

2025 Individual and Family Plan Updates



**Health Plan
of Nevada** 
A UnitedHealthcare Company

**Sierra Health
and Life** 
A UnitedHealthcare Company

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**.

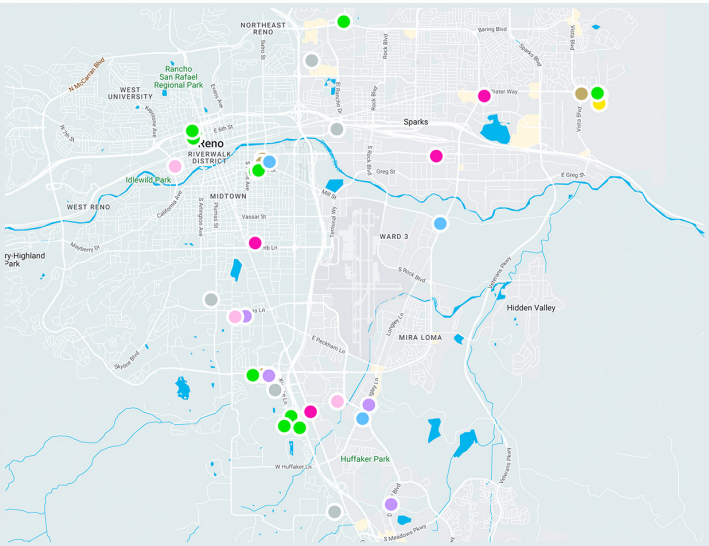
Our approach is simple. We offer competitive rates and help your clients navigate the complex world of health care. Find the right plan the first time to keep your clients – and your business – healthy.

What's happening in 2025!

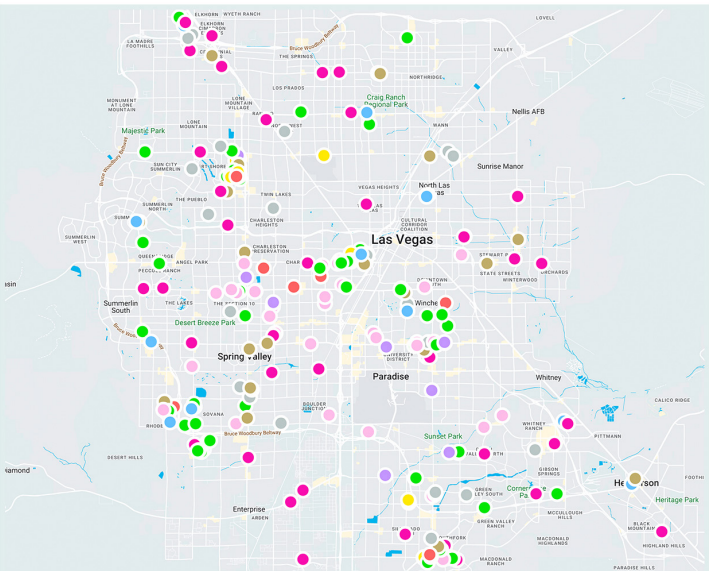
- ▶ **Manage chronic conditions for certain prescriptions at \$0 cost share.** We're eliminating out-of-pocket costs in individual and family plans for certain preferred prescription drugs, including insulin and several drugs used to treat emergencies such as severe allergic reactions, hypoglycemia, opioid overdoses, and acute asthma attacks. See page 4 for details.
- ▶ **One Pass Select™ is a subscription-based fitness and well-being program.** Members can choose a membership tier that fits their lifestyle and provides everything they need for whole body health in one easy, affordable plan. Members and their eligible family members (18+) can get started with One Pass Select. See page 6 for details.

Large provider network. For your clients and their families.

We have your clients covered with 9,500+ providers and 240+ locations in Nevada. Scan the QR code to view our online provider directories.*



Reno-Tahoe Area



Las Vegas Valley Area



Ambulatory Surgery Center
 Hospital
 Radiology Facility

Home Health
 Hospital - Rehabilitation
 Skilled Nursing Facility

Personal Care Assistant
 Laboratory
 Urgent Care

Hospice 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).

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**.

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

² Includes 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 your clients reach their fitness goals, while finding new passions along the way.



Find your fit with One Pass Select.

They can choose a membership tier that fits their lifestyle and provides everything they need for whole body health in one easy, affordable plan. Your clients and their 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.

They can join live, online fitness classes and explore on-demand workouts. They can also try our workout builder to learn new exercises and get routines created just for them.



Flexible fitness options for all.

Your clients can change member tiers monthly, and they can cancel their membership at any time by giving a 30-day notice. They can join as many gyms¹ as they like within a given tier at no additional cost.

To enroll, they can visit the **online member center** 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

HMO Off Exchange Plan Mapping

2024 MyHPN Solutions HMO Plans	2025 STATUS	2025 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
My HPN Solutions Plus HMO Bronze 4	Modified with changes	My HPN Solutions Plus HMO Bronze 4

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 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.



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



2025

SHL EPO Off Exchange Plan Mapping

2024 MySHL Solutions EPO, HSA EPO, Catastrophic Plans	2025 STATUS	2025 MySHL Solutions EPO, 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

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

 Denotes new plan or modified benefit.

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.

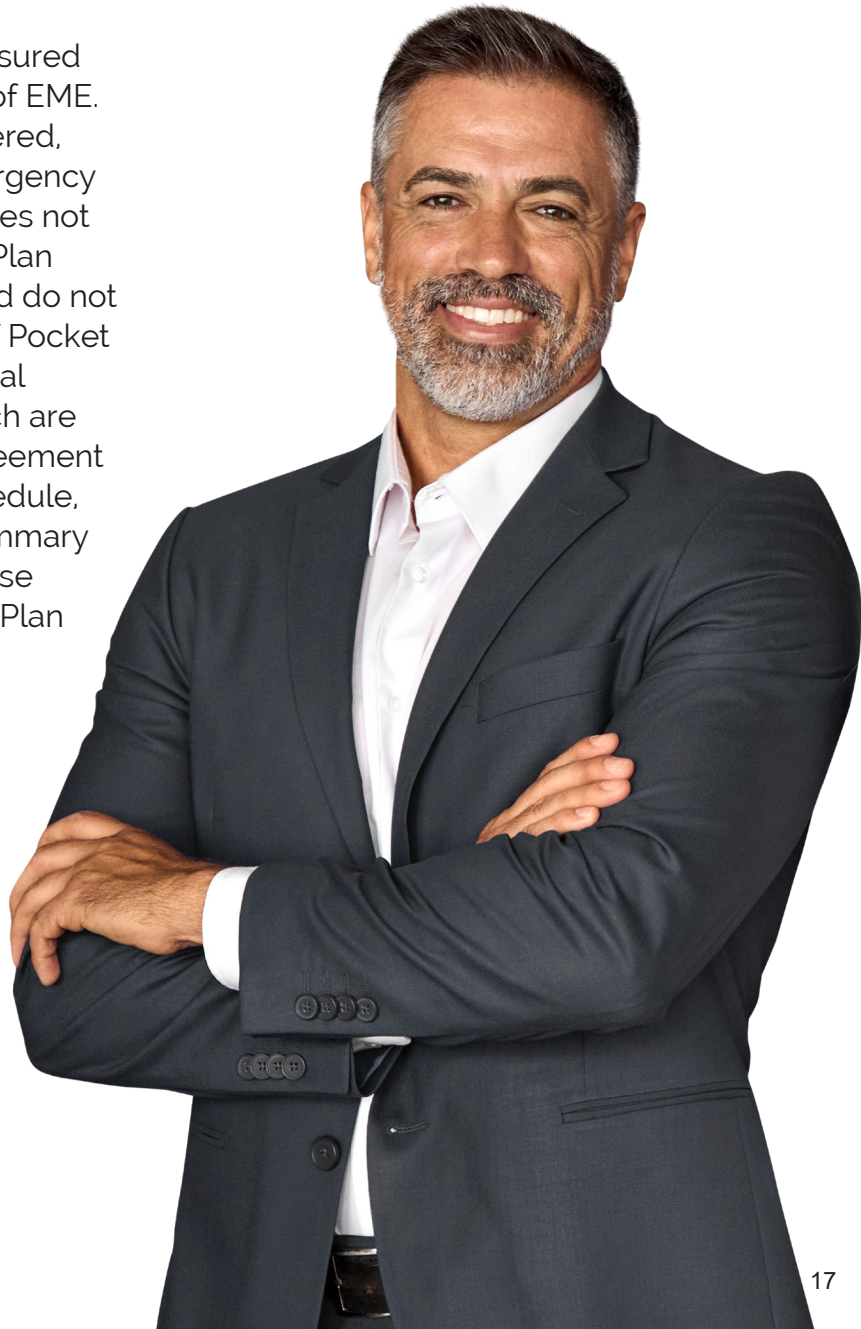
SHL Off Exchange Plans

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



HPN HMO

On Exchange Plans

2025

HPN Individual On Exchange Plan Mapping

2024 MyHPN HMO and Catastrophic Plans	2025 STATUS	2025 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 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
MyHPN Silver 11-94	Modified with changes	MyHPN Silver 11-94
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
MyHPN Silver 11-94	Modified with changes	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
MyHPN Select Network Silver 3	Modified with changes	MyHPN Select Network Silver 3
MyHPN Select Network Silver 3 - 73	Modified with changes	MyHPN Select Network Silver 3 - 73
MyHPN Select Network Silver 3 - 87	Modified with changes	MyHPN Select Network Silver 3 - 87
MyHPN Select Network Silver 3 - 94	Modified with changes	MyHPN Select Network Silver 3 - 94
MyHPN Select Network Silver 4	Modified with changes	MyHPN Select Network Silver 4
MyHPN Select Network Silver 4 - 73	Modified with changes	MyHPN Select Network Silver 4 - 73
MyHPN Select Network Silver 4 - 87	Modified with changes	MyHPN Select Network Silver 4 - 87
MyHPN Select Network Silver 4 - 94	Modified with changes	MyHPN Select Network Silver 4 - 94
MyHPN Select Network Bronze 1	Modified with changes	MyHPN Select Network Bronze 1

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

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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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 Denotes new plan or modified benefit.

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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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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 Denotes new plan or modified benefit.

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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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

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 Denotes new plan or modified benefit.

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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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

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 Denotes new plan or modified benefit.

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

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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

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 Denotes new plan or modified benefit.

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.

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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/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 Benefits 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.

2025 Uniform Modifications

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

2025 Uniform Modifications for Individual

Applies to all HPN and SHL Agreements 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 following subsections:
 - *Maintenance Covered Drugs* (new subsection added)
 - *Limitations*
 - Added language for step therapy related to a psychiatric condition.
 - Modified the language for step therapy requests through the website.
 - Modified the language for coverage for all drugs approved by the FDA for prevention and treatment of HIV.
 - *Coverage Policies and Guidelines*
 - Updated the web link for prescription reimbursement request form.
 - Modified the coupon language.
- Modify the *Covered Services* section specific to the following subsections:
 - *Telemedicine* (modified the language)
 - *Preventive Healthcare Services*
 - Updated the web link for preventive health care guidelines.
 - Added language for condoms and zero cost share medications.
 - *Gender Dysphoria* (modified the language)
- The *Exclusions* section language has been modified as follows:
 1. Healthcare services from a Non-Plan Provider for non-emergent, sub-acute inpatient or outpatient services at any of the following non-Hospital facilities: Alternate Facility, Free Standing Facility, Residential Treatment Center, Inpatient Rehabilitation Facility or Skilled Nursing Facility received outside of the Member's state of residence. For the purpose of this exclusion the "state of residence" is the state where the Member is a legal resident, plus any geographically bordering adjacent state or, for a member who is a student, the state where they attend school during the school year. This exclusion does not apply in the case of an Emergency or when there is no Plan Provider who is reasonably accessible or available to provide Covered Services.
 2. If you are enrolled in Medicare, any services covered by Medicare under Parts A and B are excluded to the extent actually paid for by Medicare.
 3. Drugs and medicine approved by the FDA for Experimental, Investigational or Unproven use or any drug that has been approved by the FDA for less than one (1) year, unless required by law.

- The *Pharmacy Specific Exclusions* section has been modified as follows:
 - The language was modified as follows:
 1. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration (FDA) and requires a Prescription Order or Refill. Compounded drugs that contain a non-FDA approved bulk chemical. Compounded drugs that are available as a similar commercially available Prescription Drug. (Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to tier III or IV.)
 - The following pharmacy specific exclusions were added:
 1. A Prescription Drug that contains (an) active ingredient(s) available in and Therapeutically Equivalent to another covered Prescription Drug Product.
 2. A Prescription Drug that contains (an) active ingredient(s) which is (are) a modified version of and Therapeutically Equivalent to another covered Prescription Drug Product.
 3. Certain Prescription Drugs for which there are Therapeutically Equivalent alternatives available, unless otherwise required by law or approved by the Plan.
 4. Certain Prescription Drugs that have not been prescribed by a Specialist.
 5. Diagnostic kits and products, including associated services.
 6. Durable Medical Equipment, including certain insulin pumps and related supplies for the management and treatment of diabetes, for which benefits are provided in your Attachment A Benefit Schedule. Prescribed and non-prescribed outpatient supplies. This does not apply to diabetic supplies and inhaler spacers specifically stated as covered.
 - The following pharmacy specific exclusion was removed:
 1. A Prescription Drug that contains an active ingredient(s) which is (are) a modified version of and/or Therapeutically Equivalent to a Covered Drug may be excluded as determined by the Plan.
- The web link was updated under the *Incentives Available to the Member/Insured* subsection.
- The *Glossary* section has been modified as follows:
 - The following terms were added:
 1. **"Maintenance Covered Drug"** means a Prescription Drug anticipated to be used for six (6) months or more to treat or prevent a chronic condition.
 2. **"Pharmaceutical Product(s)"** means U.S. Food and Drug Administration (FDA)-approved prescription medications or products administered in connection with Covered Services by a Physician.
 - The following terms were modified as follows:
 1. **"Autism Spectrum Disorders"** means a condition marked by enduring problems communicating and interacting with others, along with restricted and repetitive behavior, interests, or activities and as listed in the current edition of the *International Classification of Diseases* section on *Mental and Behavioral Disorders* or the *Diagnostic and Statistical Manual of Mental Disorders* published by the *American Psychiatric Association*.
 2. **"Gender Dysphoria"** means a disorder characterized by diagnostic criteria classified in the current edition of the *Diagnostic and Statistical Manual of Mental Health* published by the *American Psychiatric Association*.
 3. **"Physician Extender/Physician Assistant"** means a healthcare provider who is not a physician (MD/DO) but who performs medical activities typically performed

by a physician. It is most commonly a nurse practitioner, physician assistant or pharmacist.

4. **"Prescription Drug"** means a medication or product that has been approved by the U.S. Food and Drug Administration (FDA) and that can, under federal or state law, be dispensed only according to a Prescription Order or Refill. A Prescription Drug includes a medication that is generally appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of Benefits under the Policy, this definition includes:
 - Inhalers (with spacers).
 - Insulin.
 - Certain vaccines/immunizations administered in a Network Pharmacy.
 - Certain injectable medications administered in a Network Pharmacy.
 - The following diabetic supplies:
 - Standard insulin syringes with needles;
 - Blood-testing strips - glucose;
 - Urine-testing strips - glucose;
 - Ketone-testing strips and tablets;
 - Lancets and lancet devices; and
 - Glucose meters, including continuous glucose monitors.
5. **"Severe Mental Illness"** means any of the following Mental Illnesses that are biologically based and for which diagnostic criteria are prescribed in the Diagnostic and Statistical Manual of Mental Disorder (DSM), current edition, published by the American Psychiatric Association:
 - Bipolar disorder;
 - Major depressive disorders;
 - Obsessive-compulsive disorder;
 - Panic disorder;
 - Schizoaffective disorder; and
 - Schizophrenia.
6. **"Step Therapy"** means certain Prescription Drugs and/or Pharmaceutical Products are subject to step therapy requirements. This means that in order to receive benefits for such Prescription Drugs and/or Pharmaceutical Products you must have tried and failed a different Prescription Drug(s) or Pharmaceutical Product(s) first.
7. **"Substance-Related and Addictive Disorder Services"** as defined in the Diagnostic and Statistical Manual of Mental Disorder (DSM), current edition, is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. Substance-Related and Addictive Disorder Services treatment:
 - Must be provided as a part of a treatment plan with clearly defined goals that are realistic and measurable. The plan must address significant impairment or deterioration in the Member's occupational or scholastic function, social function, or ability to provide self-care.
 - Must be provided by state licensed professionals who are practicing within the scope of this licensure.

8. **“Transitional Living”** means Mental Health Care Services and Substance-Related and Addictive Disorders Services provided through facilities, group homes and supervised apartments which provide twenty-four (24) hour supervision, including those defined in the *American Society of Addiction Medicine (ASAM) Criteria*, and are either:
- Sober living arrangements such as drug-free housing or alcohol/drug halfway houses. They provide stable and safe housing, an alcohol/drug-free environment and support for recovery. They may be used as an addition to ambulatory treatment when it doesn't offer the intensity and structure needed to help you with recovery.
 - Supervised living arrangements which are residences such as facilities, group homes and supervised apartments. They provide stable and safe housing and the opportunity to learn how to manage activities of daily living. They may be used as an addition to treatment when it doesn't offer the intensity and structure needed to help with recovery. Please note: These living arrangements are also known as supportive housing (including recovery residences).
9. **“Unproven”** in the context of “Experimental, Investigational or Unproven” means services, including medications and devices, regardless of *U.S. Food and Drug Administration (FDA)* approval, that are not determined to be effective for treatment of the medical or behavioral health condition or not determined to have a beneficial effect on health outcomes due to insufficient and inadequate clinical evidence well-designed randomized controlled trials or observational studies in the prevailing published peer-reviewed medical literature.
- Well- designed systematic reviews (with or without meta-analyses) of multiple well-designed randomized controlled trials.
 - Individual well-designed randomized controlled trials.
 - Well- designed observational studies with one or more concurrent comparison group(s) including cohort studies, case-control studies, cross-sectional studies, and systematic reviews (with or without meta-analyses) of such studies.

Please refer to the benefit documents for specific revision language to the coverage details.

THANK YOU

for partnering with us!

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