

Find a plan that's right for you

2025 Individual and Family Plans

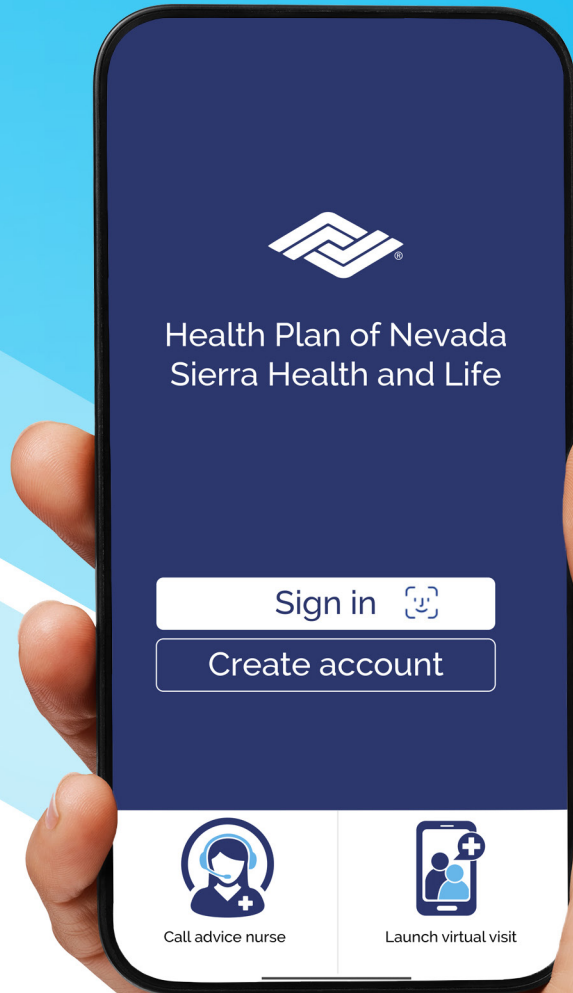


**Health Plan
of Nevada** 
A UnitedHealthcare Company

**Sierra Health
and Life** 
A UnitedHealthcare Company

HPN & SHL APP

Opt in for email
and text



The **HPN & SHL app** is a great way to manage health plan information on the go. Anytime. Anywhere.

Sign in to access your health plan ID card, find care, talk with a nurse, and track claims, prior authorizations, and referrals.

▶ Your personal medical information is confidential and only available to you and your provider.

Must be a Health Plan of Nevada or Sierra Health and Life member to use the app.

Many services and benefits at low or NO COST.



Why HPN/SHL?



Large provider network in Nevada

Get the coverage you need with a large network of providers. See page 7 for service areas.



Low-cost primary care visits

Care for routine exams and minor injuries and illnesses with **\$0 to \$50 copays** on most plans.



Mental health benefits with every plan

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



Urgent care that comes to you

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

40+ years of local, friendly customer service.

We offer three types of individual and family plans:

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

HPN has 35+ individual and family plans that may save you money on your premium and out-of-pocket costs. These plans are only available in **Clark, Nye and Washoe counties in Nevada**.

SHL individual and family plans are only available in **Clark County in Nevada** and all enrollees must physically reside in this service area.

All of our plans are on a calendar year schedule. Calendar year deductibles and benefit limits reset every January 1 and end December 31.

What's happening in 2025!

- ▶ **Manage chronic conditions for certain prescriptions at \$0 cost share with our Vital Medications Program.** We're eliminating out-of-pocket costs in our individual and family plans for certain preferred prescription drugs, including insulin and several drugs used to treat emergencies such as severe allergic reactions, hypoglycemia, opioid overdoses, and acute asthma attacks. See page 10 for details.
- ▶ **One Pass Select™ is a subscription-based fitness and well-being program.** Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members (18+) can get started with One Pass Select. See page 12 for details.

Feel Better Faster

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



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

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

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

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

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

What is an HMO plan?

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

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

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

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

What is an EPO plan?

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

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

What is an HSA-EPO plan?

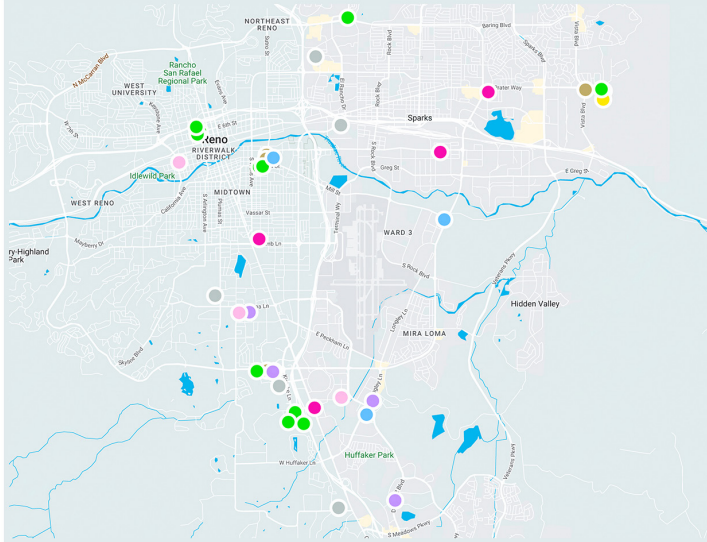
Weigh the benefits of a consumer-directed high deductible EPO plan. An HSA-EPO is a great option if you are healthy and only want coverage in case you need it. This may be a good plan for someone who rarely sees a doctor and doesn't take prescription drugs regularly.

Things to consider with an HSA-EPO plan:

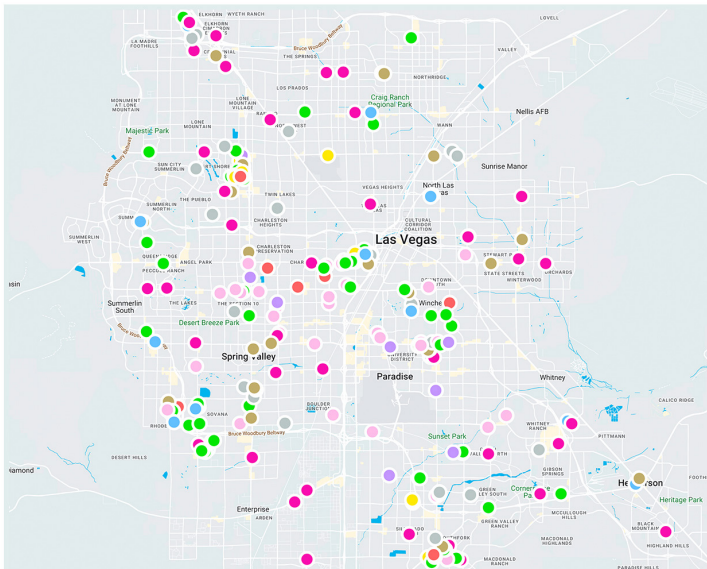
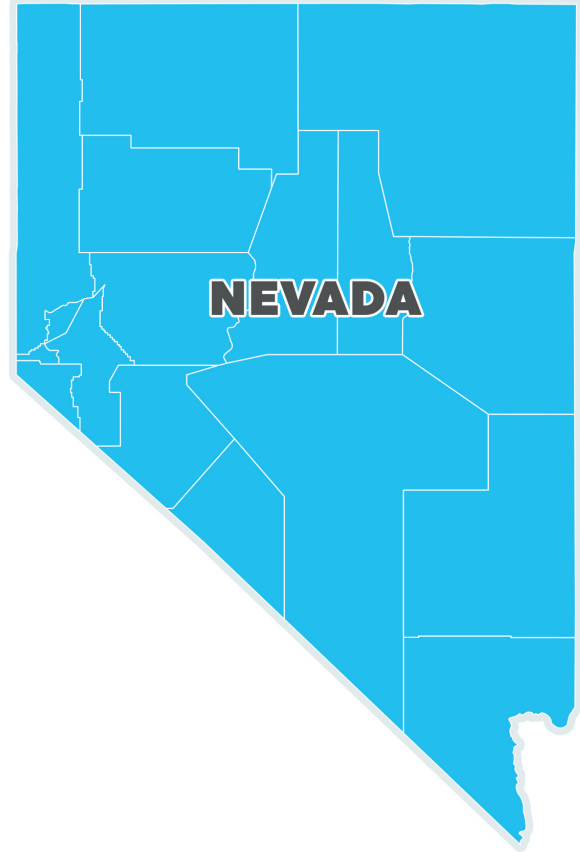
- Usually lower premiums, but insurance doesn't kick in until you've met your deductible.
- For many people, the low monthly premium is worth having a high deductible.
- You must stay within a network of providers to receive coverage under the plan, except for emergency services and urgent care, or medically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

Large provider network. For you and your family.

We have you covered with **9,500+ providers** and **240+ locations** in Nevada. Find a location near you and scan the QR codes to view our online provider directories.



Reno-Tahoe Area



Las Vegas Valley Area



- | | | |
|--|--|---|
| ● Ambulatory Surgery Center | ● Home Health | ● Personal Care Assistant |
| ● Hospital | ● Hospital - Rehabilitation | ● Laboratory |
| ● Radiology Facility | ● Skilled Nursing Facility | ● Hospice Care |
| | ● Urgent Care | |

Information subject to change. Network map includes Health Plan of Nevada and Sierra Health and Life contracted providers. Provider network may vary by plan type (HMO or EPO). Refer to your health plan's online provider directory to verify the provider is in your plan's network.

Individual and family plans that fit almost every lifestyle.

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

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

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

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



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

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

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

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

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

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

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

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

Family Size	Yearly Income
1	\$15,060 - \$60,240
2	\$20,440 - \$81,760
3	\$25,820 - \$103,280
4	\$31,200 - \$124,800
2024 estimated amounts	Eligibility is determined by Nevada Health Link. Must not be eligible for Medicaid or other health insurance.

If you have questions about health insurance or need help shopping, call us at **1-800-873-0004**, TTY **711**, Monday through Friday, 8 a.m. to 5 p.m.



Vital Medications Program

This is a list of drugs in the **Vital Medication Program**. These drugs will be available to members at a \$0 cost share without the member having to satisfy their deductible. Please note this list may not be all-inclusive, is subject to change throughout the year and some of the drugs may have quantity limits and other clinical requirements.

Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Asthma		Toujeo Max SoloStar	SL
albuterol HFA (generic ProAir HFA, generic Proventil HFA)	SL	Toujeo SoloStar	SL
albuterol nebulized solution (generic Proventil)	SL	Hypoglycemia	
Diabetes - Insulin¹		Baqsimi	SL
Humalog cartridge, KwikPen	SL	glucagon (generic Glucagon Kit)	SL
Humalog Junior KwikPen	SL	Gvoke	SL
Humalog mix 50/50 KwikPen, vials	SL	Zegalogue	SL
Humalog mix 75/25 KwikPen, vials	SL	Opioid overuse	
Humulin 70/30 KwikPen, vials	SL	Kloxxado nasal spray	SL
Humulin N KwikPen, vials	SL	naloxone nasal spray (generic Narcan) ²	SL
Humulin R KwikPen, vials	SL	naloxone injection (generic Narcan) ¹	SL
Insulin Lispro Junior KwikPen (unbranded Humalog Junior KwikPen)	SL	Narcan nasal spray²	SL
Insulin Lispro KwikPen, vials (unbranded Humalog)	SL	Opvee	SL
Insulin Lispro Protamine/Insulin Lispro KwikPen Mix 75/25 (unbranded Humalog Mix 75/25 KwikPen)	SL	Zimhi	SL
Lantus SoloStar, vials	SL	Allergic reactions	
Lyumjev KwikPen, vials	SL	Auvi-Q	SL
		epinephrine (generic Adrenaclick, generic EpiPen)	SL
		epinephrine (generic EpiPen Jr)	SL
		Symjepi	SL

To review our full preferred drug list, visit **HealthPlanofNevada.com** or **SierraHealthandLife.com**.

¹Syringes and needles used for the administration of these Vital Medications may also be covered at \$0.

²Includes over-the-counter when processed through the pharmacy benefit at a participating pharmacy.

Bold type = Brand-name drug

[Plain type = Generic drug]

SL = Supply Limits—Specifies the largest quantity of medication covered per copayment or in a defined period of time. Supply limits can be found at uhcprovider.com/en/resource-library/drug-lists-pharmacy.html.



**Healthier
starts here**

Rediscover your passion for health with One Pass Select™

We're on a mission to make fitness engaging for everyone. One Pass Select™ is a subscription-based fitness and well-being program that can help you reach your fitness goals, while finding new passions along the way.



Find your fit with One Pass Select.

Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members (18+) can get started with One Pass Select.

Digital \$0/month \$0 enrollment fee	Classic \$34/month \$0 enrollment fee	Standard \$69/month \$0 enrollment fee	Premium \$109/month \$0 enrollment fee	Elite \$159/month \$0 enrollment fee
Thousands of online fitness classes	12,000+ fitness locations and online classes	14,000+ fitness locations and online classes	16,000+ fitness locations and online classes	20,000+ fitness locations and online classes



Online fitness classes anytime, anywhere.

Join live, online fitness classes and explore on-demand workouts. Try our workout builder to learn new exercises and get routines created just for you.



Flexible fitness options for all.

You can change member tiers monthly, and you can cancel your membership at any time by giving a 30-day notice. Join as many gyms¹ as you like within a given tier at no additional cost.

To enroll, go to the **online member center**, sign in and select, **Additional Benefits**. Then click on **One Pass Select**.

¹Network partners and number of fitness locations in each tier subject to change.

HPN HMO

Off Exchange Plans



2025

HPN HMO Off Exchange Plans

Plan Name	MyHPN Solutions HMO Gold 7	MyHPN Solutions HMO Silver 1.1	MyHPN Solutions HMO Silver 3.1	MyHPN Solutions HMO Silver 4
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$2,000/\$4,000	\$5,400/\$10,800	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance After CYD Member Pays of EME ¹	20%	30%	30%	0%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$7,500/\$15,000	\$8,900/\$17,800	\$8,900/\$17,800	\$7,500/\$15,000
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$20	\$20	\$40	\$50
Mental Health	\$20	\$20	\$40	\$50
Specialist	\$30	\$40	\$80	\$100
Routine Laboratory	\$10	\$25	\$25	\$50
Routine X-ray	\$10	\$25	\$25	\$65
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 20% of EME	\$1,000 Copay then CYD	\$1,500	\$1,500 Copay then CYD
Inpatient Services	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Rx CYD	Member: \$500 Family: \$1,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$75	After CYD, \$100	After CYD, \$100	After CYD, \$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

 Denotes new plan or modified benefit.

HPN HMO Off Exchange Plans

Plan Name	MyHPN Solutions HMO Bronze 1	MyHPN Solutions HMO Bronze 2	MyHPN Solutions Plus HMO Bronze 3	MyHPN Solutions Plus HMO Bronze 4
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$7,250/\$14,500	\$6,500/\$13,000	\$8,700/\$17,400	\$9,200/\$18,400
Coinsurance After CYD Member Pays of EME ¹	40%	0%	0%	0%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$8,800/\$17,600	\$8,900/\$17,800	\$8,700/\$17,400	\$9,200/\$18,400
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$50	After CYD, \$0	After CYD, 0% of EME	\$50
Mental Health	\$0	After CYD, \$0	After CYD, 0% of EME	\$50
Specialist	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	\$150
Routine Laboratory	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	\$50
Routine X-ray	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	\$120
Urgent Care	\$50	After CYD, \$0	After CYD, 0% of EME	\$50
Hospital Emergency Room Facility	After CYD, 40% of EME	\$1,500 Copay then CYD	After CYD, 0% of EME	After CYD, 0% of EME
Inpatient Services	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Rx CYD	Member: \$1,550 Family: \$3,100 (Tiers 3-4)	Combined Medical/RX CYD Member: \$6,500 Family: \$13,000 (Tiers 3-4)	Combined Medical/RX CYD Member: \$8,700 Family: \$17,400 (Tiers 1-4)	Combined Medical/RX CYD Member: \$9,200 Family: \$18,400 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$25	After CYD, 0% of EME	\$30
Tier 2	\$100	\$75	After CYD, 0% of EME	\$120
Tier 3	After CYD, \$150	After CYD, \$150	After CYD, 0% of EME	After CYD, 0% of EME
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 0% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

 Denotes new plan or modified benefit.

HPN Off Exchange Plans

Pediatric dental and vision (to age 19) are embedded in all MyHPN Solutions and MyHPN Solutions Plus plans.

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.



SHL Solutions EPO, HSA EPO, and Catastrophic Off Exchange Plans



2025

SHL EPO Off Exchange Plans

Plan Name	MySHL Solutions EPO Gold 7	MySHL Solutions EPO Silver 1	MySHL Solutions EPO Silver 2	MySHL Solutions EPO Silver 6
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$2,500/\$5,000	\$5,500/\$11,000	\$4,200/\$8,400	\$5,500/\$11,000
Coinsurance After CYD Member Pays of EME ¹	20%	30%	40%	30%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$6,700/\$13,400	\$8,800/\$17,600	\$8,900/\$17,800	\$9,000/\$18,000
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$20	\$15	\$30	\$25
Mental Health	\$20	\$15	\$30	\$25
Specialist	\$30	\$85	\$50	\$50
Routine Laboratory	\$10	\$25	\$25	\$25
Routine X-ray	\$10	\$50	\$70	\$25
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 20% of EME	\$500 Copay then CYD	\$1,500 Copay then CYD	\$1,000 Copay then CYD
Inpatient Services	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Rx CYD	Member: \$750 Family: \$1,500 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$75	After CYD, \$100	After CYD, \$100	After CYD, \$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

SHL Off Exchange Plans

Plan Name	MySHL Solutions EPO Silver 7	MySHL Solutions EPO Silver 8	MySHL Solutions EPO Silver 9	MySHL Solutions EPO Bronze 11
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$5,500/\$11,000	\$4,500/\$9,000	\$4,500/\$9,000	\$8,700/\$17,400
Coinsurance After CYD Member Pays of EME ¹	30%	40%	30%	0%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$8,100/\$16,200	\$7,800/\$15,600	\$7,500/\$15,000	\$8,700/\$17,400
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$40	\$40	\$25	After CYD, 0% of EME
Mental Health	\$40	\$40	\$0	After CYD, 0% of EME
Specialist	\$80	\$85	After CYD, 30% of EME	After CYD, 0% of EME
Routine Laboratory	\$35	\$50	After CYD, 30% of EME	After CYD, 0% of EME
Routine X-ray	\$55	\$50	After CYD, 30% of EME	After CYD, 0% of EME
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 30% of EME	\$1,000 Copay then CYD	After CYD, 30% of EME	After CYD, 0% of EME
Inpatient Services	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Rx CYD	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Combined Medical/RX CYD Member: \$8,700 Family: \$17,400 (Tiers 1-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$25	\$25	After CYD, 0% of EME
Tier 2	\$50	\$75	\$100	After CYD, 0% of EME
Tier 3	After CYD, \$100	After CYD, \$150	After CYD, \$150	After CYD, 0% of EME
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 0% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

 Denotes new plan or modified benefit.

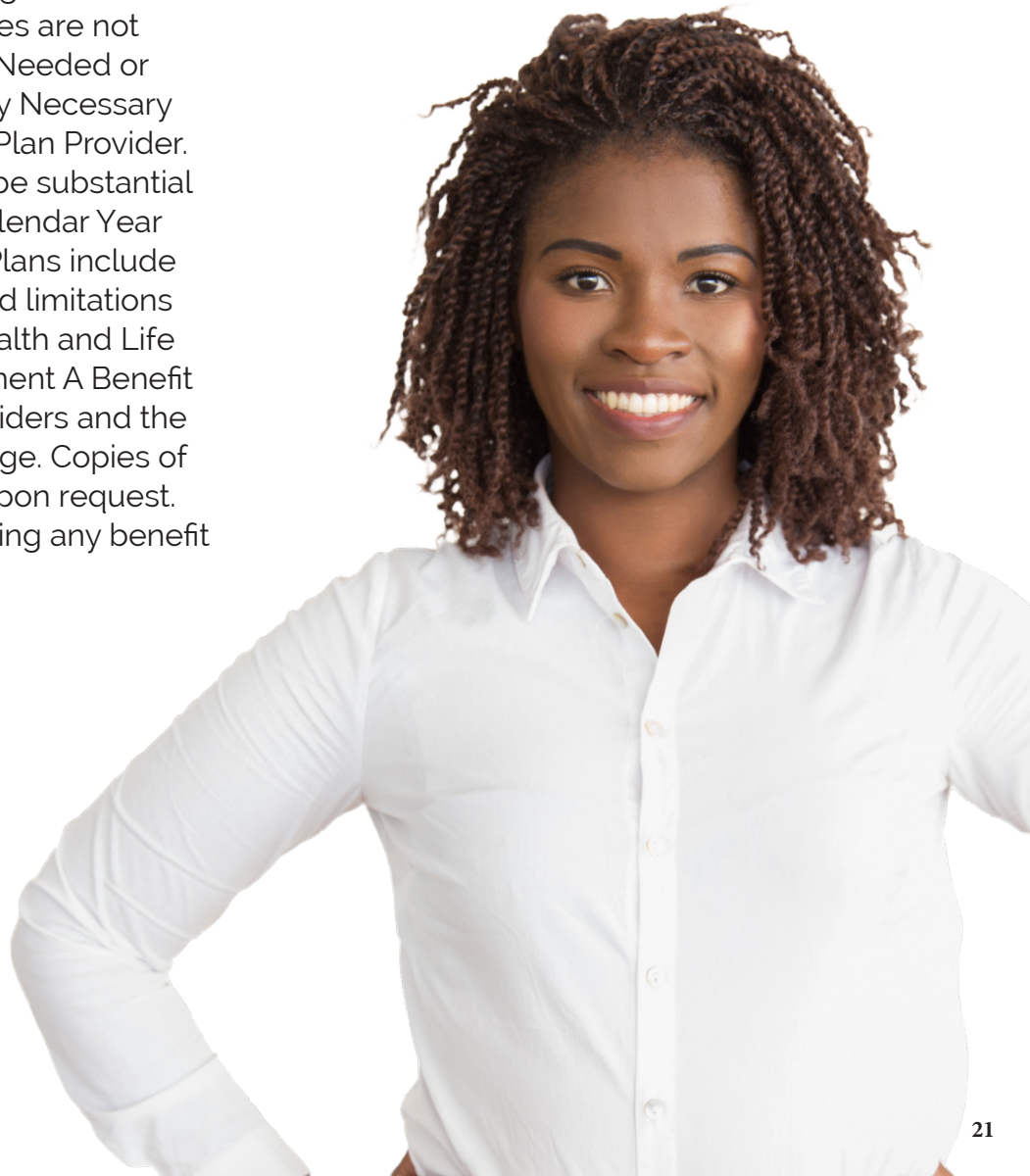
SHL Off Exchange Plans

Plan Name	MySHL Solutions EPO Bronze 12	MySHL Solutions EPO Bronze 13	MySHL Solutions EPO Bronze 14	MySHL Solutions HSA EPO Bronze 3.1	MySHL Solutions EPO Catastrophic
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$9,200/\$18,400	\$7,500/\$15,000	\$7,500/\$15,000	\$6,500/\$13,000	\$9,200/\$18,400
Coinsurance After CYD Member Pays of EME ¹	0%	40%	40%	30%	0%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$9,200/\$18,400	\$9,000/\$18,000	\$8,900/\$17,800	\$7,500/\$15,000	\$9,200/\$18,400
Preventive Care ²	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	After CYD, \$0	\$0
Physician (PCP)	\$50	\$25	\$30	After CYD, 30% of EME	After CYD, N/A CYD is waived for the first three visits.
Mental Health	\$50	\$0	\$30	After CYD, 30% of EME	After CYD, N/A CYD is waived for the first three visits.
Specialist	\$150	After CYD, \$0	After CYD, \$60	After CYD, 30% of EME	After CYD, 0% of EME
Routine Laboratory	\$50	After CYD, \$25	After CYD, \$50	After CYD, 30% of EME	After CYD, 0% of EME
Routine X-ray	\$120	After CYD, \$25	After CYD, \$50	After CYD, 30% of EME	After CYD, 0% of EME
Urgent Care	\$50	\$50	\$50	After CYD, 30% of EME	After CYD, 0% of EME
Hospital Emergency Room Facility	After CYD, 0% of EME	After CYD, \$600	After CYD, \$600	After CYD, 30% of EME	After CYD, 0% of EME
Inpatient Services	After CYD, 0% of EME	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Rx CYD	Combined Medical/RX CYD Member: \$9,200 Family: \$18,400 (Tiers 3-4)	Combined Medical/RX CYD Member: \$7,500 Family: \$15,000 (Tiers 2-4)	Member: \$1,400 Family: \$2,800 (Tiers 3-4)	Combined Medical/RX CYD Member: \$6,500 Family: \$13,000 (Tiers 1-4)	Combined Medical/RX CYD Member: \$9,200 Family: \$18,400 (Tiers 1-4)
Vital Medications	\$0	\$0	\$0	\$0	\$0
Tier 1	\$30	\$25	\$25	After CYD, \$25	After CYD, 0% of EME
Tier 2	\$120	After CYD, 40% of EME	\$75	After CYD, \$75	After CYD, 0% of EME
Tier 3	After CYD, 0% of EME	After CYD, 40% of EME	After CYD, \$75	After CYD, \$150	After CYD, 0% of EME
Tier 4	After CYD, 0% of EME	After CYD, 40% of EME	After CYD, 50% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

SHL Off Exchange Plans

Pediatric dental and vision (to age 19) are embedded in all MySHL Solutions EPO and MySHL Solutions HSA EPO plans

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.



Cover yourself with dental and vision plans.

Adult dental and vision coverage is optional and available to Off Exchange members only for an additional monthly premium.

A UnitedHealthcare DHMO dental plan is also available. Ask your sales representative for more information.

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

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

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

*Subject to limitation

**EVE stands for Eligible Vision Expenses and EDE stands for Eligible Dental Expenses

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

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

Go to **SierraHealthandLife.com/member/dental** to access the PPO Dental 27 network providers.

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

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

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

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

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

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

Enroll now!

Our team is available by phone to assist with your questions about health insurance. Call **1-800-873-0004**, TTY **711**, Monday through Friday, 8 a.m. to 5 p.m. You can also shop for a plan on **NevadaHealthLink.com**.

HPN HMO

On Exchange Plans

2025

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Select Network Gold 1	MyHPN Select Network Silver 1	MyHPN Select Network Silver 1 - 73	MyHPN Select Network Silver 1 - 87
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$2,000/\$4,000	\$5,000/\$10,000	\$5,000/\$10,000	\$1,200/\$2,400
Coinsurance After CYD Member Pays of EME ¹	20%	40%	20%	15%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$8,000/\$16,000	\$8,500/\$17,000	\$7,000/\$14,000	\$2,900/\$5,800
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$15	\$0	\$0	\$0
Mental Health	\$15	\$0	\$0	\$0
Specialist	\$30	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME
Routine Laboratory	\$10	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME
Routine X-ray	\$10	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 20% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% of EME
Inpatient Services	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME
Rx CYD	Member: \$500 Family: \$1,000 (Tiers 3-4)	Combined Medical/RX CYD Member: \$5,000 Family: \$10,000 (Tiers 2-4)	Combined Medical/RX CYD Member: \$5,000 Family: \$10,000 (Tiers 2-4)	Combined Medical/RX CYD Member: \$1,200 Family: \$2,400 (Tiers 2-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$5	\$0	\$0
Tier 2	\$50	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME
Tier 3	After CYD, \$75	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% of EME
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

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

 Denotes new plan or modified benefit.

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Select Network Silver 1 - 94	MyHPN Select Network Silver 3	MyHPN Select Network Silver 3 - 73	MyHPN Select Network Silver 3 - 87
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$0/\$0	\$6,000/\$12,000	\$5,000/\$10,000	\$850/\$1,700
Coinsurance After CYD Member Pays of EME ¹	15%	50%	40%	30%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$1,800/\$3,600	\$8,080/\$16,160	\$7,350/\$14,700	\$3,050/\$6,100
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$0	\$10	\$0	\$0
Mental Health	\$0	\$0	\$0	\$0
Specialist	15% of EME	After CYD, 50% of EME	\$60	\$25
Routine Laboratory	15% of EME	\$10	\$10	\$10
Routine X-ray	15% of EME	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	25% of EME	\$750 Copay then CYD	\$750 Copay then CYD	\$750 Copay then CYD
Inpatient Services	15% of EME	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Rx CYD	Combined Medical/RX CYD Member: \$0 Family: \$0 (No CYD)	Combined Medical/RX CYD Member: \$6,000 Family: \$12,000 (Tiers 2-4)	Combined Medical/RX CYD Member: \$5,000 Family: \$10,000 (Tiers 2-4)	Combined Medical/RX CYD Member: \$850 Family: \$1,700 (No CYD)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$0	\$10	\$10	\$10
Tier 2	15% of EME	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME
Tier 3	20% of EME	After CYD, 50% of EME	After CYD, 50% of EME	\$100
Tier 4	20% 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

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HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Select Network Silver 3 - 94	MyHPN Select Network Silver 4	MyHPN Select Network Silver 4 - 73	MyHPN Select Network Silver 4 - 87
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$0/\$0	\$5,500/\$11,000	\$5,000/\$10,000	\$1,000/\$2,000
Coinsurance After CYD Member Pays of EME ¹	30%	35%	35%	30%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$1,050/\$2,100	\$8,000/\$16,000	\$7,350/\$14,700	\$2,600/\$5,200
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$0	\$15	\$0	\$0
Mental Health	\$0	\$0	\$0	\$0
Specialist	\$10	After CYD, 35% of EME	\$60	\$25
Routine Laboratory	\$10	\$20	\$10	\$10
Routine X-ray	30% of EME	After CYD, 35% of EME	After CYD, 35% of EME	After CYD, 30% of EME
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$750	After CYD, 35% of EME	\$750 Copay then CYD	\$500 Copay then CYD
Inpatient Services	30% of EME	After CYD, 35% of EME	After CYD, 35% of EME	After CYD, 30% of EME
Rx CYD	Combined Medical/RX CYD Member: \$0 Family: \$0 (No CYD)	Combined Medical/RX CYD Member: \$5,500 Family: \$11,000 (Tiers 2-4)	Combined Medical/RX CYD Member: \$5,000 Family: \$10,000 (Tiers 2-4)	Combined Medical/RX CYD Member: \$1,000 Family: \$2,000 (Tier 4 Only)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$10	\$10	\$10	\$10
Tier 2	\$25	After CYD, \$75	After CYD, \$75	\$75
Tier 3	\$50	After CYD, 50% of EME	After CYD, 50% of EME	\$100
Tier 4	50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

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 Denotes new plan or modified benefit.

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Select Network Silver 4 - 94	MyHPN Select Network Plus Bronze 1	MyHPN Gold 6	MyHPN Silver 1.1
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$100/\$200	\$8,700/\$17,400	\$1,800/\$3,600	\$4,900/\$9,800
Coinsurance After CYD Member Pays of EME ¹	30%	0%	30%	30%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$950/\$1,900	\$8,700/\$17,400	\$7,900/\$15,800	\$8,900/\$17,800
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$0	After CYD, 0% of EME	\$0	\$25
Mental Health	\$0	After CYD, 0% of EME	\$0	\$25
Specialist	\$5	After CYD, 0% of EME	\$0	\$40
Routine Laboratory	\$10	After CYD, 0% of EME	\$15	\$25
Routine X-ray	After CYD, 30% of EME	After CYD, 0% of EME	\$15	\$25
Urgent Care	\$50	After CYD, 0% of EME	\$50	\$50
Hospital Emergency Room Facility	\$250	After CYD, 0% of EME	After CYD, 30% of EME	\$1,500 Copay then CYD
Inpatient Services	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 30% of EME	After CYD, 30% of EME
Rx CYD	Combined Medical/RX CYD Member: \$100 Family: \$200 (Tier 4 Only)	Combined Medical/RX CYD Member: \$8,700 Family: \$17,400 (Tiers 1-4)	Member: \$500 Family: \$1,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$10	After CYD, 0% of EME	\$25	\$25
Tier 2	\$25	After CYD, 0% of EME	\$50	\$50
Tier 3	\$50	After CYD, 0% of EME	After CYD, \$75	After CYD, \$100
Tier 4	After CYD, 50% of EME	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

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HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Silver 1.1 - 73	MyHPN Silver 1.1 - 87	MyHPN Silver 1.1 - 94	MyHPN Silver 5/Medicaid Transition Plan
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$4,200/\$8,400	\$0/\$0	\$0/\$0	\$5,200/\$10,400
Coinsurance After CYD Member Pays of EME ¹	30%	30%	30%	30%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$7,000/\$14,000	\$3,050/\$6,100	\$710/\$1,420	\$9,000/\$18,000
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$25	\$10	\$5	\$15
Mental Health	\$25	\$10	\$5	\$15
Specialist	\$40	\$30	\$10	\$85
Routine Laboratory	\$25	\$25	\$25	\$15
Routine X-ray	\$25	\$25	\$25	\$15
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,500 Copay then CYD	\$1,000	\$650	\$1,200 Copay then CYD
Inpatient Services	After CYD, 30% of EME	30% of EME	30% of EME	After CYD, 30% of EME
Rx CYD	Member: \$1,500 Family: \$3,000 (Tier 4 Only)	Member: \$0 Family: \$0 (No CYD)	Member: \$0 Family: \$0 (No CYD)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50
Tier 3	\$100	\$100	\$100	After CYD, \$100
Tier 4	After CYD, 50% of EME	50% of EME	50% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

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 Denotes new plan or modified benefit.

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Silver 5/Medicaid Transition Plan - 73	MyHPN Silver 5/Medicaid Transition Plan - 87	MyHPN Silver 5/Medicaid Transition Plan - 94	MyHPN Silver 10
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$3,200/\$6,400	\$0/\$0	\$0/\$0	\$6,000/\$12,000
Coinsurance After CYD Member Pays of EME ¹	30%	30%	30%	40%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$7,200/\$14,400	\$3,050/\$6,100	\$700/\$1,400	\$7,350/\$14,700
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$15	\$15	\$0	\$30
Mental Health	\$15	\$15	\$0	\$30
Specialist	\$75	\$70	\$50	\$85
Routine Laboratory	\$15	\$15	\$15	\$25
Routine X-ray	\$15	\$15	\$15	\$25
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$750 Copay then CYD	\$750	\$500	\$1,000 Copay then CYD
Inpatient Services	After CYD, 30% of EME	30% of EME	30% of EME	After CYD, 40% of EME
Rx CYD	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$0 Family: \$0 (No CYD)	Member: \$0 Family: \$0 (No CYD)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$75
Tier 3	After CYD, \$100	\$100	\$100	After CYD, \$150
Tier 4	After CYD, 50% of EME	50% of EME	50% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

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

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Silver 10 - 73	MyHPN Silver 10 - 87	MyHPN Silver 10 - 94	MyHPN Silver 11
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$3,750/\$7,500	\$900/\$1,800	\$0/\$0	\$6,500/\$13,000
Coinsurance After CYD Member Pays of EME ¹	40%	40%	20%	50%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$7,250/\$14,500	\$2,500/\$5,000	\$900/\$1,800	\$8,500/\$17,000
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$15	\$15	\$0	\$0
Mental Health	\$15	\$15	\$0	\$0
Specialist	\$50	\$50	\$0	\$85
Routine Laboratory	\$25	\$25	\$0	\$25
Routine X-ray	\$25	\$25	\$0	After CYD, 50% of EME
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,000 Copay then CYD	\$1,000 Copay then CYD	\$500	\$1,000 Copay then CYD
Inpatient Services	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME	After CYD, 50% of EME
Rx CYD	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Member: \$0 Family: \$0 (No CYD)	Member: \$0 Family: \$0 (No CYD)	Combined Medical/RX CYD Member: \$6,500 Family: \$13,000 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75
Tier 3	After CYD, \$100	\$100	\$100	After CYD, 50% of EME
Tier 4	After CYD, 50% of EME	50% of EME	50% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

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 Denotes new plan or modified benefit.

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Silver 11 - 73	MyHPN Silver 11 - 87	MyHPN Silver 11 - 94	MyHPN Silver 12
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$4,500/\$9,000	\$400/\$800	\$0/\$0	\$7,000/\$14,000
Coinsurance After CYD Member Pays of EME ¹	40%	30%	30%	40%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$7,350/\$14,700	\$2,500/\$5,000	\$900/\$1,800	\$8,000/\$16,000
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$0	\$0	\$0	\$0
Mental Health	\$0	\$0	\$0	\$0
Specialist	\$40	\$20	\$5	\$85
Routine Laboratory	\$25	\$25	\$25	\$25
Routine X-ray	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME	\$50
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$750 Copay then CYD	\$500 Copay then CYD	\$250	\$1,000 Copay then CYD
Inpatient Services	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME	After CYD, 40% of EME
Rx CYD	Combined Medical/RX CYD Member: \$4,500 Family: \$9,000 (Tiers 3-4)	Combined Medical/RX CYD Member: \$400 Family: \$800 (Tier 4 Only)	Combined Medical/RX CYD Member: \$0 Family: \$0 (No CYD)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$25	\$10	\$25
Tier 2	\$75	\$75	\$25	\$75
Tier 3	After CYD, \$100	\$100	\$50	After CYD, \$150
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

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

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Silver 12 - 73	MyHPN Silver 12 - 87	MyHPN Silver 12 - 94	MyHPN Bronze 2 - Medicaid Transition Plan
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$3,700/\$7,400	\$1,250/\$2,500	\$0/\$0	\$9,200/\$18,400
Coinsurance After CYD Member Pays of EME ¹	40%	40%	10%	0%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$7,250/\$14,500	\$3,050/\$6,100	\$900/\$1,800	\$9,200/\$18,400
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$0	\$0	\$0	\$50
Mental Health	\$0	\$0	\$0	\$50
Specialist	\$65	\$25	\$15	\$120
Routine Laboratory	\$25	\$15	\$0	\$50
Routine X-ray	\$25	\$15	\$0	\$120
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,000 Copay then CYD	\$1,000 Copay then CYD	\$500	After CYD, 0% of EME
Inpatient Services	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME	After CYD, 0% of EME
Rx CYD	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Member: \$0 Family: \$0 (No CYD)	Member: \$0 Family: \$0 (No CYD)	Combined Medical/RX CYD Member: \$9,200 Family: \$18,400 (Tiers 2-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$25	\$25	\$30
Tier 2	\$75	\$75	\$75	After CYD, \$120
Tier 3	After CYD, \$100	\$100	\$100	After CYD, 0% of EME
Tier 4	After CYD, 50% of EME	50% of EME	50% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

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

 Denotes new plan or modified benefit.

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Bronze 3	MyHPN Plus Bronze 4	MyHPN Plus Bronze 5	MyHPN Plus Bronze 6
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$9,200/\$18,400	\$9,200/\$18,400	\$7,800/\$15,600	\$7,900/\$15,800
Coinsurance After CYD Member Pays of EME ¹	0%	0%	50%	40%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$9,200/\$18,400	\$9,200/\$18,400	\$8,800/\$17,600	\$8,900/\$17,800
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$25	\$50	\$35	\$25
Mental Health	\$0	\$50	\$35	\$0
Specialist	\$120	\$150	After CYD, \$60	After CYD, \$0
Routine Laboratory	After CYD, 0% of EME	\$50	After CYD, \$50	After CYD, \$25
Routine X-ray	After CYD, 0% of EME	\$120	After CYD, \$50	After CYD, \$25
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$600	After CYD, \$600
Inpatient Services	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Rx CYD	Combined Medical/RX CYD Member: \$9,200 Family: \$18,400 (Tiers 2-4)	Combined Medical/RX CYD Member: \$9,200 Family: \$18,400 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Combined Medical/RX CYD Member: \$7,900 Family: \$15,800 (Tiers 2-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$30	\$25	\$25
Tier 2	After CYD, 0% of EME	\$120	\$75	After CYD, 40% of EME
Tier 3	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$75	After CYD, 40% of EME
Tier 4	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

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

HPN Individual On Exchange HMO Plans

Plan Name	Virtual HPN	MyHPN Catastrophic Plan
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$9,200/\$18,400	\$9,200/\$18,400
Coinsurance After CYD Member Pays of EME ¹	0%	0%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$9,200/\$18,400	\$9,200/\$18,400
Preventive Care ²	\$0	0% of EME
Virtual Visits (NowClinic [®])	\$0	\$0
Physician (PCP)	\$0	After CYD, N/A. CYD is waived for the first three visits.
Mental Health	\$0	After CYD, N/A CYD is waived for the first three visits.
Specialist	After CYD, 0% of EME	After CYD, 0% of EME
Routine Laboratory	After CYD, 0% of EME	After CYD, 0% of EME
Routine X-ray	After CYD, 0% of EME	After CYD, 0% of EME
Urgent Care	After CYD, 0% of EME	After CYD, 0% of EME
Hospital Emergency Room Facility	After CYD, 0% of EME	After CYD, 0% of EME
Inpatient Services	After CYD, 0% of EME	After CYD, 0% of EME
Rx CYD	Combined Medical/RX CYD Member: \$9,200 Family: \$18,400 (Tiers 2-4)	Combined Medical/RX CYD Member: \$9,200 Family: \$18,400 (Tiers 1-4)
Vital Medications	\$0	\$0
Tier 1	\$25	After CYD, \$0
Tier 2	After CYD, 0% of EME	After CYD, \$0
Tier 3	After CYD, 0% of EME	After CYD, \$0
Tier 4	After CYD, 0% of EME	After CYD, \$0
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay

Pediatric vision (to age 19) is embedded in all MyHPN, MyHPN Plus, MyHPN Select 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 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.

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

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 Denotes new plan or modified benefit.

Additional information to know

Support for a hospital stay

Your doctor is your partner in health.

They will help coordinate your care if you should ever need to be admitted to a hospital on a non-emergency basis.

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

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

Understand your pharmacy benefits

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

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

Quick lesson on prior authorization

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

Member Services

**Health Plan of Nevada/Sierra Health and Life
P.O. Box 15645
Las Vegas, NV 89114-5645**

Know your privacy rights

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

We may use your medical data to promote and improve the quality of care you receive. When we conduct research and measure quality, we use summary information whenever possible, not PHI. When we use PHI, steps are taken to help protect it. We do not allow PHI to be used for research by organizations without your consent.

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

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

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

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

HPN/SHL Disclaimers

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

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

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

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

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

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

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

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card or plan documents.

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

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

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

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

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

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your health plan ID card or plan documents.

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

This letter is also available in other formats like large print. To request the document in another format, please call the toll-free member phone number listed on your health plan ID card or plan documents.

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

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

繁體中文 (Chinese):

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

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

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

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

ภาษาไทย (Thai):

คุณมีสิทธิขอความช่วยเหลือหรือขอข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายใด ๆ เมื่อต้องการล่าม กรุณาโทรฟรีมาที่หมายเลขโทรศัพท์สำหรับสมาชิก ที่อยู่บนบัตรแผนสุขภาพหรือเอกสารแผนสุขภาพของคุณ

日本語 (Japanese):

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

العربية (Arabic):

لديك الحق في الحصول على المساعدة والمعلومات بلغة تفهمها. لطلب مترجم، طالع بل رقم المراجع الى مدرج في بطاقة عضويتك في البرنامج. أو اتصل بالبرنامج الصحتي أو وثائق البرنامج.

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

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

فهرسی (Persian):

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

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

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

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

Individual Sales Team


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

TTY users please call **711**.

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