpation.	40% of EME	40% of EME	40% of EME	10 /0 01 21112
Outpatient	After CYD,	After CYD,	After CYD,	10% of EME
sician Surgical Services (In Netv	40% of EME	40% of EME	40% of EME	
	After CYD,	After CYD,	After CYD,	
Inpatient Hospital Facility	40% of EME	40% of EME	40% of EME	10% of EME
Outrotion House to Feeling	After CYD,	After CYD,	After CYD,	100/ - 1 EME
Outpatient Hospital Facility	40% of EME	40% of EME	40% of EME	10% of EME
Ambulatory Surgical Facility	After CYD,	After CYD,	After CYD,	10% of EME
, 3	40% of EME	40% of EME	40% of EME	
Anesthesia	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
scription Drugs (In Network) Me		TO /0 OI LIVIL	TO /0 OI LIVIL	
, , , ,	Member: \$1,500	Member: \$1,500	Member: \$0	Member: \$0
Rx CYD	Family: \$3,000	Family: \$3,000	Family: \$0	Family: \$0
	(Tiers 3-4)	(Tiers 3-4)	(No CYD)	(No CYD)
	, , ,	, , ,	, , ,	
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75
Tier 3	After CYD, \$150	After CYD, \$100	\$100	\$100
Tier 4	After CYD,	After CYD,	50% of EME	50% of EME
-	50% of EME	50% of EME		— —
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

Plan Name	MyHPN Bronze 2 - Medicaid Transition Plan	MyHPN Bronze 3	Virtual HPN	MyHPN Catastrophic Plan
Calendar Year Deductible (CYD)	\$9,200 of EME ²	\$9,450 of EME	\$9,250 of EME	\$9,450 of EME
Plan Provider	per Individual	per Individual	per Individual	per Individual
	\$18,400 of EME per Family	\$18,900 of EME per Family	\$18,500 of EME per Family	\$18,900 of EME per Family
Coinsurance After CYD Member Pa Plan Provider	0% of EME	0% of EME	0% of EME	0% of EME
Out of Pocket Maximum (includes 0			0 70 OI EIVIE	0 70 OF EIVIE
Dlan Dravidan	\$9,200 of EME per Individual	\$9,450 of EME per Individual	\$9,250 of EME per Individual	\$9,450 of EME per Individual
Plan Provider	\$18,400 of EME per Family	\$18,900 of EME per Family	\$18,500 of EME per Family	\$18,900 of EME per Family
Medical Office Visits (In Network) N	Member Pavs Per Visit			
Preventive Care ³	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$ 5	\$0	\$0	After CYD, \$0
,	•	·	·	After CYD, \$0 (CYD is waived for
Physician (PCP)	\$50	\$25	\$0	first 3 visits per calendar year)
Specialist	\$120	\$120	After CYD, 0% of EME	After CYD, \$0
Non-preventive Routine Lab and X-	ray Services (In Network) Memb		A () () ()	
Routine Laboratory	\$50	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0
Routine X-ray	\$120	After CYD,	After CYD,	After CYD, \$0
Emergency Services (In Network) N	·	0% of EME	0% of EME	7 ator 312, 40
			After CYD,	
Urgent Care	\$50	\$50	0% of EME	After CYD, \$0
Hospital Emergency Room Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulance	\$100	After CYD,	After CYD,	After CYD, \$0
Hospital Facility Services (In Netwo	· ·	0% of EME	0% of EME	7 iitor 3 1 2 , 40
Hospital Facility Services (In Netwo	After CYD,	After CYD,	After CYD,	
Inpatient	0% of EME	0% of EME	0% of EME	After CYD, \$0
Outpatient	After CYD,	After CYD,	After CYD,	After CYD, \$0
<u> </u>	0% of EME	0% of EME	0% of EME	7 iitor 0 12, 40
Physician Surgical Services (In Net	After CYD,	After CYD,	After CYD.	After CYD,
Inpatient Hospital Facility	0% of EME	0% of EME	0% of EME	0% of EME
Outpatient Hospital Facility	After CYD,	After CYD,	After CYD,	After CYD,
, , ,	0% of EME After CYD,	0% of EME After CYD,	0% of EME After CYD,	0% of EME After CYD,
Ambulatory Surgical Facility	0% of EME	0% of EME	0% of EME	0% of EME
Anesthesia	After CYD, 0% of EME	After CYD,	After CYD,	After CYD, 0% of EME
Prescription Drugs (In Network) Me		0% of EME	0% of EME	U% OT EIVIE
,	Combined Medical/Rx	Combined Medical/Rx	Combined Medical/Rx	Combined Medical/Rx
D. OVD	CYD	CYD	CYD	CYD do 450
Rx CYD	Member: \$9,200 Family: \$18,400	Member: \$9,450 Family: \$18,900	Member: \$9,250 Family: \$18,500	Member: \$9,450 Family: \$18,900
	(Tiers 2-4)	(Tiers 2-4)	(Tiers 2-4)	(Tiers 1-4)
Tier 1	\$30	\$25	\$25	After CYD, \$0
Tier 2	After CYD, \$120	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0
Tier 3	After CYD,	After CYD, -	After CYD,	After CYD, \$0
	0% of EME After CYD,	0% of EME After CYD,	0% of EME After CYD,	
Tier 4	50% of EME	0% of EME	0% of EME	After CYD, \$0
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

Plan Name	MyHPN Plus Bronze 4	MyHPN Plus Bronze 5	MyHPN Plus Bronze 6
Calendar Year Deductible (CYD)	\$9,200 of EME ²	\$7,800 of EME	\$7,900 of EME
Plan Provider	per Individual \$18,400 of EME	per Individual \$15,600 of EME	per Individual \$15,800 of EME
Coinsurance After CYD Member Pa	per Family	per Family	per Family
Plan Provider	0% of EME	50% of EME	40% of EME
Out of Pocket Maximum (includes C			
	\$9,200 of EME	\$8,900 of EME per Individual	\$8,900 of EME per Individual
Plan Provider	per Individual \$18.400 of EME	\$17,800 of EME	\$17,800 of EME
	per Family	per Family	per Family
Medical Office Visits (In Network) M	lember Pays Per Visit		l
Preventive Care ³	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0
Physician Extender	\$5	\$5	\$5
Physician (PCP)	\$50	\$35	\$25
Specialist	\$150	After CYD, \$60	After CYD, \$0
Non-preventive Routine Lab and X-r	ray Services (In Network) Memb	er Pays Per Visit	
Routine Laboratory	\$50	After CYD, \$50	After CYD, \$25
Routine X-ray	\$120	After CYD, \$50	After CYD \$25
mergency Services (In Network) M	ember Pays Per Visit or Per Trip)	
Urgent Care	\$50	\$50	\$50
Hospital Emergency	After CYD,	After CYD, \$600;	After CYD, \$600;
Room Facility	0% of EME	waived if admitted	waived if admitted
Ambulance	\$100	\$100	\$100
lospital Facility Services (In Netwo	T		46 010
Inpatient	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
0	After CYD,	After CYD,	After CYD,
Outpatient	0% of EME	50% of EME	40% of EME
hysician Surgical Services (In Netv			AG OVD
Inpatient Hospital Facility	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Outpotiont Hoopital Facility	After CYD,	After CYD,	After CYD,
Outpatient Hospital Facility	0% of EME	50% of EME	40% of EME
Ambulatory Surgical Facility	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
	After CYD,	After CYD,	After CYD,
Anesthesia	0% of EME	50% of EME	40% of EME
Prescription Drugs (In Network) Me	mber Pays Combined Medical/Rx		Combined Medical/Rx
	Combined Medical/Rx CYD	Member: \$1,000	CYD CYD
Rx CYD	Member: \$9,200	Family: \$2,000	Member: \$7,900
	Family: \$18,400 (Tiers 3-4)	(Tiers 3-4)	Family: \$15,800 (Tiers 2-4)
Tier 1	\$30	\$25	\$25
Tier 2	\$120	\$75	After CYD, 40% of EME
Tier 3	After CYD, 0% of EME	After CYD, \$75	After CYD,
	After CYD,	After CYD,	40% of EME After CYD,
Tier 4	50% of EME	50% of EME	40% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay

MyHPN On Exchange HMO Plans



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

¹2024 HPN HMO individual on exchange plans are only available in Clark, Nye and Washoe counties.

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

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

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

FORM NUMBERS

MyHPN On Exchange HMO Plans

24H_IX_HMO_G_6, 24H_IX_HMO_S_1_1, 24H_IX_HMO_S_1_1_73,

24H_IX_HMO_S_1_1_87, 24H_IX_HMO_S_1_1_94,

24H_IX_HMO_S_MTP_5, 24H_IX_HMO_S_5_ MTP_73,

24H_IX_HMO_S_5_MTP_87, 24H_IX_HMO_S_5_MTP_94,

24H_IX_HMO_S_10, 24H_IX_HMO_S_10_73,

24H_IX_HMO_S_10_87, 24H_IX_HMO_S_10_94,

24H_IX_HMO_S_11, 24H_IX_HMO_S_11_73, 24H_IX_HMO_S_11_87,

24H_IX_HMO_S_11_94, 24H_IX_HMO_S_12,

24H_IX_HMO_S_12_73, 24H_IX_HMO_S_12_87,

24H_IX_HMO_S_12_94, 24H_IX_HMO_P_B_2_MTP,

24H_IX_HMO_B_3, 24H_IX_HMO_P_B_4, 24H_IX_HMO_P_B_5,

24H_IX_HMO_P_B_6, 24H_IX_HMO_VH.

MyHPN Select Network Plans

24H_IX_HMO_SN_G_5, 24H_ IX_HMO_SN_S_1,

24H_IX_HMO_SN_1_73, 24H_IX_HMO_SN_S_1_87,

24H_IX_HMO_SN_S_1_94, 24H_IX_HMO_SN_S_3,

24H_IX_HMO_SN_S_3_73, 24H_IX_HMO_SN_S_3_87,

24H_IX_HMO_SN_S_3_94, 24H_IX_HMO_SN_B_1,

24H_IX_HMO_SN_S_4, 24H_IX_HMO_SN_S_4_73,

24H_IX_HMO_SN_S_4_87, 24H_IX_HMO_SN_S_4_94.

MyHPN On Exchange HMO Catastrophic Plan 24H_IX_HMO_CAT.

2024 Uniform Modifications

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

- Modify the Effective Date of Coverage subsection to reflect the next calendar year annual open enrollment period.
- Modify the Pharmacy Provisions section specific to the Limitations subsection to add electronic submittal through the website and coverage for all drugs approved by the FDA for prevention and treatment of HIV or Hepatitis C.
- Modify the No Surprises Act subsection language.
- Modify the Services Requiring Prior Authorization subsection to add Partial hospitalization program treatment.
- Modify the Covered Services section specific to the following subsections:
 - Preventive Healthcare Services (added contraceptive coverage received at a hospital immediately after birth)
 - Gender Dysphoria (removed the age limitation)
 - Biomarker Testing (new subsection added as a covered service)
- The Exclusions section has been modified as follows:
 - o The following exclusions were amended:
 - Mental Health Services and Substance-Related and Addictive Disorder Services performed in connection with conditions not listed in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) or conditions listed as "Other Conditions" that may be of focus of clinical attention. This exclusion does not apply to conditions defined as Medically Necessary in Section [13/14]: Glossary.
 - Outside of an initial assessment, Mental Health and Substance-Related and Addictive Disorder Services as treatments for a primary diagnosis of conditions and

- problems that may be a focus of clinical attention, but are specifically noted not to be mental disorders within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. This exclusion does not apply to conditions defined as Medically Necessary in Section [13/14]: Glossary.
- Outside of an initial assessment, unspecified disorders for which the provider is not obligated to provide the clinical rationale as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, unless determined to be medically necessary.
- High intensity residential care, including American Society of Addiction Medicine (ASAM) Criteria, for Insureds with substance-related and addictive disorders who are unable to participate in their care due to significant cognitive impairment, unless determined to be medically necessary.
- o The age limitation was removed from the Gender Dysphoria exclusion.
- The Glossary section has been amended to add the following terms:
- "Biomarker" means a characteristic that is objectively measured and evaluated as an indicator of a normal biological process, a pathogenic process or a pharmacological response to a specific therapeutic intervention, including known gene-drug interactions for medications being considered for use or already being administered. Biomarkers include but are not limited to gene mutations, characteristics of genes, or protein expression.

- "Convenient Care" means a facility that provides services for Medically Necessary, non-urgent or non-emergent injuries or illnesses. Examples of such conditions include:
 - Blood pressure checks;
 - Diagnostic laboratory services;
 - General health screenings;
 - Minor illnesses (cold/flu);
 - Minor wound treatment and repair;
 - Treatment of burns and sprains.
- "Covered Person" means [a member/ an insured] who meets the eligibility requirements of section 1, who has enrolled under this Plan and for whom premiums have been received and accepted by [HPN/SHL].

Applies to all HPN/SHL Benefit Schedules

- The annual limit was removed from the coverage for Residential Treatment Centers.
- The following benefits were added:
 - 1. Convenient Care
 - 2. Outpatient Office-based Individual and Group Therapy, and Medical Management (including Telemedicine Services)
 - 3. Diagnostic Breast Cancer Imaging

Applies to the SHL Attachment B

The prior authorization requirements were amended to add partial hospitalization program treatment as follows:

- All Inpatient and non-routine Outpatient non-Emergency Mental Health, Severe Mental Illness, and Substance Related and Addictive Disorder Services, including but not limited to:
 - o Intensive outpatient program treatment.
 - o Partial hospitalization program treatment.
 - o Outpatient electro-convulsive treatment.
 - o Psychological testing.

Refer to the benefit documents for specific revision language to the coverage details.

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