

Find a plan that's right for you

2026 Individual and Family Plans



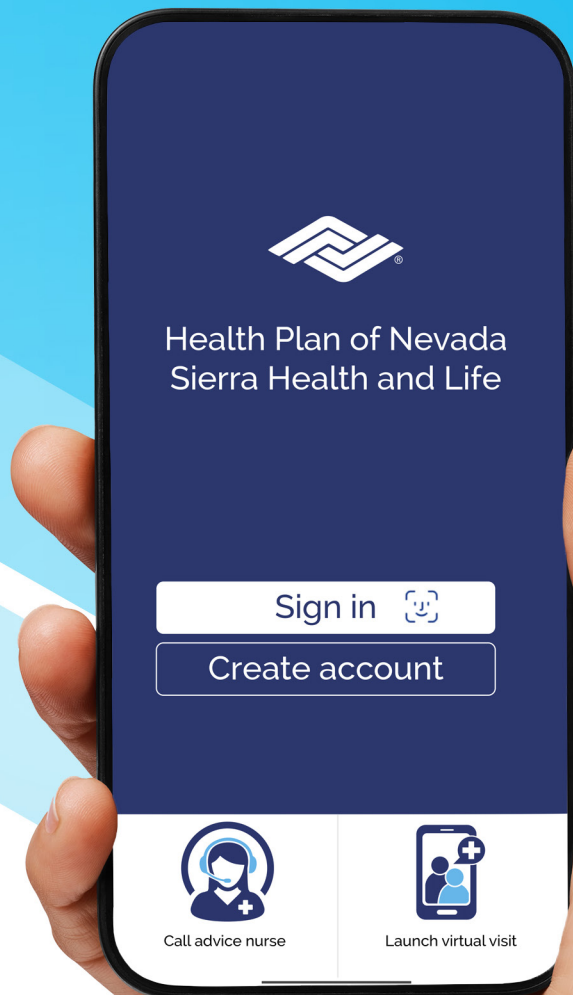
**Health Plan
of Nevada** 
A UnitedHealthcare Company

**Sierra Health
and Life** 
A UnitedHealthcare Company



HPN & SHL app

Opt in for email
and text



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

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

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

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

Many services and benefits at low or NO COST.

\$0

Annual physicals

24/7 advice nurse

Online health education classes

Healthy recipes for busy families

Disease management

Preventive care

24/7 NowClinic® virtual visits*

Health plan mobile app

Vital medication program

Digital fitness classes

Why HPN/SHL?

Large provider network

Get the coverage you need with a large network of providers in Nevada. See page 8.



Mental health benefits

Mental health is important to everyone. We offer **virtual and in-person visits with every plan.**



Low-cost primary care visits

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



Medical care that comes to you

Get same-day medical care at home for common illnesses and injuries for a **\$50 copay** on most plans.



*Excludes HSA products

40+ years of local, friendly customer service.

We offer three types of individual and family plans:

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

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

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

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

What's happening in 2026!

- ▶ **Copay Focus plan:** Available solely through the Exchange, this plan has no medical deductible and offers predictable copays, usually \$15 or \$30. Details on page 6.
- ▶ **Personalized health summary:** Log in to the online member center to track completed and recommended preventive services, most of which are covered at no cost. This information is educational and does not replace medical advice. Your preventive care schedule may vary based on your health and risk factors, so ask your provider which screenings are best for you.
- ▶ **More \$0 diabetes benefits:** Plans include \$0 insulin and diabetes management services for type 1 and type 2 diabetes. These benefits help make it easier to stay on top of your care and keep costs under control. Details on page 12.
- ▶ **Additional \$0 vital medications at no cost:** Select drugs for heart conditions, asthma, mental health, diabetes, allergies, and opioid overdoses are covered at \$0, even before meeting your deductible. More info on page 11.
- ▶ **NEW low-cost plans available:** New this year available exclusively through NevadaHealthLink.com, HPN will be offering Battle Born State Plans (BBSPs). These low-cost plans are designed to provide savings for all Nevadans, regardless of income, while maintaining the same high-quality coverage you expect. BBSPs are qualified health plans, meaning they cover all 10 of the essential health benefits (hospitalization, doctor's visits, labs, emergency and pharmaceutical services and more).

Feel better faster

24/7 NowClinic[®]
virtual visits



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.

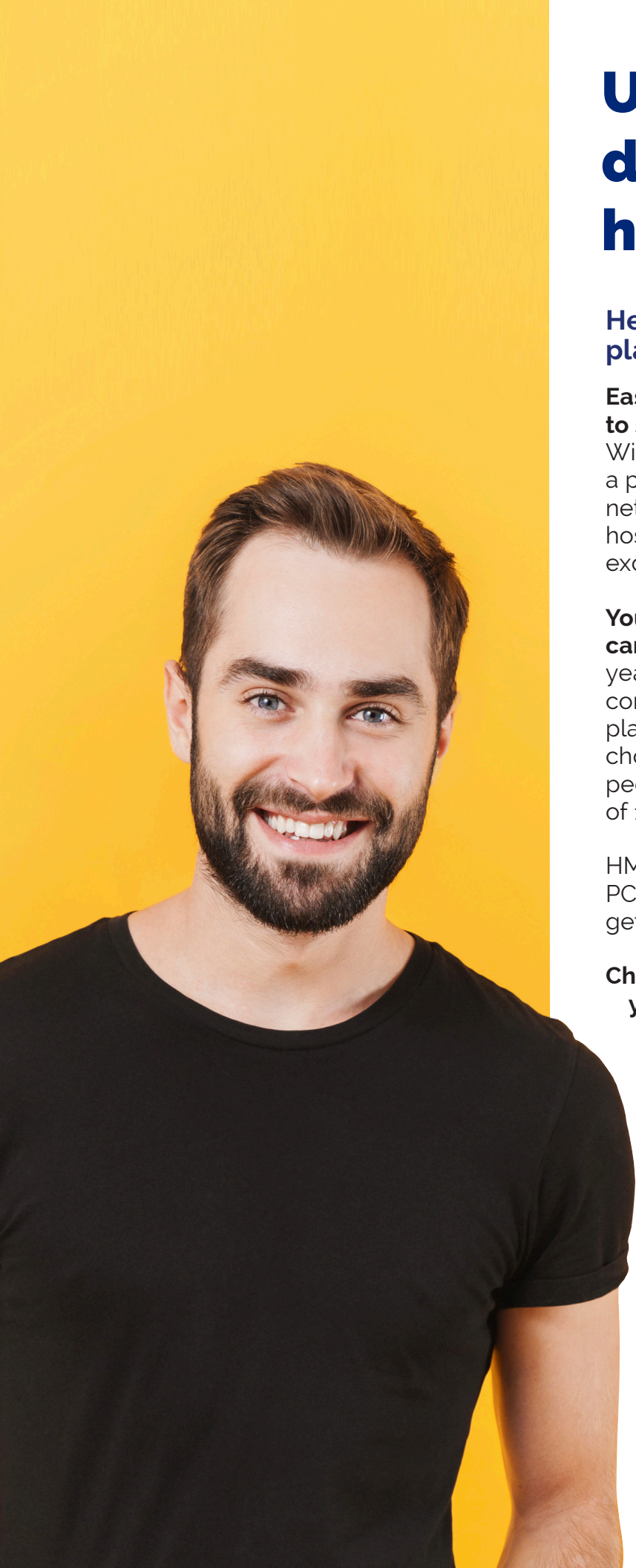
NowClinic[®]

Enroll and get care!

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

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**.

\$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.



Understanding the different types of health plans

Health Maintenance Organization (HMO) plan

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

With this plan type, you are required to choose a primary care provider (PCP) and stay within a network of providers, urgent care facilities, and hospitals to receive coverage under the plan, except for emergency services and urgent care.

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

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

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

NEW! Copay Focus plan

Available solely through the Exchange, this plan is designed to allow you to enjoy a low flat-rate copay whenever you need eligible care. Plus, you might even qualify for subsidies that can help reduce the cost of your monthly premium.

One of the standout features of this plan is the \$0 deductible. This means you won't have to worry about paying out-of-pocket costs to meet a deductible before your plan starts covering your expenses. From the get-go, you'll have predictable costs for eligible services. You'll select a network provider, hospital, clinic, or pharmacy and pay a fixed copay, typically around \$15 or \$30. This way, you can know what your eligible care costs will be before you receive care, making it easier to budget for the health care needs of you and your family.

Exclusive Provider Organization (EPO) plan

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

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

Health Savings Account (HSA)-Exclusive Provider Organization (EPO) plan

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

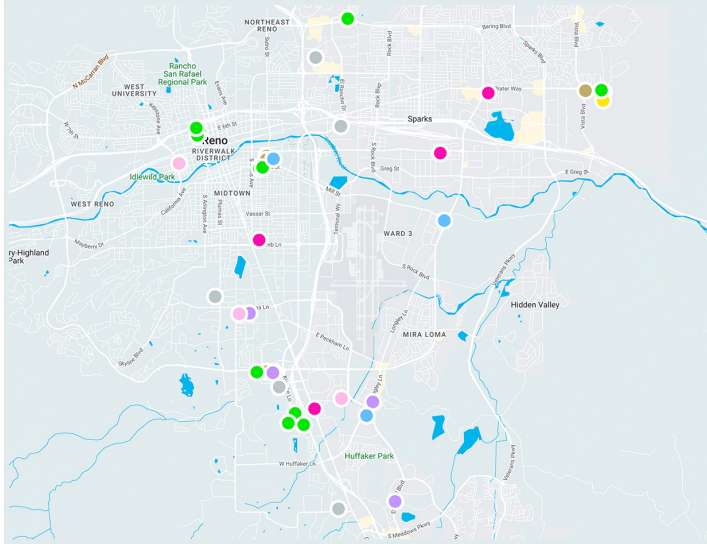
Things to consider with an HSA-EPO plan:

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

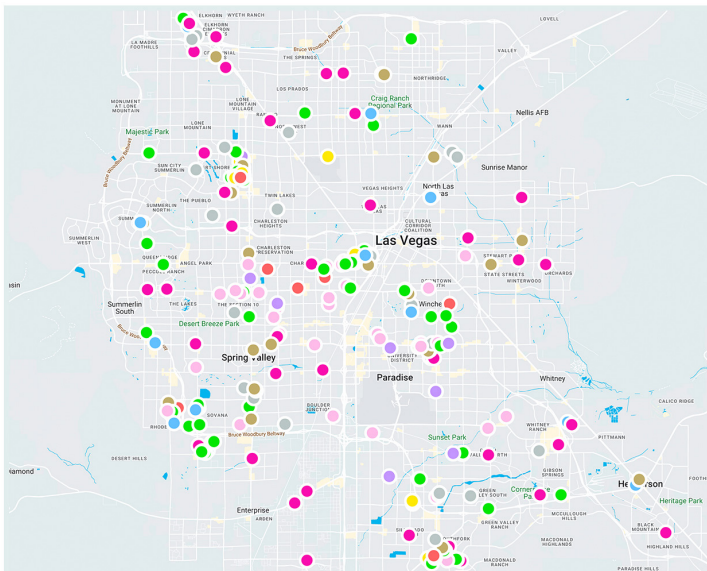
**Questions?
We're here for
you. Call us at
1-800-873-0004,
TTY 711.**

Large provider network. For you and your family.

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



Reno-Tahoe Area



Las Vegas Valley Area



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

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

Individual and family plans that fit almost every lifestyle.

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

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

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

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



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

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

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

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

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

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

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

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

Family Size	Yearly Income
1	\$15,650 - \$62,600
2	\$21,150 - \$84,600
3	\$26,650 - \$106,600
4	\$32,150 - \$128,600
2026 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 choosing the plan that is right for you, call us at **1-800-873-0004**, TTY **711**, Monday through Friday, 8 a.m. to 5 p.m.



Vital Medications Program

Making prescription drugs more affordable. Our Vital Medication Program is available to members at \$0 cost-share without having to satisfy a deductible. This list may not be all-inclusive and is subject to change throughout the year. Some drugs may have quantity limits and other clinical requirements.

Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Asthma		Hypoglycemia	
albuterol HFA (generic ProAir HFA, generic Proventil HFA)	QL	Baqsimi	QL
albuterol nebulized solution (generic Proventil)	QL	glucagon (generic Glucagon Kit)	QL
Diabetes - Insulin¹		Gvoke	QL
Humalog cartridge, KwikPen	QL	Zegalogue	QL
Humalog Junior KwikPen	QL	Opioid overuse	
Humalog mix 50/50 KwikPen, vials	QL	Kloxxado nasal spray	QL
Humalog mix 75/25 KwikPen, vials	QL	naloxone nasal spray (generic Narcan) ²	QL
Humulin 70/30 KwikPen, vials	QL	naloxone injection (generic Narcan) ¹	QL
Humulin N KwikPen, vials	QL	Narcan nasal spray²	QL
Humulin R KwikPen, vials	QL	Opvee	QL
Insulin Lispro Junior KwikPen (unbranded Humalog Junior KwikPen)	QL	Rextovy	QL
Insulin Lispro KwikPen, vials (unbranded Humalog)	QL	RiVive²	
Insulin Lispro Protamine/Insulin Lispro KwikPen Mix 75/25 (unbranded Humalog Mix 75/25 KwikPen)	QL	Zimhi	QL
Lantus SoloStar, vials	QL	Allergic reactions	
Lyumjev KwikPen, vials	QL	Auvi-Q	QL
Toujeo Max SoloStar	QL	epinephrine (generic Adrenaclick, generic EpiPen)	QL
Toujeo SoloStar	QL	epinephrine (generic EpiPen Jr)	QL

To review our full prescription drug list (PDL), visit [HealthPlanofNevada.com](https://www.healthplanofnevada.com) or [SierraHealthandLife.com](https://www.sierrahealthandlife.com).

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

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

Bold type = Brand-name drug

[Plain type = Generic drug]

QL = Quality Limits—Specifies the largest quantity of medication covered per copayment or in a defined period of time.

Empowering health and wellness

Unlock your potential with health and wellness solutions for individual and family plan members

From digital health apps and online resources to no-cost diabetes management services, we offer personalized guidance and education to help our members thrive.



Individualized sessions with a registered nurse, dietitian or licensed counselor for topics such as nutrition, prediabetes and smoking cessation.



Convenient digital options to help members stay on top of their family's health such as our Tummy2Family app.



Disease management programs providing personalized support from registered nurses to help manage conditions like diabetes, kidney disease and asthma.



Weight management programs including Nourished Mind and Body to assist members in reaching their weight goals.



Whole-body health in one affordable plan with One Pass Select™. Members choose a membership tier that fits their lifestyle.

Get support with \$0 diabetes management care services

- ▶ **NEW!** Pharmacy-provided supplies: glucometers, test strips, control solutions, alcohol, peroxide, sharps container, lancets and devices, glucose tablets, ketone and urine test strips, and insulin administration aids.
- ▶ **NEW!** Oral medication: glimepiride, glipizide/ER, metformin/ER, pioglitazone. Our Vital Medication Program is available to members at \$0 cost-share without having to satisfy a deductible.*

*Some drugs may have quantity limits and other clinical requirements. Visit our website for a list of medications and more information.

To learn more about Health Plan of Nevada or Sierra Health and Life, call **1-800-873-0004**, TTY **711**.



**Healthier
starts here**

Rediscover your passion for health with One Pass Select™

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



Find your fit with One Pass Select.

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

Digital Thousands of online fitness classes	Classic 12,000+ fitness locations and online classes	Standard 14,000+ fitness locations and online classes	Premium 16,000+ fitness locations and online classes	Elite 20,000+ fitness locations and online classes
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Online fitness classes anytime, anywhere.

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



Flexible fitness options for all.

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

To enroll, visit the **online member center** and select **Additional Benefits**. Then click on **One Pass Select**.

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

HPN HMO Off Exchange Plans

2026

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	\$1,500/\$3,000	\$6,600/\$13,200	\$5,450/\$10,900	\$5,200/\$10,400
Coinsurance After CYD Member Pays of EME ¹	20%	40%	40%	30%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$8,000/\$16,000	\$9,700/\$19,400	\$9,700/\$19,400	\$8,200/\$16,400
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	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 20% of EME	\$1,200 Copay then CYD	\$1,500 Copay then CYD	\$1,500 Copay then CYD
Inpatient Services	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Rx CYD	Member: \$1,000 Family: \$2,000 (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, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	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
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

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	\$7,600/\$15,200	\$7,550/\$15,100	\$8,700/\$17,400	\$10,600/\$21,200
Coinsurance After CYD Member Pays of EME ¹	40%	40%	0%	0%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$9,550/\$19,100	\$9,850/\$19,700	\$8,700/\$17,400	\$10,600/\$21,200
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$50	\$25	After CYD, 0% of EME	\$50
Mental Health	\$0	\$25	After CYD, 0% of EME	\$50
Specialist	After CYD, 40% of EME	After CYD, \$40	After CYD, 0% of EME	\$100
Routine Laboratory	After CYD, 40% of EME	After CYD, \$25	After CYD, 0% of EME	\$50
Routine X-ray	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Urgent Care	\$50	\$50	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, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Rx CYD	Member: \$1,950 Family: \$3,900 (Tiers 3-4)	Combined Medical/RX CYD Member: \$7,550 Family: \$15,100 (Tiers 2-4)	Combined Medical/RX CYD Member: \$8,700 Family: \$17,400 (Tiers 2-4)	Combined Medical/RX CYD Member: \$10,600 Family: \$21,200 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$25	\$40	\$30
Tier 2	\$100	After CYD, 40% of EME	After CYD, 0% of EME	\$120
Tier 3	After CYD, 50% of EME	After CYD, 40% 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

HPN Off Exchange Plans

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

The member is responsible for all charges in excess of EME. Non-plan provider charges are not covered, other than for urgently needed or emergency services. Non-plan provider charges may be substantial and do not accrue toward the calendar year out-of-pocket maximum. These plans include additional benefits, exclusions and limitations which are shown in the Health Plan of Nevada Agreement of Coverage, Attachment A benefit schedule, any other applicable riders and the Summary of Benefits and Coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.



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



2026

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	\$1,500/\$3,000	\$5,700/\$11,400	\$4,900/\$9,800	\$5,900/\$11,800
Coinsurance After CYD Member Pays of EME ¹	20%	40%	40%	40%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$8,000/\$16,000	\$9,500/\$19,000	\$9,850/\$19,700	\$10,050/\$20,100
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	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 20% of EME	\$1,500 Copay then CYD	\$1,500 Copay then CYD	\$1,200 Copay then CYD
Inpatient Services	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME
Rx CYD	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)	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, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	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
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

SHL EPO 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	\$6,000/\$12,000	\$4,850/\$9,700	\$5,000/\$10,000	\$8,700/\$17,400
Coinsurance After CYD Member Pays of EME ¹	40%	40%	40%	0%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$9,800/\$19,600	\$8,800/\$17,600	\$8,300/\$16,600	\$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, 40% of EME	After CYD, 0% of EME
Routine Laboratory	\$35	\$50	After CYD, 40% of EME	After CYD, 0% of EME
Routine X-ray	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME
Urgent Care	\$50	\$50	\$50	After CYD, 0% of EME
Hospital Emergency Room Facility	After CYD, 50% of EME	\$1,200 Copay then CYD	After CYD, 50% of EME	After CYD, 0% of EME
Inpatient Services	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% 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 2-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$25	\$25	\$40
Tier 2	\$50	\$75	\$100	After CYD, 0% of EME
Tier 3	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, 0% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

SHL EPO 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	\$10,600/\$21,200	\$8,550/\$17,100	\$7,900/\$15,800	\$6,600/\$13,200	\$10,600/\$21,200
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	\$10,600/\$21,200	\$10,050/\$20,100	\$9,650/\$19,300	\$8,500/\$17,000	\$10,600/\$21,200
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, 0% of EME, CYD is waived for the first three visits.
Mental Health	\$50	\$25	\$30	After CYD, 30% of EME	After CYD, 0% of EME, CYD is waived for the first three visits.
Specialist	\$100	After CYD, \$40	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	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
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: \$10,600 Family: \$21,200 (Tiers 3-4)	Combined Medical/RX CYD Member: \$8,550 Family: \$17,100 (Tiers 2-4)	Member: \$1,750 Family: \$3,500 (Tiers 3-4)	Combined Medical/RX CYD Member: \$6,600 Family: \$13,200 (Tiers 1-4)	Combined Medical/RX CYD Member: \$10,600 Family: \$21,200 (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, 50% of EME	After CYD, 50% of EME	After CYD, 0% of EME
Tier 4	After CYD, 0% 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

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 member 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 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, or medically necessary services not available through a plan provider. Non-plan provider charges may be substantial and do not accrue toward the calendar year out-of-pocket maximum. These plans include additional benefits, exclusions and limitations which are shown in the Sierra Health and Life Agreement of Coverage, Attachment A benefit schedule, any other applicable riders and the Summary of Benefits and Coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.



Cover yourself with dental and vision plans.

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

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

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

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

*Subject to limitation

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

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

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

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

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

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

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

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

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

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

Enroll now!

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

HPN HMO On Exchange Plans



2026

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	\$5,450/\$10,900	\$5,000/\$10,000	\$950/\$1,900
Coinsurance After CYD Member Pays of EME ¹	20%	40%	25%	25%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$8,500/\$17,000	\$9,300/\$18,600	\$7,200/\$14,400	\$3,200/\$6,400
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, 25% of EME	After CYD, 25% of EME
Routine Laboratory	\$10	After CYD, 40% of EME	After CYD, 25% of EME	After CYD, 25% of EME
Routine X-ray	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 25% of EME	After CYD, 25% 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, 25% of EME	After CYD, 25% of EME
Rx CYD	Member: \$500 Family: \$1,000 (Tiers 3-4)	Combined Medical/RX CYD Member: \$5,450 Family: \$10,900 (Tiers 2-4)	Combined Medical/RX CYD Member: \$5,000 Family: \$10,000 (Tiers 2-4)	Combined Medical/RX CYD Member: \$950 Family: \$1,900 (Tiers 2-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$5	\$5	\$5
Tier 2	\$50	After CYD, 40% of EME	After CYD, 25% of EME	After CYD, 25% of EME
Tier 3	After CYD, 20% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% of EME
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

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

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	\$5,600/\$11,200	\$5,000/\$10,000	\$650/\$1,300
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	\$8,450/\$16,900	\$8,100/\$16,200	\$3,350/\$6,700
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$0	\$10	\$0	\$0
Mental Health	\$0	\$10	\$0	\$0
Specialist	15% of EME	\$120	\$60	\$25
Routine Laboratory	15% of EME	\$40	\$20	\$20
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	\$1,200 Copay then CYD	\$1,000 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: \$5,600 Family: \$11,200 (Tiers 2-4)	Combined Medical/RX CYD Member: \$5,000 Family: \$10,000 (Tiers 2-4)	Combined Medical/RX CYD Member: \$650 Family: \$1,300 (Tiers 2-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$1	\$10	\$10	\$10
Tier 2	15% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME
Tier 3	20% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME
Tier 4	20% 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

Battle Born State Plans (BBSP) are qualified health plans, meaning they cover all 10 of the essential health benefits (hospitalization, doctor's visits, labs, emergency and pharmaceutical services and more).

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

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN 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	\$6,000/\$12,000	\$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	\$1,150/\$2,300	\$9,000/\$18,000	\$8,450/\$16,900	\$3,000/\$6,000
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$0	\$15	\$0	\$0
Mental Health	\$0	\$15	\$0	\$0
Specialist	\$15	\$75	\$60	\$25
Routine Laboratory	\$20	\$20	\$20	\$20
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: \$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: \$1,000 Family: \$2,000 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$10	\$10	\$10	\$10
Tier 2	50% of EME	After CYD, \$75	After CYD, \$75	\$75
Tier 3	50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% of EME
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

Battle Born State Plans (BBSP) are qualified health plans, meaning they cover all 10 of the essential health benefits (hospitalization, doctor's visits, labs, emergency and pharmaceutical services and more).

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

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Select Network Silver 4 - 94	MyHPN Copay Focus Silver 1	MyHPN Copay Focus Silver 1 - 73	MyHPN Copay Focus Silver 1 - 87
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$100/\$200	\$0/\$0	\$0/\$0	\$0/\$0
Coinsurance After CYD Member Pays of EME ¹	30%	30%	30%	25%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$1,000/\$2,000	\$10,600/\$21,200	\$8,450/\$16,900	\$3,350/\$6,700
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$0	\$30	\$30	\$20
Mental Health	\$0	\$30	\$30	\$20
Specialist	\$10	\$90	\$90	\$50
Routine Laboratory	\$10	\$35	\$35	\$20
Routine X-ray	After CYD, 30% of EME	\$115	\$115	\$35
Urgent Care	\$50	\$55	\$55	\$25
Hospital Emergency Room Facility	\$250	\$1,700	\$1,700	\$350
Inpatient Services	After CYD, 30% of EME	\$2,700	\$2,700	\$1,500
Rx CYD	Combined Medical/RX CYD Member: \$100 Family: \$200 (Tiers 3-4)	Member: \$2,500 Family: \$5,000 (Tiers 2-4)	Member: \$2,500 Family: \$5,000 (Tiers 2-4)	Member: \$600 Family: \$1,200 (Tiers 2-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$10	\$10	\$10	\$6
Tier 2	\$25	After CYD, \$85	After CYD, \$85	After CYD, \$45
Tier 3	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME
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

Battle Born State Plans (BBSP) are qualified health plans, meaning they cover all 10 of the essential health benefits (hospitalization, doctor's visits, labs, emergency and pharmaceutical services and more).

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

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Copay Focus Silver 1 - 94	MyHPN Select Network Plus Bronze 1	MyHPN Gold 6	MyHPN Silver 1.1
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$0/\$0	\$8,700/\$17,400	\$1,800/\$3,600	\$5,400/\$10,800
Coinsurance After CYD Member Pays of EME ¹	5%	0%	30%	40%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$2,650/\$5,300	\$8,700/\$17,400	\$7,900/\$15,800	\$9,700/\$19,400
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$3	After CYD, 0% of EME	\$0	\$25
Mental Health	\$3	After CYD, 0% of EME	\$0	\$25
Specialist	\$8	After CYD, 0% of EME	\$50	\$40
Routine Laboratory	\$5	After CYD, 0% of EME	\$15	\$25
Routine X-ray	\$10	After CYD, 0% of EME	\$65	After CYD, 40% of EME
Urgent Care	\$15	After CYD, 0% of EME	\$50	\$50
Hospital Emergency Room Facility	\$100	After CYD, 0% of EME	After CYD, 30% of EME	\$1,500 Copay then CYD
Inpatient Services	\$500	After CYD, 0% of EME	After CYD, 30% of EME	After CYD, 40% of EME
Rx CYD	Member: \$150 Family: \$300 (Tiers 2-4)	Combined Medical/RX CYD Member: \$8,700 Family: \$17,400 (Tiers 2-4)	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	\$1	\$40	\$5	\$25
Tier 2	After CYD, \$30	After CYD, 0% of EME	\$50	\$50
Tier 3	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 30% of EME	After CYD, 50% of EME
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

Battle Born State Plans (BBSP) are qualified health plans, meaning they cover all 10 of the essential health benefits (hospitalization, doctor's visits, labs, emergency and pharmaceutical services and more).

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

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Silver 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	\$4,000/\$8,000	\$100/\$200	\$100/\$200	\$5,200/\$10,400
Coinsurance After CYD Member Pays of EME ¹	40%	35%	30%	30%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$7,500/\$15,000	\$3,350/\$6,700	\$800/\$1,600	\$9,750/\$19,500
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	After CYD, 40% of EME	After CYD, 35% of EME	After CYD, 30% of EME	After CYD, 30% of EME
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,500 Copay then CYD	\$1,000 Copay then CYD	\$650	\$1,200 Copay then CYD
Inpatient Services	After CYD, 40% of EME	After CYD, 35% of EME	After CYD, 30% of EME	After CYD, 30% of EME
Rx CYD	Member: \$1,250 Family: \$2,500 (Tiers 3-4)	Member: \$400 Family: \$800 (Tiers 3-4)	Member: \$200 Family: \$400 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$15	\$15	\$25
Tier 2	\$50	\$50	\$50	\$50
Tier 3	After CYD, 40% of EME	After CYD, 35% of EME	After CYD, 30% of EME	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
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

Battle Born State Plans (BBSP) are qualified health plans, meaning they cover all 10 of the essential health benefits (hospitalization, doctor's visits, labs, emergency and pharmaceutical services and more).

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

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Silver 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	\$100/\$200	\$100/\$200	\$4,000/\$8,000
Coinsurance After CYD Member Pays of EME ¹	30%	30%	30%	50%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$8,000/\$16,000	\$3,150/\$6,300	\$800/\$1,600	\$7,300/\$14,600
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	\$95
Routine Laboratory	\$15	\$15	\$15	\$30
Routine X-ray	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 50% of EME
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$750 Copay then CYD	\$750 Copay then CYD	\$500	\$1,000 Copay then CYD
Inpatient Services	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 50% of EME
Rx CYD	Member: \$1,250 Family: \$2,500 (Tiers 3-4)	Member: \$250 Family: \$500 (Tiers 3-4)	Member: \$200 Family: \$400 (Tiers 3-4)	Member: \$1,850 Family: \$3,700 (Tiers 2-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$15	\$15	\$25
Tier 2	\$50	\$50	\$50	After CYD, \$85
Tier 3	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	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
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

Battle Born State Plans (BBSP) are qualified health plans, meaning they cover all 10 of the essential health benefits (hospitalization, doctor's visits, labs, emergency and pharmaceutical services and more).

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

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Silver 10 - 73	MyHPN Silver 10 - 87	MyHPN Silver 10 - 94	MyHPN Silver 11
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$4,050/\$8,100	\$400/\$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	\$7,300/\$14,600	\$2,600/\$5,200	\$900/\$1,800	\$8,900/\$17,800
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	\$20	\$85
Routine Laboratory	\$25	\$25	\$20	\$25
Routine X-ray	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME	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: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$200 Family: \$400 (Tiers 3-4)	Member: \$200 Family: \$400 (Tiers 3-4)	Combined Medical/RX CYD Member: \$6,500 Family: \$13,000 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$15	\$15	\$25
Tier 2	\$75	\$75	\$75	\$75
Tier 3	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 20% of EME	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
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

Battle Born State Plans (BBSP) are qualified health plans, meaning they cover all 10 of the essential health benefits (hospitalization, doctor's visits, labs, emergency and pharmaceutical services and more).

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

HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Silver 11 - 73	MyHPN Silver 11 - 87	MyHPN Silver 11 - 94	MyHPN Silver 12
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$4,700/\$9,400	\$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	\$7,900/\$15,800	\$2,950/\$5,900	\$1,050/\$2,100	\$8,950/\$17,900
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$0	\$0	\$0	\$5
Mental Health	\$0	\$0	\$0	\$5
Specialist	\$40	\$20	\$20	\$95
Routine Laboratory	\$25	\$25	\$25	\$30
Routine X-ray	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME	After CYD, 40% of EME
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: \$4,700 Family: \$9,400 (Tiers 3-4)	Combined Medical/RX CYD Member: \$400 Family: \$800 (Tiers 3-4)	Combined Medical/RX CYD Member: \$0 Family: \$0 (No CYD)	Member: \$1,950 Family: \$3,900 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$25	\$10	\$10
Tier 2	\$75	\$75	\$25	\$40
Tier 3	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME	After CYD, 50% of EME
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

Battle Born State Plans (BBSP) are qualified health plans, meaning they cover all 10 of the essential health benefits (hospitalization, doctor's visits, labs, emergency and pharmaceutical services and more).

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HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Silver 12 - 73	MyHPN Silver 12 - 87	MyHPN Silver 12 - 94	MyHPN Copay Focus Bronze 1
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$5,100/\$10,200	\$550/\$1,100	\$0/\$0	\$0/\$0
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	\$8,450/\$16,900	\$3,350/\$6,700	\$1,000/\$2,000	\$10,600/\$21,200
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$5	\$0	\$0	\$45
Mental Health	\$5	\$0	\$0	\$45
Specialist	\$75	\$30	\$15	\$130
Routine Laboratory	\$25	\$20	\$15	\$45
Routine X-ray	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME	\$120
Urgent Care	\$50	\$50	\$50	\$70
Hospital Emergency Room Facility	\$1,000 Copay then CYD	\$1,000 Copay then CYD	\$750	\$2,200
Inpatient Services	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME	\$3,000
Rx CYD	Member: \$1,950 Family: \$3,900 (Tiers 3-4)	Member: \$200 Family: \$400 (Tiers 3-4)	Member: \$200 Family: \$400 (Tiers 3-4)	Member: \$4,500 Family: \$9,000 (Tiers 2-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$10	\$10	\$10	\$25
Tier 2	\$40	\$40	\$25	After CYD, 40% of EME
Tier 3	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 45% of EME
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

Battle Born State Plans (BBSP) are qualified health plans, meaning they cover all 10 of the essential health benefits (hospitalization, doctor's visits, labs, emergency and pharmaceutical services and more).

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HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Bronze 2 - Medicaid Transition Plan	MyHPN Bronze 3	MyHPN Plus Bronze 4	MyHPN Plus Bronze 5
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$10,600/\$21,200	\$10,600/\$21,200	\$10,600/\$21,200	\$7,800/\$15,600
Coinsurance After CYD Member Pays of EME ¹	0%	0%	0%	50%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$10,600/\$21,200	\$10,600/\$21,200	\$10,600/\$21,200	\$9,550/\$19,100
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$50	\$25	\$50	\$35
Mental Health	\$50	\$25	\$50	\$35
Specialist	\$120	\$120	\$100	After CYD, \$60
Routine Laboratory	\$50	After CYD, 0% of EME	\$50	After CYD, \$50
Routine X-ray	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 50% of EME
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$600
Inpatient Services	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 50% of EME
Rx CYD	Combined Medical/RX CYD Member: \$10,600 Family: \$21,200 (Tiers 3-4)	Combined Medical/RX CYD Member: \$10,600 Family: \$21,200 (Tiers 2-4)	Combined Medical/RX CYD Member: \$10,600 Family: \$21,200 (Tiers 3-4)	Member: \$1,750 Family: \$3,500 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$30	\$25	\$30	\$25
Tier 2	\$120	After CYD, 0% of EME	\$120	\$75
Tier 3	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 50% of EME
Tier 4	After CYD, 0% of EME	After CYD, 0% 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

Battle Born State Plans (BBSP) are qualified health plans, meaning they cover all 10 of the essential health benefits (hospitalization, doctor's visits, labs, emergency and pharmaceutical services and more).

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HPN Individual On Exchange HMO Plans

Plan Name	MyHPN Plus Bronze 6	Virtual HPN	MyHPN Catastrophic Plan
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$8,100/\$16,200	\$10,600/\$21,200	\$10,600/\$21,200
Coinsurance After CYD Member Pays of EME ¹	40%	0%	0%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$9,850/\$19,700	\$10,600/\$21,200	\$10,600/\$21,200
Preventive Care ²	\$0	\$0	0% of EME
Virtual Visits (NowClinic [®])	\$0	\$0	\$0
Physician (PCP)	\$25	\$0	After CYD, 0% of EME, CYD is waived for the first three visits.
Mental Health	\$25	\$0	After CYD, 0% of EME, CYD is waived for the first three visits.
Specialist	After CYD, \$40	After CYD, 0% of EME	After CYD, 0% of EME
Routine Laboratory	After CYD, \$25	After CYD, 0% of EME	After CYD, 0% of EME
Routine X-ray	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Urgent Care	\$50	After CYD, 0% of EME	After CYD, 0% of EME
Hospital Emergency Room Facility	After CYD, \$600	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
Rx CYD	Combined Medical/RX CYD Member: \$8,100 Family: \$16,200 (Tiers 2-4)	Combined Medical/RX CYD Member: \$10,600 Family: \$21,200 (Tiers 2-4)	Combined Medical/RX CYD Member: \$10,600 Family: \$21,200 (Tiers 1-4)
Vital Medications	\$0	\$0	\$0
Tier 1	\$25	\$25	After CYD, \$0
Tier 2	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, \$0
Tier 3	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, \$0
Tier 4	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

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HPN Individual On Exchange HMO Battle Born Plans

Plan Name	Battle Born State Plan MyHPN Select Network Gold 1	Battle Born State Plan MyHPN Select Network Silver 1	Battle Born State Plan MyHPN Select Network Silver 1 - 73	Battle Born State Plan MyHPN Select Network Silver 1 - 87
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$900/\$1,800	\$7,000/\$14,000	\$4,400/\$8,800	\$450/\$900
Coinsurance After CYD Member Pays of EME ¹	25%	50%	40%	30%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$8,600/\$17,200	\$8,200/\$16,400	\$8,000/\$16,000	\$3,350/\$6,700
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$30	\$20	\$15	\$10
Mental Health	\$30	\$20	\$15	\$10
Specialist	\$60	\$120	\$60	\$25
Routine Laboratory	After CYD, 25% of EME	\$40	\$20	\$20
Routine X-ray	After CYD, 25% 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	After CYD, 25% of EME	\$1,200 Copay then CYD	\$1,000 Copay then CYD	\$750 Copay then CYD
Inpatient Services	After CYD, 25% of EME	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Rx CYD	Combined Medical/RX CYD Member: \$900 Family: \$1,800 (Tiers 3-4)	Combined Medical/RX CYD Member: \$7,000 Family: \$14,000 (Tiers 2-4)	Combined Medical/RX CYD Member: \$4,400 Family: \$8,800 (Tiers 2-4)	Combined Medical/RX CYD Member: \$450 Family: \$900 (Tiers 2-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$10	\$10	\$10
Tier 2	\$65	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME
Tier 3	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	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
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 Battle Born Plans

Plan Name	Battle Born State Plan MyHPN Select Network Silver 1 - 94	Battle Born State Plan MyHPN Select Network Bronze 1	Battle Born State Plan MyHPN Gold 1.2/1.3/1.4 (Rating areas 2-4)	Battle Born State Plan MyHPN Silver 1.2/1.3/1.4 (Rating areas 2-4)
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$0/\$0	\$9,450/\$18,900	\$1,150/\$2,300	\$5,600/\$11,200
Coinsurance After CYD Member Pays of EME ¹	30%	0%	30%	50%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$1,100/\$2,200	\$9,450/\$18,900	\$8,500/\$17,000	\$8,100/\$16,200
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$0	After CYD, 0% of EME	\$20	\$25
Mental Health	\$0	After CYD, 0% of EME	\$20	\$25
Specialist	\$20	After CYD, 0% of EME	\$40	\$120
Routine Laboratory	\$20	After CYD, 0% of EME	After CYD, 30% of EME	\$35
Routine X-ray	30% of EME	After CYD, 0% of EME	After CYD, 30% of EME	After CYD, 50% of EME
Urgent Care	\$50	After CYD, 0% of EME	\$50	\$50
Hospital Emergency Room Facility	\$750	After CYD, 0% of EME	After CYD, 30% of EME	\$1,000 Copay then CYD
Inpatient Services	30% of EME	After CYD, 0% of EME	After CYD, 30% of EME	After CYD, 50% of EME
Rx CYD	Combined Medical/RX CYD Member: \$0 Family: \$0 (No CYD)	Combined Medical/RX CYD Member: \$9,450 Family: \$18,900 (Tiers 2-4)	Combined Medical/RX CYD Member: \$1,150 Family: \$2,300 (Tiers 3-4)	Combined Medical/RX CYD Member: \$5,600 Family: \$11,200 (Tiers 3-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$10	\$40	\$25	\$25
Tier 2	50% of EME	After CYD, 0% of EME	\$65	\$85
Tier 3	50% of EME	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 50% of EME
Tier 4	50% of EME	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

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HPN Individual On Exchange HMO Battle Born Plans

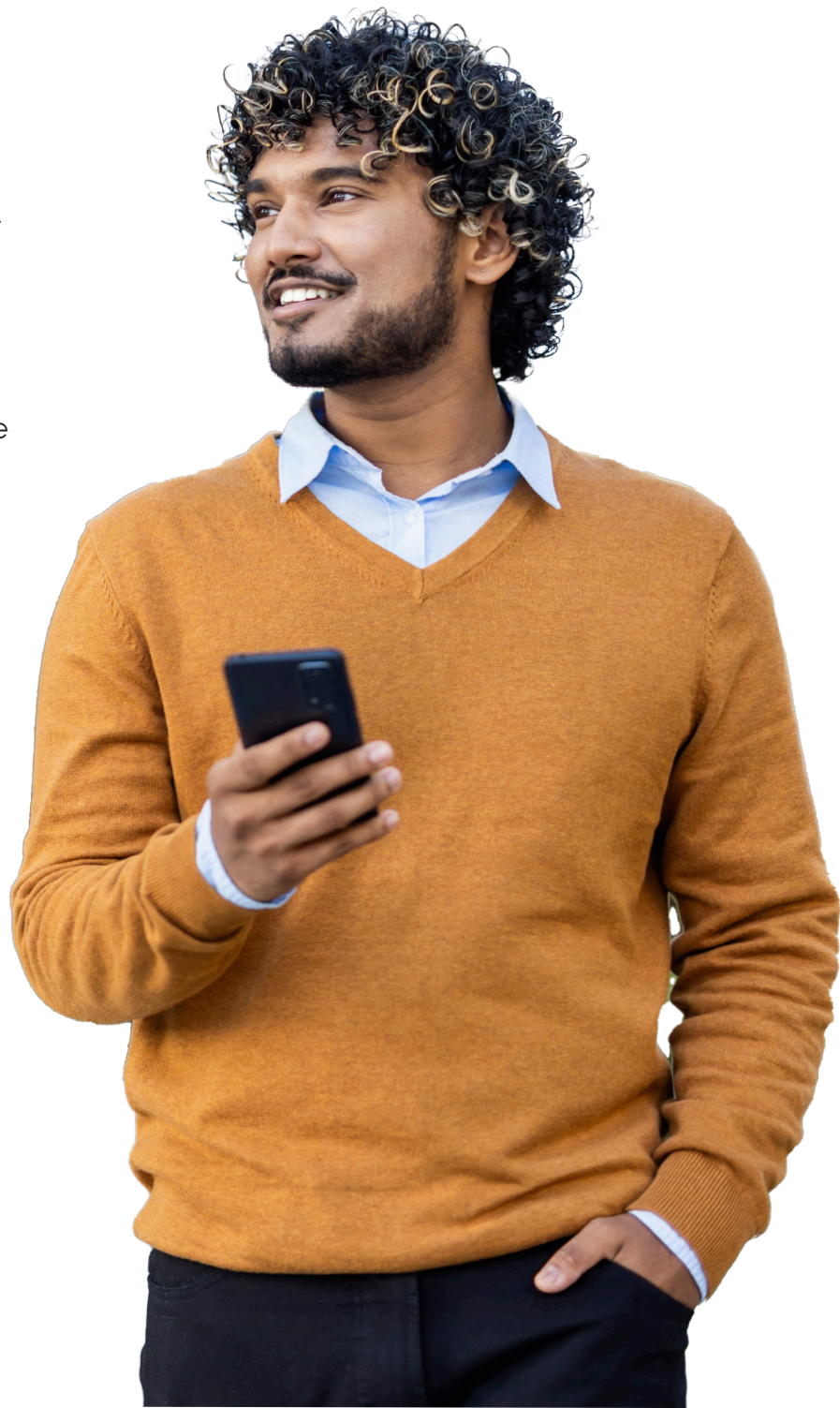
Plan Name	Battle Born State Plan MyHPN Silver 1.2/1.3/1.4 - 73 (Rating areas 2-4)	Battle Born State Plan MyHPN Silver 1.2/1.3/1.4 - 87 (Rating areas 2-4)	Battle Born State Plan MyHPN Silver 1.2/1.3/1.4 - 94 (Rating areas 2-4)	Battle Born State Plan MyHPN Bronze 1.2/1.3/1.4 (Rating areas 2-4)
Calendar Year Deductible (CYD) Individual / Family Amounts are of EME	\$4,200/\$8,400	\$300/\$600	\$0/\$0	\$10,600/\$21,200
Coinsurance After CYD Member Pays of EME ¹	40%	30%	30%	0%
Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME	\$7,700/\$15,400	\$3,200/\$6,400	\$1,100/\$2,200	\$10,600/\$21,200
Preventive Care ²	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic [®])	\$0	\$0	\$0	\$0
Physician (PCP)	\$15	\$10	\$0	\$40
Mental Health	\$15	\$10	\$0	\$40
Specialist	\$50	\$25	\$25	\$120
Routine Laboratory	\$25	\$25	\$25	After CYD, 0% of EME
Routine X-ray	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME	After CYD, 0% of EME
Urgent Care	\$50	\$50	\$50	After CYD, 0% of EME
Hospital Emergency Room Facility	\$750 Copay then CYD	\$500 Copay then CYD	\$500	After CYD, 0% of EME
Inpatient Services	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME	After CYD, 0% of EME
Rx CYD	Combined Medical/RX CYD Member: \$4,200 Family: \$8,400 (Tiers 3-4)	Combined Medical/RX CYD Member: \$300 Family: \$600 (Tiers 3-4)	Combined Medical/RX CYD Member: \$0 Family: \$0 (No CYD)	Combined Medical/RX CYD Member: \$10,600 Family: \$21,200 (Tiers 2-4)
Vital Medications	\$0	\$0	\$0	\$0
Tier 1	\$25	\$25	\$15	\$25
Tier 2	\$85	\$75	\$40	After CYD, 0% of EME
Tier 3	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME	After CYD, 0% of EME
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	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

Battle Born State Plans (BBSP) are qualified health plans, meaning they cover all 10 of the essential health benefits (hospitalization, doctor's visits, labs, emergency and pharmaceutical services and more).

HPN On Exchange Plans

Pediatric vision (to age 19) is embedded in all MyHPN, MyHPN Plus, MyHPN Select, Battle Born State Plan (BBSP) 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.



Additional information to know

Support for a hospital stay

Your doctor is your partner in health.

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

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

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

Understand your pharmacy benefits

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

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

Quick lesson on prior authorization

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

Member Services

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

Know your privacy rights

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

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

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

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

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

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

HPN/SHL Disclaimers

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

Pediatric vision is embedded in all MyHPN, MyHPN Plus, MyHPN Select, Battle Born State Plan (BBSP) and Virtual HMO plans.

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

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

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

Notes

ATTENTION: If you speak **English**, language help and communications in other formats, like large print, are available and free to you. Call the toll-free number on your health plan ID card.

ATENCIÓN: Si habla **español (Spanish)**, tiene acceso gratuito a asistencia lingüística y a materiales en otros formatos, como impresión en tamaño grande. Llame al número gratuito que figura en su tarjeta de identificación del plan de salud.

ATENSYON: Kung nagsasalita ka ng **Tagalog**, ang tulong sa wika at komunikasyon sa iba pang mga format, tulad ng malalaking print, ay available at libre para sa iyo. Tawagan ang toll-free na numero na nasa iyong ID card sa planong pangkalusugan

تنبيه: إذا كنت تتحدث اللغة العربية (Arabic)، فإن المساعدة اللغوية والتواصل بتنسيقات أخرى، مثل الطباعة بحروف كبيرة، متاحة لك مجاناً. يُرجى الاتصال بالرقم المجاني المدون على بطاقة هوية خطتك الصحية.

মনোযোগ দিন: আপনি যদি **বাংলায় (Bengali)**, কথা বলেন, তাহলে ভাষা সহায়তা এবং বড় প্রিন্টের মতো অন্যান্য ফর্ম্যাটে যোগাযোগ আপনার জন্য বিনামূল্যে উপলভ্য। আপনার হেলথ প্ল্যানের আইডি কার্ডে দেওয়া টোল-ফ্রি নম্বরে কল করুন

ARONGORONG: Ngare' ukassal falawasch, eyoor alillis me' **arongorong (Carolinian)**, llon akaaw met, gnare' min tuttumogh na iisch, emween ubwe ya'ya' sin ubwe abwos. Ffaingii dibwaddi numuro ye eno won yoomw health plan ID card.

ATENSION: Yanggen fumimino' **Chamorro** hao, guaha dibåtde para hagu na ayudun lengguahi yan kumunikasion ni difirentes na fotmat, yan danglulo na tinigi'. Agang i dibåtde na numero gi aidentifikasion planun hinemlo kard mu

注意: 如果您說**中文(Chinese)**，您可以免費獲得語言協助和其他格式（例如大字版）的通訊。撥打您的健康計劃ID卡上的免付費電話號碼。

توجه: اگر به فارسی (Farsi)، صحبت میکنید، خدمات کمکی زبان و مطالب در قالبهای دیگر، مانند پرینت درشت، بصورت رایگان برای شما فراهم است. با شماره تلفن رایگان درجشده روی کارت شناسایی بیمه سلامت خود تماس بگیرید

ATTENTION: si vous parlez **français (French)**, une assistance linguistique et des communications dans d'autres formats, tels que du texte en gros caractères, sont gratuitement mis à votre disposition. Appelez le numéro de téléphone gratuit figurant sur votre carte de régime d'assurance santé

HINWEIS: Wenn Sie **Deutsch (German)**, sprechen, stehen Ihnen Sprachdienste und Mitteilungen in anderen Formaten, wie z. B. in Großdruck, kostenlos zur Verfügung. Rufen Sie die kostenfreie Nummer auf Ihrer Versichertenkarte an.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)**, બોલો છો, તો ભાષા સહાય અને સંદેશાવ્યવહાર અન્ય ફોર્મેટમાં, જેમ કે મોટી પ્રિન્ટમાં, તમારા માટે નિ:શુલ્ક અને ઉપલબ્ધ છે. તમારા હેલ્થ પ્લાન ID કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, genyen èd pou lang ou a disponib gratis pou ou ansanm ak komunikasyon nan lòt fòm, pa egzanp gwo lèt. Rele nan nimewo gratis ki sou kat ID plan sante w la

ध्यान दें: यदि आप **हिन्दी (Hindi)**, बोलते हैं, तो भाषा संबंधी मदद और अन्य प्रारूपों, जैसे बड़े प्रिंट, में संचार, आपके लिए उपलब्ध और निःशुल्क हैं। अपने स्वास्थ्य योजना ID कार्ड पर दिए गए टोल-फ्री नंबर पर कॉल करें

ATTENZIONE: se parla **italiano (Italian)**, può usufruire gratuitamente di assistenza linguistica e comunicazioni in altri formati, come la stampa a caratteri grandi. Chiami il numero verde riportato sulla scheda identificativa del piano sanitario.

注意: 日本語(**Japanese**),を話される場合は、言語サポートや大きな活字などの他の形式でのコミュニケーションを無料でご利用いただけます。保険プランIDカードに記載されているフリーダイヤル番号までお電話ください。

참고: **한국어 (Korean)** 구사하신다면 언어 지원 및 의사소통을 큰 인쇄물과 같은 형식으로도 무료로 이용하실 수 있습니다. 의료보험 ID 카드에 있는 무료 전화번호로 전화하십시오.

BAA'ÁKONÍNÍZIN: Diné (Navajo), bizaad bee yánífti'go, saad bee áka'aná'awo' dóó bee ahił dahane'í nááná łahgo át'éego bee hada'dilyaaígíí, díí nitsaa bee ak'eda'ashchíní táá jiik'eh ná dahóló. Nits'íís át'éhí bee ha'dít'éhí ninaaltsoos nit'izíID bąąh t'áá jikeh námboo bee hane'í bee hodílnih.

WICHDICH: Wann du **Deutsch (Pennsylvania Dutch)**, schwetzscht, kenne mer dich Schprooch-Hilf griege, wann du's brauchscht, un Information in differnti Wege, so wie gross Schreiwes (large print). All sell zellt dich nix koschde. Call der Toll-Free-Number uff dei Health-Plan-ID Card.

UWAGA: jeśli mówisz po **polsku (Polish)**, oferujemy bezpłatną pomoc językową i materiały w innych formatach, w tym napisane dużym drukiem. Zadzwoń pod bezpłatny numer podany na Twojej karcie ubezpieczenia zdrowotnego.

ATENÇÃO: se você fala **português (Portuguese)**, a ajuda com o idioma e as comunicações em outros formatos, como letras grandes, por exemplo, estão disponíveis e são gratuitas. Você pode ligar para o número gratuito no seu cartão de identificação do plano de saúde.

ВНИМАНИЕ: Если Вы говорите по-**русски (Russian)**, Вы можете бесплатно воспользоваться помощью переводчика и информационными материалами в альтернативных форматах, например, крупным шрифтом. Позвоните по бесплатному номеру, указанному на Вашей идентификационной карте плана медицинского страхования.

MO LE SILAFIA: Pe afai e te tautala i le faa-**Samoa (Samoan)**, o le fesoasoani tau gagana ma feso'ota'iga i isi auala, e pei o lomiga e lapopo'a mata'itusi, o loo avanoa mo oe aunoa ma se totogi. Valaau le numera e lē totogia o loo i lau ID card o le peleni o le soifua mālōlōina.

توجہ فرمائیں: اگر آپ اردو (**Urdu**) بولتے ہیں تو بڑے پرنٹ جیسی دوسری شکلوں میں لسانی امداد اور مواصلات آپ کے لیے مفت میں دستیاب ہوتی ہیں۔ اپنے ہیلتھ پلان کے آئی ڈی کارڈ پر موجود ٹول فری نمبر پر کال کریں

LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được hỗ trợ ngôn ngữ miễn phí và các định dạng thông tin miễn phí khác như bản in khổ lớn. Hãy gọi số điện thoại miễn cước trên thẻ ID chương trình bảo hiểm y tế của quý vị.

Individual Sales Team

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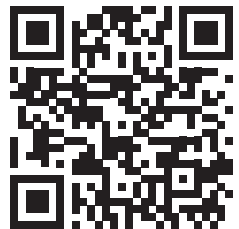
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