

2021 Health Insurance Plans

for Individuals
and Families



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company



Download the
MyHPN or
MySHL app
to find care
locations
near you.



Easily manage your health plan information on the go and get turn-by-turn directions to contracted urgent care, convenient care and hospital locations.



Your personal medical information is confidential and is only available to you and your provider. You must be a Health Plan of Nevada or Sierra Health and Life member to use the app.



Cover yourself

with 24/7 peace-of-mind.

We're the only health insurance company in Nevada that's been on the Exchange since the beginning.

Taking care of Nevadans is what we do. We offer:

- ▶ Different plans for different needs
- ▶ Largest provider network in Nevada
- ▶ 35+ years of experience
- ▶ Local, friendly customer service
- ▶ Cost competitive monthly premiums
- ▶ All major hospitals in Nevada

Discover more ways we're here for you at [ChooseHPN.com](https://www.ChooseHPN.com).



**Health Plan of Nevada
Individual On Exchange Plans**



2021 HEALTH PLAN OF NEVADA INDIVIDUAL ON EXCHANGE HMO PLANS

Plan Name	MyHPN Gold 5	MyHPN Silver 1.1	MyHPN Silver 1.1 - 73	MyHPN Silver 1.1 - 87	MyHPN Silver 1.1 - 94
Calendar Year Deductible (CYD)					
Plan Provider	\$4,500 of EME ¹ per Member	\$3,900 of EME per Member	\$3,500 of EME per Member	\$0 of EME per Member	\$0 of EME per Member
	\$9,000 of EME per Family	\$7,800 of EME per Family	\$7,000 of EME per Family	\$0 of EME per Family	\$0 of EME per Family
Coinsurance after CYD Member Pays					
Plan Provider	20% of EME	30% of EME	30% of EME	30% of EME	30% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)					
Plan Provider	\$8,500 of EME per Member	\$8,100 of EME per Member	\$6,550 of EME per Member	\$2,400 of EME per Member	\$700 of EME per Member
	\$17,000 of EME per Family	\$16,200 of EME per Family	\$13,100 of EME per Family	\$4,800 of EME per Family	\$1,400 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit					
Preventive Care ²	\$0	\$0	\$0	\$0	\$0
Convenient Care	\$5	\$10	\$10	\$10	\$10
Convenient Care Member Under Age 19	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$10	\$10	\$10	\$10
Physician Extender Member Under Age 19	\$0	\$0	\$0	\$0	\$0
Physician	\$20	\$20	\$20	\$10	\$5
Physician Member Under Age 19	\$0	\$0	\$0	\$0	\$0
Specialist	\$30	\$40	\$40	\$20	\$10
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit					
Routine Laboratory	\$10	\$25	\$25	\$25	\$25
Routine X-ray	\$10	\$25	\$25	\$25	\$25
Emergency Services (In Network) Member Pays Per Visit or Per Trip					
Urgent Care	\$25	\$25	\$25	\$25	\$25
Hospital Emergency Room Facility	After CYD, 20% of EME	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$1,000; waived if admitted	\$650; waived if admitted
Ambulance	\$100	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery					
Inpatient	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Outpatient	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery					
Inpatient Hospital Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Outpatient Hospital Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Ambulatory Surgical Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Anesthesia	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Prescription Drugs (In Network) Member Pays					
Rx CYD	Member: \$500 Family: \$1,000 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Member: \$0 Family: \$0	Member: \$0 Family: \$0
Tier 1	\$25	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$75	After CYD, \$100	After CYD, \$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

2021 HEALTH PLAN OF NEVADA INDIVIDUAL ON EXCHANGE HMO PLANS

Plan Name	MyHPN Silver 5/ Medicaid Transition	MyHPN Silver 5/ Medicaid Transition - 73	MyHPN Silver 5/ Medicaid Transition - 87	MyHPN Silver 5/ Medicaid Transition - 94
Calendar Year Deductible (CYD)				
Plan Provider	\$5,000 of EME ¹ per Member	\$3,500 of EME per Member	\$0 of EME per Member	\$0 of EME per Member
	\$10,000 of EME per Family	\$7,000 of EME per Family	\$0 of EME per Family	\$0 of EME per Family
Coinsurance after CYD Member Pays				
Plan Provider	30% of EME	30% of EME	30% of EME	30% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$7,900 of EME per Member	\$6,350 of EME per Member	\$2,200 of EME per Member	\$750 of EME per Member
	\$15,800 of EME per Family	\$12,700 of EME per Family	\$4,400 of EME per Family	\$1,500 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ²	\$0	\$0	\$0	\$0
Convenient Care	\$5	\$5	\$5	\$5
Convenient Care Member Under Age 19	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$5	\$5	\$5
Physician Extender Member Under Age 19	\$0	\$0	\$0	\$0
Physician	\$15	\$10	\$10	\$0
Physician Member Under Age 19	\$0	\$0	\$0	\$0
Specialist	\$85	\$75	\$70	\$50
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	\$25	\$25	\$25	\$25
Routine X-ray	\$50	\$50	\$50	\$50
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	\$25	\$25	\$25	\$25
Hospital Emergency Room Facility	\$500 then, after CYD, 0% of EME; waived if admitted	\$500 then, after CYD, 0% of EME; waived if admitted	\$500; waived if admitted	\$500; waived if admitted
Ambulance	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery				
Inpatient	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Outpatient	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Outpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Ambulatory Surgical Facility	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Anesthesia	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Prescription Drugs (In Network) Member Pays				
Rx CYD	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Member: \$0 Family: \$0	Member: \$0 Family: \$0
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$100	After CYD, \$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

Feel Better Faster



24/7
NowClinic®
virtual visits
with same day
medication
delivery¹

Secure video chat with a provider from your computer or mobile device for **\$0 copay.**²

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

NowClinic

Enroll and get care!

Download the **NowClinic** app or go to **NowClinic.com** and sign up.

¹Same 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.

²Calendar year deductible and/or coinsurance may apply to some plans.

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**.

2021 HEALTH PLAN OF NEVADA INDIVIDUAL ON EXCHANGE HMO PLANS

Plan Name	MyHPN Silver 10	MyHPN Silver 10-73	MyHPN Silver 10-87	MyHPN Silver 10-94
Calendar Year Deductible (CYD)				
Plan Provider	\$6,900 of EME ¹ per Member	\$4,600 of EME per Member	\$900 of EME per Member	\$0 of EME per Member
	\$13,800 of EME per Family	\$9,200 of EME per Family	\$1,800 of EME per Family	\$0 of EME per Family
Coinsurance after CYD Member Pays				
Plan Provider	40% of EME	40% of EME	40% of EME	20% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$8,550 of EME per Member	\$6,800 of EME per Member	\$2,650 of EME per Member	\$1,000 of EME per Member
	\$17,100 of EME per Family	\$13,600 of EME per Family	\$5,300 of EME per Family	\$2,000 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ²	\$0	\$0	\$0	\$0
Convenient Care	\$15	\$5	\$5	\$0
Convenient Care Member Under Age 19	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	\$5	\$5	\$0
Physician Extender Member Under Age 19	\$0	\$0	\$0	\$0
Physician	\$40	\$15	\$25	\$0
Physician Member Under Age 19	\$0	\$0	\$0	\$0
Specialist	\$85	\$50	\$50	\$0
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	\$50	\$25	\$25	\$0
Routine X-ray	\$50	\$25	\$25	\$0
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	\$25	\$25	\$25	\$25
Hospital Emergency Room Facility	\$1,000 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	\$500; waived if admitted
Ambulance	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery				
Inpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Outpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Outpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Ambulatory Surgical Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Anesthesia	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Prescription Drugs (In Network) Member Pays				
Rx CYD	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$0 Family: \$0	Member: \$0 Family: \$0
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75
Tier 3	After CYD, \$150	After CYD, \$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

2021 HEALTH PLAN OF NEVADA INDIVIDUAL ON EXCHANGE HMO PLANS

Plan Name	MyHPN Silver 11	MyHPN Silver 11 - 73	MyHPN Silver 11 - 87	MyHPN Silver 11 - 94
Calendar Year Deductible (CYD)				
Plan Provider	\$7,700 of EME ¹ per Member	\$4,000 of EME per Member	\$800 of EME per Member	\$0 of EME per Member
	\$15,400 of EME per Family	\$8,000 of EME per Family	\$1,600 of EME per Family	\$0 of EME per Family
Coinsurance after CYD Member Pays				
Plan Provider	50% of EME	40% of EME	30% of EME	30% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$8,550 of EME per Member	\$6,800 of EME per Member	\$2,500 of EME per Member	\$1,100 of EME per Member
	\$17,100 of EME per Family	\$13,600 of EME per Family	\$5,000 of EME per Family	\$2,200 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ²	\$0	\$0	\$0	\$0
Convenient Care	\$15	\$10	\$5	\$0
Convenient Care Member Under Age 19	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	\$10	\$5	\$0
Physician Extender Member Under Age 19	\$0	\$0	\$0	\$0
Physician	\$40	\$20	\$10	\$0
Physician Member Under Age 19	\$0	\$0	\$0	\$0
Specialist	\$85	\$40	\$20	\$5
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	\$50	\$50	\$50	\$50
Routine X-ray	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	\$25	\$25	\$25	\$25
Hospital Emergency Room Facility	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$750 then, after CYD, 0% of EME; waived if admitted	\$500 then, after CYD, 0% of EME; waived if admitted	\$250; waived if admitted
Ambulance	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery				
Inpatient	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Outpatient	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Outpatient Hospital Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Ambulatory Surgical Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Anesthesia	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Prescription Drugs (In Network) Member Pays				
Rx CYD	Combined Medical/Rx CYD Member: \$7,700 Family: \$15,400 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$4,000 Family: \$8,000 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$800 Family: \$1,600 (Tier-4)	Combined Medical/Rx CYD Member: \$0 Family: \$0
Tier 1	\$25	\$25	\$25	\$10
Tier 2	\$75	\$75	\$75	\$25
Tier 3	After CYD, 50% of EME	After CYD, \$100	\$100	\$50
Tier 4	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 20% 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

2021 HEALTH PLAN OF NEVADA INDIVIDUAL ON EXCHANGE HMO PLANS

Plan Name	MyHPN Silver 12	MyHPN Silver 12 - 73	MyHPN Silver 12 - 87	MyHPN Silver 12 - 94
Calendar Year Deductible (CYD)				
Plan Provider	\$7,500 of EME ¹ per Member	\$4,000 of EME per Member	\$500 of EME per Member	\$0 of EME per Member
	\$15,000 of EME per Family	\$8,000 of EME per Family	\$1,000 of EME per Family	\$0 of EME per Family
Coinsurance after CYD Member Pays				
Plan Provider	40% of EME	40% of EME	40% of EME	10% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$8,550 of EME per Member	\$6,800 of EME per Member	\$2,850 of EME per Member	\$1,000 of EME per Member
	\$17,100 of EME per Family	\$13,600 of EME per Family	\$5,700 of EME per Family	\$2,000 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ²	\$0	\$0	\$0	\$0
Convenient Care	\$15	\$5	\$5	\$0
Convenient Care Member Under Age 19	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	\$5	\$5	\$0
Physician Extender Member Under Age 19	\$0	\$0	\$0	\$0
Physician	\$30	\$25	\$0	\$0
Physician Member Under Age 19	\$0	\$0	\$0	\$0
Specialist	\$85	\$60	\$25	\$15
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	\$50	\$20	\$15	\$0
Routine X-ray	\$50	\$20	\$15	\$0
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	\$25	\$25	\$25	\$25
Hospital Emergency Room Facility	\$1,000 then, after 0% of EME; waived if admitted	\$1,000 then, after 0% of EME; waived if admitted	\$1,000 then, after 0% of EME; waived if admitted	\$500; waived if admitted
Ambulance	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery				
Inpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Outpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Outpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Ambulatory Surgical Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Anesthesia	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Prescription Drugs (In Network) Member Pays				
Rx CYD	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$0 Family: \$0	Member: \$0 Family: \$0
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75
Tier 3	After CYD, \$150	After CYD, \$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

Everything you need



is in your wallet.

Card shown is an example. Plan and copays may differ.

2021 HEALTH PLAN OF NEVADA INDIVIDUAL ON EXCHANGE HMO PLANS

Plan Name	MyHPN Silver 13	MyHPN Silver 13 - 73	MyHPN Silver 13 - 87	MyHPN Silver 13 - 94
Calendar Year Deductible (CYD)				
Plan Provider	\$6,700 of EME ¹ per Member	\$4,500 of EME per Member	\$1,450 of EME per Member	\$0 of EME per Member
	\$13,400 of EME per Family	\$9,000 of EME per Family	\$2,900 of EME per Family	\$0 of EME per Family
Coinsurance after CYD Member Pays				
Plan Provider	50% of EME	40% of EME	40% of EME	30% of EME
Out of Pocket Maximum (includes CYD, coinsurance and copayments)				
Plan Provider	\$8,250 of EME per Member	\$6,800 of EME per Member	\$2,750 of EME per Member	\$575 of EME per Member
	\$16,500 of EME per Family	\$13,600 of EME per Family	\$5,500 of EME per Family	\$1,150 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ²	\$0	\$0	\$0	\$0
Convenient Care	\$15	\$10	\$5	\$0
Convenient Care Member Under Age 19	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	\$10	\$5	\$0
Physician Extender Member Under Age 19	\$0	\$0	\$0	\$0
Physician	\$50	\$20	\$15	\$0
Physician Member Under Age 19	\$0	\$0	\$0	\$0
Specialist	\$85	\$60	\$60	\$0
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	\$50	\$20	\$20	\$0
Routine X-ray	\$50	\$20	\$20	\$0
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	\$25	\$25	\$25	\$25
Hospital Emergency Room Facility	\$1,000 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	\$500; waived if admitted
Ambulance	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 40% of EME	30% of EME
Hospital Facility Services (In Network) Member Pays Per Surgery				
Inpatient	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 40% of EME	30% of EME
Outpatient	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 40% of EME	30% of EME
Physician Surgical Services (In Network) Member Pays Per Surgery				
Inpatient Hospital Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 40% of EME	30% of EME
Outpatient Hospital Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 40% of EME	30% of EME
Ambulatory Surgical Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 40% of EME	30% of EME
Anesthesia	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 40% of EME	30% of EME
Prescription Drugs (In Network) Member Pays				
Rx CYD	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$0 Family: \$0	Member: \$0 Family: \$0
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75
Tier 3	After CYD, \$150	After CYD, \$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

2021 HEALTH PLAN OF NEVADA INDIVIDUAL ON EXCHANGE HMO PLANS

Plan Name	MyHPN Bronze 10	MyHPN Bronze 11	MyHPN Bronze 12	MyHPN Catastrophic Plan
Calendar Year Deductible (CYD)				
Plan Provider	\$7,250 of EME ¹ per Member	\$6,000 of EME per Member	\$8,250 of EME per Member	\$8,550 of EME per Member
	\$14,500 of EME per Family	\$12,000 of EME per Family	\$16,500 of EME per Family	\$17,100 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	\$8,550 of EME per Member	\$7,900 of EME per Member	\$8,250 of EME per Member	\$8,550 of EME per Member
	\$17,100 of EME per Family	\$15,800 of EME per Family	\$16,500 of EME per Family	\$17,100 of EME per Family
Medical Office Visits (In Network) Member Pays Per Visit				
Preventive Care ²	\$0	\$0	\$0	\$0
Convenient Care	\$15	\$0	After CYD, 0% of EME	After CYD, \$0 (CYD is waived for first 3 visits)
Convenient Care Member Under Age 19	\$0	\$0	\$0	After CYD, \$0 (CYD is waived for first 3 visits)
Virtual Visits (NowClinic®)	\$0	\$0	After CYD, 0% of EME	\$0
Physician Extender	\$15	\$0	After CYD, 0% of EME	After CYD, \$0 (CYD is waived for first 3 visits)
Physician Extender Member Under Age 19	\$0	\$0	\$0	After CYD, \$0 (CYD is waived for first 3 visits)
Physician	\$50	After CYD, \$0	After CYD, 0% of EME	After CYD, \$0 (CYD is waived for first 3 visits)
Physician Member Under Age 19	\$0	\$0	\$0	After CYD, \$0 (CYD is waived for first 3 visits)
Specialist	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	After CYD, \$0
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit				
Routine Laboratory	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	After CYD, \$0
Routine X-ray	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	After CYD, \$0
Emergency Services (In Network) Member Pays Per Visit or Per Trip				
Urgent Care	\$25	\$25	After CYD, 0% of EME	After CYD, \$0
Hospital Emergency Room Facility	After CYD, 40% of EME	\$1,500 then, after CYD, 0% of EME; waived if admitted	After CYD, 0% of EME	After CYD, 0% of EME
Ambulance	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	After CYD, \$0
Hospital Facility Services (In Network) Member Pays 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: \$1,900 Family: \$3,800 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$6,000 Family: \$12,000 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$8,250 Family: \$16,500 (Tiers 1-4)	Combined Medical/Rx CYD Member: \$8,550 Family: \$17,100 (Tiers 1-4)
Tier 1	\$25	\$25	After CYD, 0% of EME	After CYD, \$0
Tier 2	\$100	\$75	After CYD, 0% of EME	After CYD, \$0
Tier 3	After CYD, \$150	After CYD, \$150	After CYD, 0% of EME	After CYD, \$0
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 0% of EME	After CYD, \$0
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

DENTAL AND VISION PRODUCTS

SHL Dental Plan

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

*EDE = Eligible Dental Expenses

** Type III Services are subject to a 12 month waiting period
Go to SierraHealthandLife.com to find a dental provider.

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

HPN Vision Plan

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

*Subject to limitation

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

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

SHL Vision Plan

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 = Eligible Vision Expenses

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

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

UnitedHealthcare DHMO Dental Plan available. Ask your sales representative for more information.

► Things 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** or **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** or **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**.

Premium Calculator

A health plan's monthly premium may vary by age of the member, based on federal guidelines. Standard age bands are:

- ❖ Children: A single-age band for members age 0 through 14; and one-year age bands for members age 15 through 20
- ❖ Adults: One-year age bands for members age 21 through 63
- ❖ Older adults: A single-age band for members age 64 and older
- ❖ If you have dependents that are 20 or younger, only the oldest three will have a premium
- ❖ If adult vision is selected, each person 19 and older will have a per person vision premium
- ❖ If SHL adult dental is selected, each person on the policy 19 and older is billed a dental premium

For example, to obtain total monthly family premium:

- ❖ Adult age 48: medical rate + vision rate
- ❖ Adult age 45: medical rate + vision rate
- ❖ Child age 19: medical rate + vision rate
- ❖ Child age 17: medical rate
- ❖ Child age 16: medical rate
- ❖ Child age 15: no charge for medical

HPN/SHL Disclaimers

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

HPN/SHL Form Numbers

MyHPN Solutions Off Exchange HMO Plans

21H_IN_HMO_G_7, 21H_IN_HMO_S_1.1, 21H_IN_HMO_S_3.1, 21H_IN_HMO_S_4, 21H_IN_HMO_B_10, 21H_IN_HMO_B_13, 21H_IN_HMO_B_14.

MySHL Solutions Off Exchange EPO Plans

21S_IN_EPO_G_7, 21S_IN_EPO_S_1, 21S_IN_EPO_S_2, 21S_IN_EPO_S_6, 21S_IN_EPO_S_7, 21S_IN_EPO_S_8, 21S_IN_EPO_S_9, 21S_IN_EPO_B_9, 21S_IN_EPO_B_10, 21S_IN_EPO_B_11, 21S_IN_EPO_CAT.

MySHL Solutions Off Exchange HSA EPO Plans

21S_IN_HSA_EPO_B_3.1.

MyHPN On Exchange HMO Plans

21H_IX_HMO_G_5, 21H_IX_HMO_S_1.1, 21H_IX_HMO_S_1.1_73, 21H_IX_HMO_S_1.1_87, 21H_IX_HMO_S_1.1_94, 21H_IX_HMO_S_5_MTP, 21H_IX_HMO_S_5_73_MTP, 21H_IX_HMO_S_5_87_MTP, 21H_IX_HMO_S_5_94_MTP, 21H_IX_HMO_S_10, 21H_IX_HMO_S_10_73, 21H_IX_HMO_S_10_87, 21H_IX_HMO_S_10_94, 21H_IX_HMO_S_11, 21H_IX_HMO_S_11_73, 21H_IX_HMO_S_11_87, 21H_IX_HMO_S_11_94, 21H_IX_HMO_S_12, 21H_IX_HMO_S_12_73, 21H_IX_HMO_S_12_87, 21H_IX_HMO_S_12_94, 21H_IX_HMO_S_13, 21H_IX_HMO_S_13_73, 21H_IX_HMO_S_13_87, 21H_IX_HMO_S_13_94, 21H_IX_HMO_B_10, 21H_IX_HMO_B_11, 21H_IX_HMO_B_12, 21H_IX_HMO_CAT.

Dental and Vision Plans

21S_IN_DPPO_PLAN27, 21H_IX_IN_AVCS, 21S_IN_AVCS.

Be Healthy

Achieve your health goals with the support of registered nurses and dietitians.

**WEIGHT MANAGEMENT
DIABETES PROGRAM
PREDIABETES PROGRAM
ASTHMA SUPPORT
KIDNEY HEALTH**

Our Health Education and Disease Management programs are available at no additional cost to Health Plan of Nevada and Sierra Health and Life members. To find out more, visit your health plan's website.



What if I have a question after I enroll in a plan?
You may call Member Services at the phone numbers below.

Health Plan of Nevada Member Services

Toll-free **1-800-777-1840**

Sierra Health and Life Member Services

Toll-free **1-800-888-2264**

Sales Office

Toll-free **1-800-873-0004**
TTY users please call **711**.

HealthPlanofNevada.com

SierraHealthandLife.com



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

Health plan coverage provided by Health Plan of Nevada.

Insurance coverage provided by Sierra Health and Life.