

Find a plan that's right for YOU

**Health Plan
of Nevada** 
A UnitedHealthcare Company

On Exchange
Individual and
Family Plans



Get covered with many services at low or NO COST.



Why HPN?



Largest provider network in Nevada

Many doctors are only in HPN's network. Get the coverage you need with a large network of providers in **Clark, Nye and Washoe counties**.



Low-cost primary care visits

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



Mental health benefits with every plan

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



Urgent care that comes to you

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

Nevada Service Area

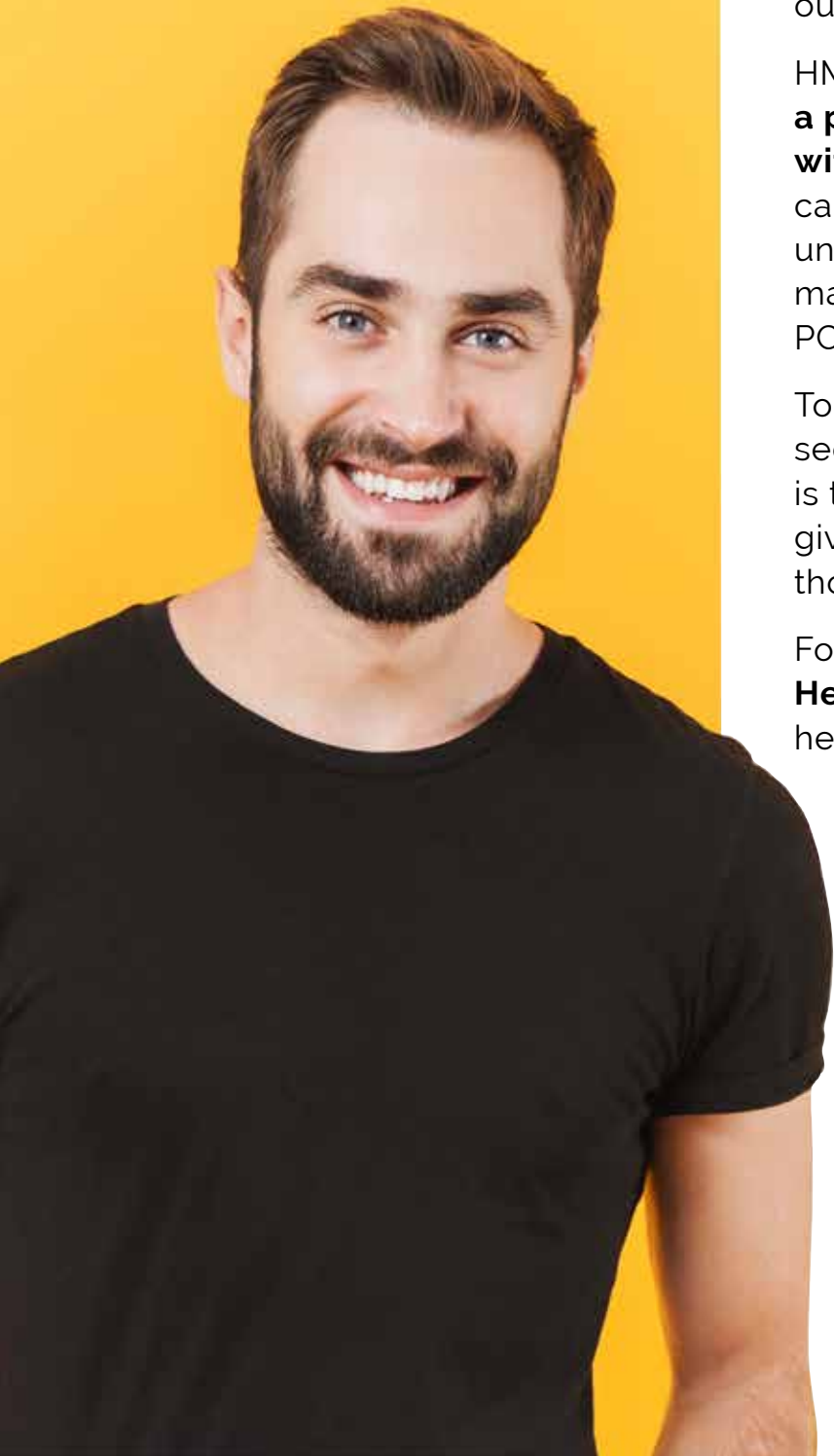
ON EXCHANGE PLAN NETWORK



For a complete list of contracted providers, visit [HealthPlanofNevada.com](https://www.healthplanofnevada.com) and search our online directory.

Information is subject to change. Networks may vary by plan type. **The Select Network does not include Dignity facilities and Dignity micro hospitals, urgent care and physician groups.** Data does not include ancillary providers like physical therapists, occupational therapists, etc.

What is a Health Maintenance Organization (HMO) plan?



Easier on the wallet, HMO plans are designed to save you money on out-of-pocket costs.

HMO members 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. Females 14 years and older may select an OB/GYN in addition to a PCP.

To have a specialist visit covered, you must see your PCP for an initial exam. Your PCP is the leader of your care team and will give you a referral to a specialist for a more thorough diagnosis, if needed.

For a complete list of providers, visit **HealthPlanofNevada.com**. If you need help scheduling an appointment or finding the right provider to fit your specific needs, our Member Services team can help.

Feel Better Faster

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

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

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



NowClinic

Enroll with HPN and get care!

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

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

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

Individual and family plans that fit almost every lifestyle.

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

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

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



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

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

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 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	\$14,580 – \$58,320
2	\$19,720 – \$78,880
3	\$24,860 – \$99,440
4	\$30,000 – \$120,000
2023 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.



Feeling **BETTER** changes everything!



Our Health Education and Disease Management programs are available at no additional cost to eligible Health Plan of Nevada members.



**WEIGHT
MANAGEMENT**



**DIABETES
PROGRAM**



**PREDIABETES
PROGRAM**



**ASTHMA
SUPPORT**



**KIDNEY
HEALTH**



**TOBACCO CESSATION
PROGRAM**

40+ years of local, friendly customer service.

Health Plan of Nevada has 35+ individual and family plans that may save you money on your premium and out-of-pocket costs.

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

Health Plan of Nevada Individual plans are available in Clark, Nye and Washoe counties only.



What's happening in 2024!

- ▶ HPN Individual On Exchange Select Plans offer HPN's lowest monthly premium with a select network of hospitals.*
- ▶ More ways to get urgent care including 24/7 urgent care, urgent care that comes to you at home and some specialty urgent care centers.

*The Select Network does not include Dignity facilities and Dignity micro hospitals, urgent cares and physician groups.

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.

2024 HPN Individual HMO On Exchange Gold/Silver/Bronze Plans

Plan Name	MyHPN Select Network Gold 1	MyHPN Select Network Silver 1	MyHPN Select Network Silver 3	MyHPN Select Network Silver 4	MyHPN Select Network Plus Bronze 1
Calendar Year Deductible (CYD)					
Plan Provider	\$2,000 of EME ¹ per Individual	\$5,000 of EME per Individual	\$6,000 of EME per Individual	\$6,400 of EME per Individual	\$8,700 of EME per Individual
	\$4,000 of EME per Family	\$10,000 of EME per Family	\$12,000 of EME per Family	\$12,800 of EME per Family	\$17,400 of EME per Family
Coinsurance After CYD Member Pays					
Plan Provider	20% of EME	40% of EME	50% of EME	35% of EME	0% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)					
Plan Provider	\$8,000 of EME per Individual	\$8,700 of EME per Individual	\$8,500 of EME per Individual	\$8,200 of EME per Individual	\$8,700 of EME per Individual
	\$16,000 of EME per Family	\$17,400 of EME per Family	\$17,000 of EME per Family	\$16,400 of EME per Family	\$17,400 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit					
Preventive Care ²	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$0	\$0	\$0	After CYD, 0% of EME
Physician (PCP)	\$15	\$0	\$10	\$15	After CYD, 0% of EME
Specialist	\$30	After CYD, 40% of EME	After CYD, 50% of EME	After CYD, 35% of EME	After CYD, 0% of EME
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit					
Routine Laboratory	\$10	After CYD, 40% of EME	\$10	\$20	After CYD, 0% of EME
Routine X-ray	\$10	After CYD, 40% of EME	After CYD, 50% of EME	After CYD, 35% of EME	After CYD, 0% of EME
Emergency Services (In Network) Member Pays Per Visit or Per Trip					
Urgent Care	\$50	\$50	\$50	\$50	After CYD, 0% of EME
Hospital Emergency Room Facility	After CYD, 20% of EME	After CYD, 50% of EME	\$750 then, after CYD, 0% of EME; waived if admitted	After CYD, 35% of EME	After CYD, 0% of EME
Ambulance	\$100	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME
Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery					
Inpatient	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 50% of EME	After CYD, 35% of EME	After CYD, 0% of EME
Outpatient	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 50% of EME	After CYD, 35% of EME	After CYD, 0% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery					
Inpatient Hospital Facility	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 50% of EME	After CYD, 35% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 50% of EME	After CYD, 35% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 50% of EME	After CYD, 35% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME
Prescription Drugs (In Network) Member Pays					
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: \$6,000 Family: \$12,000 (Tiers 2-4)	Combined Medical/Rx CYD Member: \$6,400 Family: \$12,800 (Tiers 2-4)	Combined Medical/Rx CYD Member: \$8,700 Family: \$17,400 (Tiers 1-4)
Tier 1	\$25	\$5	\$10	\$10	After CYD, 0% of EME
Tier 2	\$50	After CYD, 40% of EME	After CYD, 50% of EME	After CYD, \$75	After CYD, 0% of EME
Tier 3	After CYD, \$75	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 0% of EME
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 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	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.

2024 HPN Individual HMO On Exchange Gold/Silver Plans

Plan Name	MyHPN Gold 6	MyHPN Silver 1.1	MyHPN Silver 5/Medicaid Transition Plan	MyHPN Silver 10	MyHPN Silver 11
Calendar Year Deductible (CYD)					
Plan Provider	\$1,800 of EME ¹ per Individual	\$4,900 of EME per Individual	\$5,500 of EME per Individual	\$6,000 of EME per Individual	\$6,500 of EME per Individual
	\$3,600 of EME per Family	\$9,800 of EME per Family	\$11,000 of EME per Family	\$12,000 of EME per Family	\$13,000 of EME per Family
Coinsurance After CYD Member Pays					
Plan Provider	30% of EME	30% of EME	30% of EME	40% of EME	50% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)					
Plan Provider	\$7,900 of EME per Individual	\$8,900 of EME per Individual	\$9,000 of EME per Individual	\$8,200 of EME per Individual	\$8,700 of EME per Individual
	\$15,800 of EME per Family	\$17,800 of EME per Family	\$18,000 of EME per Family	\$16,400 of EME per Family	\$17,400 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit					
Preventive Care ²	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$10	\$5	\$15	\$15
Physician (PCP)	\$0	\$25	\$15	\$30	\$0
Specialist	\$0	\$40	\$85	\$85	\$85
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit					
Routine Laboratory	\$15	\$25	\$15	\$25	\$25
Routine X-ray	\$15	\$25	\$15	\$25	After CYD, 50% of EME
Emergency Services (In Network) Member Pays Per Visit or Per Trip					
Urgent Care	\$50	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 30% of EME	\$1,500 then, after CYD, 0% of EME; waived if admitted	\$1,200 then, after CYD, 0% of EME; waived if admitted	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$1,000 then, after CYD, 0% of EME; waived if admitted
Ambulance	\$100	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 50% of EME
Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery					
Inpatient	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 50% of EME
Outpatient	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 50% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery					
Inpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 50% of EME
Outpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 50% of EME
Ambulatory Surgical Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 50% of EME
Anesthesia	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 50% of EME
Prescription Drugs (In Network) Member Pays					
Rx CYD	Member: \$500 Family: \$1,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$6,500 Family: \$13,000 (Tiers 3-4)
Tier 1	\$25	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$75	\$75
Tier 3	After CYD, \$75	After CYD, \$100	After CYD, \$100	After CYD, \$150	After CYD, 50% of EME
Tier 4	After CYD, 50% of EME	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	2.5 x Copay

2024 HPN Individual HMO On Exchange Silver/Bronze/Virtual Plans

Plan Name	MyHPN Silver 12	MyHPN Bronze 2 - Medicaid Transition Plan	MyHPN Bronze 3	Virtual HPN
Calendar Year Deductible (CYD)				
Plan Provider	\$7,000 of EME ¹ per Individual	\$9,200 of EME per Individual	\$9,450 of EME per Individual	\$9,250 of EME per Individual
	\$14,000 of EME per Family	\$18,400 of EME per Family	\$18,900 of EME per Family	\$18,500 of EME per Family
Coinsurance After CYD Member Pays				
Plan Provider	40% of EME	0% of EME	0% of EME	0% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$8,700 of EME per Individual	\$9,200 of EME per Individual	\$9,450 of EME per Individual	\$9,250 of EME per Individual
	\$17,400 of EME per Family	\$18,400 of EME per Family	\$18,900 of EME per Family	\$18,500 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	\$5	\$0	\$0
Physician (PCP)	\$0	\$50	\$25	\$0
Specialist	\$85	\$120	\$120	After CYD, 0% of EME
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	\$25	\$50	After CYD, 0% of EME	After CYD, 0% of EME
Routine X-ray	\$50	\$120	After CYD, 0% of EME	After CYD, 0% of EME
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	\$50	\$50	\$50	After CYD, 0% of EME
Hospital Emergency Room Facility	\$1,000 then, after CYD, 0% of EME; waived if admitted	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulance	After CYD, 40% of EME	\$100	After CYD, 0% of EME	After CYD, 0% of EME
Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery				
Inpatient	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Prescription Drugs (In Network) Member Pays				
Rx CYD	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$9,200 Family: \$18,400 (Tiers 2-4)	Combined Medical/Rx CYD Member: \$9,450 Family: \$18,900 (Tiers 2-4)	Combined Medical/Rx CYD Member: \$9,250 Family: \$18,500 (Tiers 2-4)
Tier 1	\$25	\$30	\$25	\$25
Tier 2	\$75	After CYD, \$120	After CYD, 0% of EME	After CYD, 0% of EME
Tier 3	After CYD, \$150	After CYD, 0% of EME	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, 0% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

2024 HPN Individual HMO On Exchange Catastrophic/Bronze Plus Plans

Plan Name	MyHPN Catastrophic Plan	MyHPN Plus Bronze 4	MyHPN Plus Bronze 5	MyHPN Plus Bronze 6
Calendar Year Deductible (CYD)				
Plan Provider	\$9,450 of EME ¹ per Individual	\$9,200 of EME per Individual	\$7,800 of EME per Individual	\$7,900 of EME per Individual
	\$18,900 of EME per Family	\$18,400 of EME per Family	\$15,600 of EME per Family	\$15,800 of EME per Family
Coinsurance After CYD Member Pays				
Plan Provider	0% of EME	0% of EME	50% of EME	40% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$9,450 of EME per Individual	\$9,200 of EME per Individual	\$8,900 of EME per Individual	\$8,900 of EME per Individual
	\$18,900 of EME per Family	\$18,400 of EME per Family	\$17,800 of EME per Family	\$17,800 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	After CYD, \$0	\$5	\$5	\$5
Physician (PCP)	After CYD, \$0 (CYD is waived for first 3 visits per calendar year)	\$50	\$35	\$25
Specialist	After CYD, \$0	\$150	After CYD, \$60	After CYD, \$0
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	After CYD, \$0	\$50	After CYD, \$50	After CYD, \$25
Routine X-ray	After CYD, \$0	\$120	After CYD, \$50	After CYD, \$25
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	After CYD, \$0	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$600; waived if admitted	After CYD, \$600; waived if admitted
Ambulance	After CYD, \$0	\$100	\$100	\$100
Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery				
Inpatient	After CYD, \$0	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Outpatient	After CYD, \$0	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Outpatient Hospital Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Ambulatory Surgical Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Anesthesia	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Prescription Drugs (In Network) Member Pays				
Rx CYD	Combined Medical/Rx CYD Member: \$9,450 Family: \$18,900 (Tiers 1-4)	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)
Tier 1	After CYD, \$0	\$30	\$25	\$25
Tier 2	After CYD, \$0	\$120	\$75	After CYD, 40% of EME
Tier 3	After CYD, \$0	After CYD, 0% of EME	After CYD, \$75	After CYD, 40% of EME
Tier 4	After CYD, \$0	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

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).

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).

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
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.

HPN Form Numbers

MyHPN On Exchange HMO Plans

24H_IX_HMO_G_6, 24H_IX_HMO_S_1_1, 24H_IX_HMO_S_MTP_5, 24H_IX_HMO_S_10, 24H_IX_HMO_S_11, 24H_IX_HMO_S_12, 24H_IX_HMO_B_2_MTP, 24H_IX_HMO_B_3, 24H_IX_HMO_P_B_4, 24H_IX_HMO_P_B_5, 24H_IX_HMO_P_B_6, 24H_IX_HMO_VH.

MyHPN On Exchange HMO Catastrophic Plan

24H_IX_HMO_CAT.

MyHPN Select Network Plans

24H_IX_HMO_SN_G_1, 24H_IX_HMO_SN_S_1, 24H_IX_HMO_SN_S_2, 24H_IX_HMO_SN_B_1.

HPN Disclaimers

Pediatric vision is embedded in all MyHPN and MyHPN Plus HMO's.

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 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.

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, TTY 711, Monday through Friday, 8 a.m. to 5 p.m.

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. TTY 711

This notice has important information about your application or coverage through the Health Insurance Marketplace. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 877-752-8026.

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Health Insurance Marketplace. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 877-752-8026.

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 877-752-8026.

本通知有重要的訊息。本通知有關於您透過[插入SBM項目的名稱 Health Insurance Marketplace 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 [在此插入數字 877-752-8026。

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Health Insurance Marketplace을 통한 커버리지 에 관한 정보를 포함하고 있습니다.

본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할

필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 877-752-8026로 전화하십시오.

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Health Insurance Marketplace. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 877-752-8026.

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Health Insurance Marketplace ሽፋን አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናችን ፈልጉ። የጤናን ሽፋንዎን ለመጠበቅና በአከፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት። 877-752-8026 ይደውሉ።

ประกาศนี้ มีข้อมูลสำคัญ ประกาศนี้มีข้อมูลที่สำคัญเกี่ยวกับการการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Health Insurance Marketplace คุณกำหนดการในประกาศนี้

คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 877-752-8026

この通知には重要な情報が含まれています。この通知には、Health Insurance Marketplace の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。877-752-8026 までお電話ください。

يحتوي هذا الإشعار معلومات هامة. يحتوي هذا الإشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من . ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ اجراء Health Insurance Marketplace خلال . ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ اجراء Health Insurance Marketplace خلال في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات في 877-752-8026 والمساعدة بلغتك من دون أي تكلفة. اتصل ب

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Health Insurance Marketplace. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 877-752-8026.

Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Health Insurance Marketplace.

Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût.

Appelez 877-752-8026.

این اعلامیه حامی اطلاعات مهم میباشد. این اعلامیه حامی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای . به تاریخ های مهم در این اعلامیه توجه نمایید. شما Health Insurance Marketplace شما مربوط به { ممکن است تا به تاریخ های مشخصی برای حفظ پوشش مزایای یا برای کمک به مخارج مزایای ملزوم به انجام کارهایی باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. 877-752-8026.

Ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Health Insurance Marketplace, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu e lau telefoni 877-752-8026.

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Health Insurance Marketplace. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 877-752-8026.

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenno coverage babaen iti Health Insurance Marketplace. Biroken dagiti importante a petsa iti daytoy a pakdaar. Mabalina nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyoy wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 877-752-8026.

Health Plan of Nevada does 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:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

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, TTY 711, Monday through Friday, 8 a.m. to 5 p.m.

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, 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 language services.

We provide free services to help you communicate with us. Such as, letters in others 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, TTY 711, Monday through Friday, 8 a.m. to 5 p.m.

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



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