Health Plan of Nevada
A UnitedHealthcare Company

Sierra Health and Life®
A UnitedHealthcare Company

2027



# Coverage built for Nevadans

## Individual and family plans

nevada health link.com
Where Health Insurance Competes for You.

# 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 | $15,960 - $63,840 |
| 2 | $21,640 - $86,560 |
| 3 | $27,320 - $109,280 |
| 4 | $33,000 - $132,000 |
| 2027 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.

Visit NevadaHealthLink.com to find out if you qualify for financial assistance and explore your health coverage options.





## Plans built

# for you

# Individual and family plans that fit almost every lifestyle.

We offer **Gold**, **Silver** and **Bronze** HMO and EPO 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

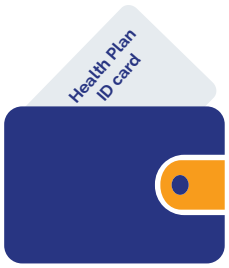
BATTLE BORN STATE PLAN FOR A HEALTHY NEVADA

Available exclusively through NevadaHealthLink.com. HPN offers **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).

# Many services and benefits at low or NO COST.

**$0**

- Annual physicals
- Preventive care
- 24/7 advice nurse
- 24/7 NowClinic® virtual visits*
- Online health education classes
- Health plan mobile app
- Healthy recipes for busy families
- Vital medication program
- Disease management
- Digital fitness classes




## Understanding different types of plans

### Health Maintenance Organization (HMO) plan

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

## Copay Focus Plans

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. This way, you know what your eligible care costs will be before you receive care, making it easier to budget for the healthcare 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 is the leader of your healthcare 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 healthcare 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.**

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

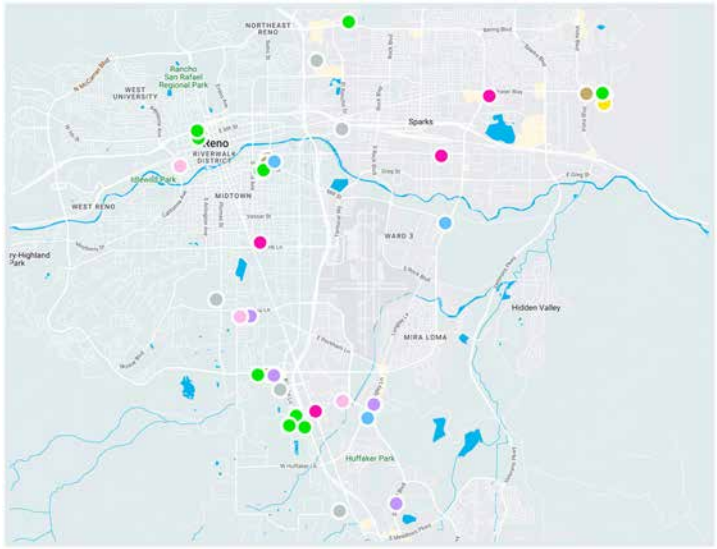


# Healthier

## starts here

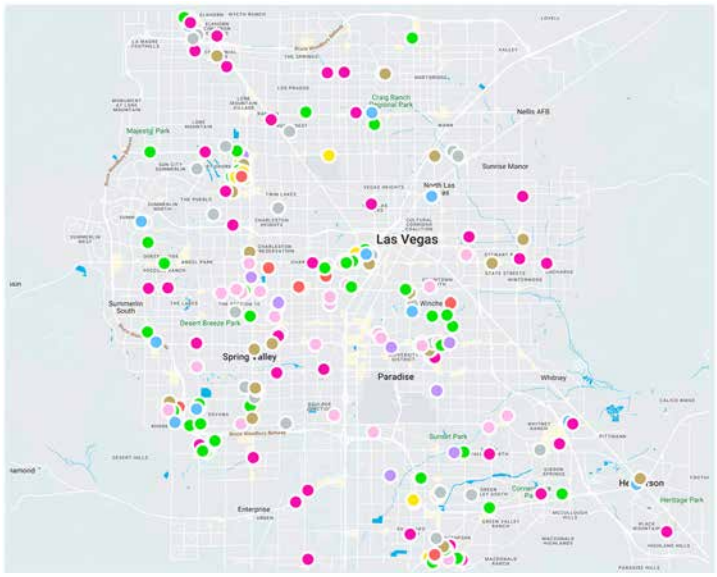
# Large provider network. For you and your family.

**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

SCAN TO VIEW HPN PROVIDER DIRECTORY

SCAN TO VIEW SHL PROVIDER DIRECTORY

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

Provider locations are for general reference only and may not reflect exact locations or all providers.

*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.

# $0 cost for certain medications*

## We're making medications that may be essential to your health more affordable




Health Plan of Nevada and Sierra Health and Life's Vital Medication Program offers certain drugs at **no additional cost.*** This means there may be no out-of-pocket costs for preferred insulins and certain other medications, including:

- **Insulin** – rapid, short and long-acting
- **Epinephrine** – allergic reactions
- **Glucagon** – hypoglycemia (low blood sugar)
- **Naloxone** – opioid overuse
- **Albuterol** – asthma

To see if you're eligible for no out-of-pocket costs on preferred insulins and other prescription drugs, visit **HealthPlanofNevada.com** or **SierraHealthandLife.com**.

*Available to eligible members. Check your coverage details at **HealthPlanofNevada.com** or **SierraHealthandLife.com**.

Medications are categorized by common therapeutic conditions in this reference guide for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines how these medications may be covered for you.

Where differences are noted between this reference guide and your benefit plan documents, the benefit plan documents will govern. This document applies to commercial group and individual and family plan members of Health Plan of Nevada and Sierra Health and Life.

# Feeling better changes everything



Our **health education and disease management programs** are available at no additional cost to eligible members.

- Weight Management
- Prediabetes Program
- Kidney Health
- Diabetes Program
- Asthma Support
- Heart Health
- Tobacco Cessation Program

Learn more at **HealthPlanofNevada.com** and **SierraHealthandLife.com**.

# 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

- 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.
- 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**.

# Fitness that fits your life

Find your fitness by trying new things—and sticking with what works. With One Pass® you can explore a wide variety of activities, from strength training and swimming to yoga and spin classes. Challenge your body, engage your mind, and keep your routine interesting, no matter your current fitness level. One Pass is a subscription-based fitness and well-being program that can help you reach your fitness goals, while finding new passions along the way.



## Wellness your way

Get 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.

| Digital | Classic | Standard | Premium | Elite |
|---|---|---|---|---|
| Thousands of online fitness classes | 12,000+ fitness locations and online classes | 14,000+ fitness locations and online classes | 16,000+ fitness locations and online classes | 20,000+ fitness locations and online classes |



## Online fitness classes anytime, anywhere.

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.



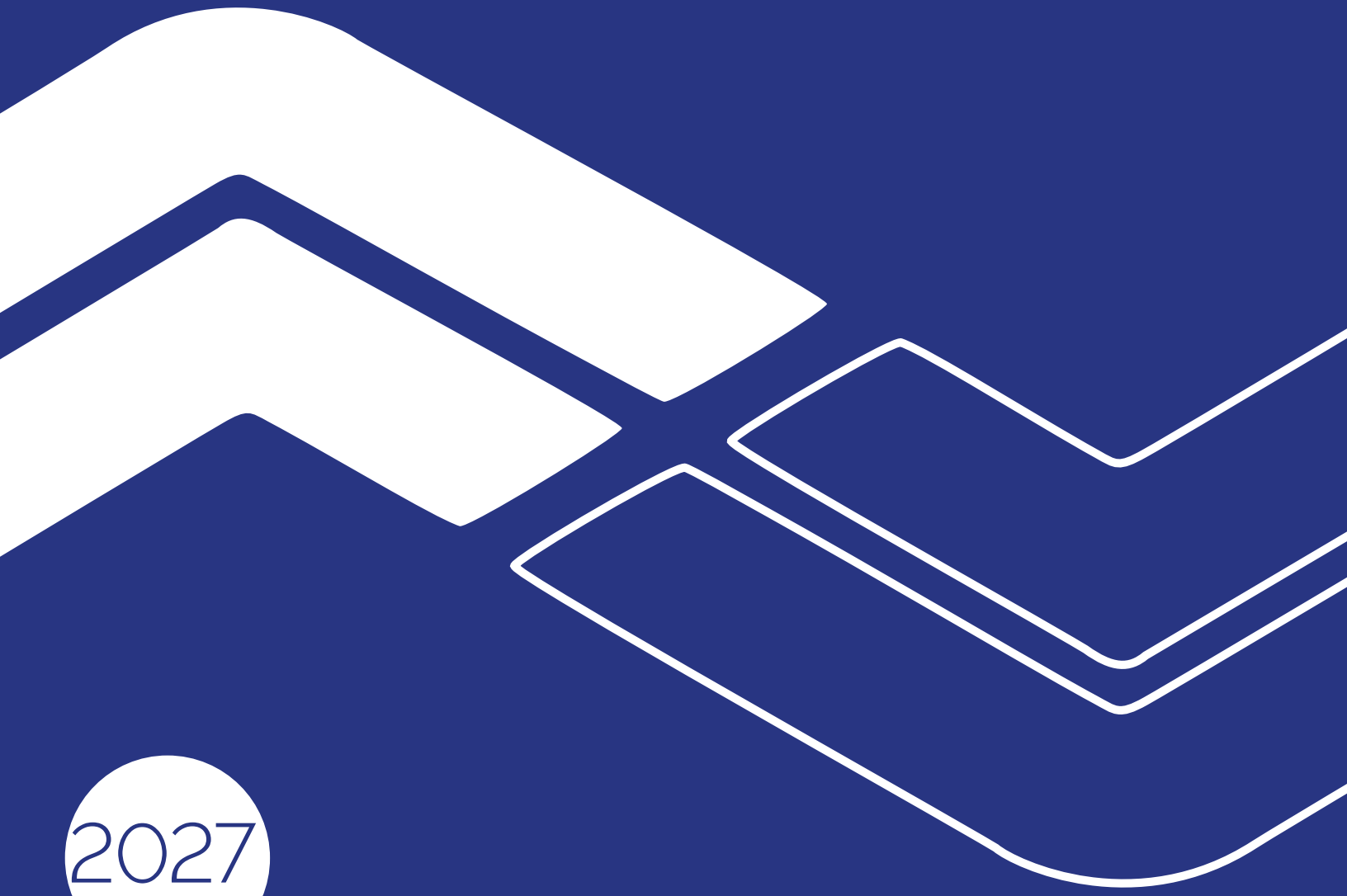
## Freedom to find your fit

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 gyms[1] as you like within a given tier at no additional cost.

[1]Network partners and number of fitness locations in each tier subject to change. One Pass is a voluntary program. The information provided about this program is for general informational purposes only. Detailed information and terms and conditions of the program can be found at one-pass.com. Individuals should consult an appropriate healthcare professional before beginning any exercise program and/or to determine what may be right for them. One Pass program availability and facilities (including equipment, classes, personalized fitness plans and events) vary by plan/area. One Pass is not responsible for the services or information provided by third parties. Purchasing discounted gym and fitness studio memberships may have tax implications. Members and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships under this program. ©2026. The One Pass trademark and content are used under license. All Rights Reserved. This service should not be used for emergency or urgent care needs. **In an emergency, call 911 or go to the nearest emergency room.** The information provided through this service is for informational purposes only. Please discuss with your doctor how the information provided may be right for you. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time. Health plan coverage provided by Health Plan of Nevada.

# HPN HMO
# Off Exchange Plans

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



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# HPN HMO Off Exchange Plans

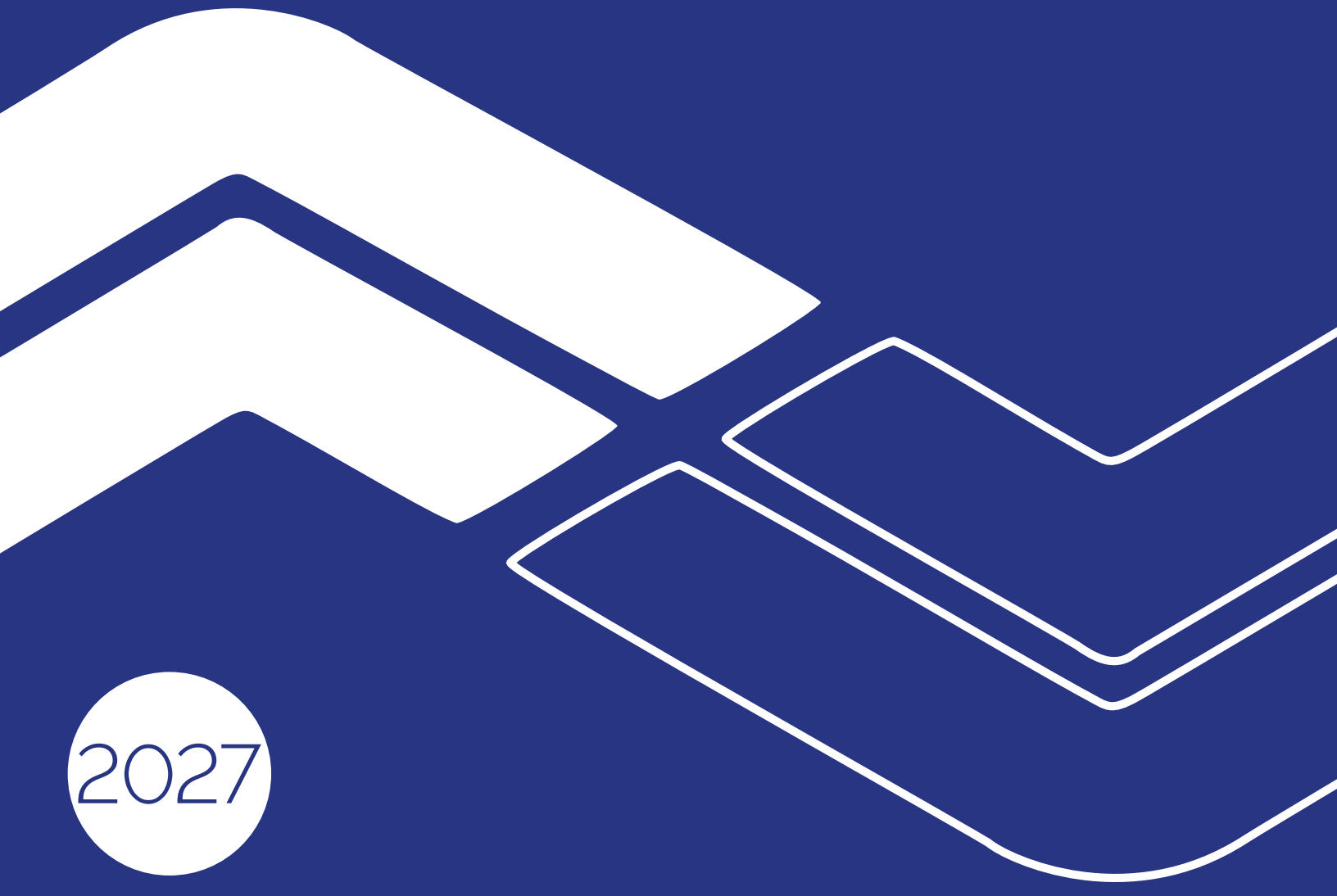
| Plan Name | MyHPN Solutions HMO Gold 7 | MyHPN Solutions HMO Silver 1.1 | MyHPN Solutions HMO Silver 3.1 | MyHPN Solutions HMO Silver 4 |
|---|---|---|---|---|
| Calendar Year Deductible (CYD) Individual / Family Amounts are of EME | $2,050/$4,100 | $8,100/$16,200 | $6,950/$13,900 | $6,700/$13,400 |
| 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 | $8,600/$17,200 | $11,250/$22,500 | $11,250/$22,500 | $9,750/$19,500 |
| 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: $1,150 Family: $2,300 (Tiers 3-4) | Member: $1,750 Family: $3,500 (Tiers 3-4) | Member: $1,750 Family: $3,500 (Tiers 3-4) | Member: $1,750 Family: $3,500 (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 | $8,400/$16,800 | $8,350/$16,700 | $9,500/$19,000 | $12,000/$24,000 |
| 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 | $10,350/$20,700 | $10,650/$21,300 | $9,500/$19,000 | $12,000/$24,000 |
| 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: $8,350 Family: $16,700 (Tiers 2-4) | Combined Medical/RX CYD Member: $9,500 Family: $19,000 (Tiers 2-4) | Combined Medical/RX CYD Member: $12,000 Family: $24,000 (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 |

# SHL Solutions EPO, HSA EPO, and Catastrophic 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 Eligible Medical Expenses (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.



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# SHL EPO Off Exchange Plans

| Plan Name | MySHL Solutions EPO Gold 7 | MySHL Solutions EPO Silver 1 | MySHL Solutions EPO Silver 2 | MySHL Solutions EPO Silver 6 |
|---|---|---|---|---|
| Calendar Year Deductible (CYD) Individual / Family Amounts are of EME | $2,050/$4,100 | $7,200/$14,400 | $6,400/$12,800 | $7,400/$14,800 |
| 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 | $8,600/$17,200 | $11,050/$22,100 | $11,400/$22,800 | $11,600/$23,200 |
| 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: $1,150 Family: $2,300 (Tiers 3-4) | Member: $1,500 Family: $3,000 (Tiers 3-4) | Member: $1,250 Family: $2,500 (Tiers 3-4) | Member: $1,250 Family: $2,500 (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 | $7,500/$15,000 | $6,350/$12,700 | $6,500/$13,000 | $9,500/$19,000 |
| 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 | $11,350/$22,700 | $10,350/$20,700 | $9,400/$18,800 | $9,500/$19,000 |
| 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: $1,250 Family: $2,500 (Tiers 3-4) | Member: $1,750 Family: $3,500 (Tiers 3-4) | Member: $1,250 Family: $2,500 (Tiers 3-4) | Combined Medical/RX CYD Member: $9,500 Family: $19,000 (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 | $12,000/$24,000 | $9,350/$18,700 | $8,700/$17,400 | $7,400/$14,800 | $12,000/$24,000 |
| 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 | $12,000/$24,000 | $10,850/$21,700 | $10,450/$20,900 | $9,300/$18,600 | $12,000/$24,000 |
| Preventive Care [2] | $0 | $0 | $0 | $0 | $0 |
| Virtual Visits (NowClinic®) | $0 | $0 | $0 | $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: $12,000 Family: $24,000 (Tiers 3-4) | Combined Medical/RX CYD Member: $9,350 Family: $18,700 (Tiers 2-4) | Member: $1,750 Family: $3,500 (Tiers 3-4) | Combined Medical/RX CYD Member: $7,400 Family: $14,800 (Tiers 1-4) | Combined Medical/RX CYD Member: $12,000 Family: $24,000 (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 |

**Dental and vision coverage** is optional and only available to Off Exchange members 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 |

| UnitedHealthcare Exclusive Network Dental Plan (ENDP)**** | | |
|---|---|---|
| **Benefit** | **Plan Dentist (Insured pays)** | **Non-Plan Dentist (Insured pays)** |
| Calendar Year Deductible | None | Not covered |
| Calendar Year Plan Maximum | None | Not covered |
| Preventive Care | Fixed copay | Not covered |
| Orthodontia | Fixed copay | Not covered |
| Implants | Fixed copay | Not covered |

| 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 HPN and SHL members 19+ of years of age will be covered
****All family members are covered regardless of age.
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.

# HPN HMO
# On Exchange Plans

**Offered through Nevada's official health insurance marketplace, NevadaHealthLink.com.**

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

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# HPN Individual On Exchange 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 | $2,550/$5,100 | $6,100/$12,200 | $5,200/$10,400 | $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 | $9,100/$18,200 | $10,000/$20,000 | $8,050/$16,100 | $3,500/$7,000 |
| 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: $650 Family: $1,300 (Tiers 3-4) | Combined Medical/RX CYD Member: $6,100 Family: $12,200 (Tiers 2-4) | Combined Medical/RX CYD Member: $5,200 Family: $10,400 (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 |

**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 1 - 94 | MyHPN Select Network Silver 3 | MyHPN Select Network Silver 3 - 73 | MyHPN Select Network Silver 3 - 87 |
|---|---|---|---|---|
| Calendar Year Deductible (CYD) Individual / Family Amounts are of EME | $0/$0 | $6,250/$12,500 | $5,450/$10,900 | $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 | $3,250/$6,500 | $9,350/$18,700 | $9,250/$18,500 | $3,750/$7,500 |
| 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: $6,250 Family: $12,500 (Tiers 2-4) | Combined Medical/RX CYD Member: $5,450 Family: $10,900 (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 |

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

# HPN 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 | $7,150/$14,300 | $5,450/$10,900 | $1,150/$2,300 |
| 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 | $2,050/$4,100 | $10,000/$20,000 | $9,600/$19,200 | $3,500/$7,000 |
| 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 | $1,000 Copay then CYD | $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: $7,150 Family: $14,300 (Tiers 2-4) | Combined Medical/RX CYD Member: $5,450 Family: $10,900 (Tiers 2-4) | Combined Medical/RX CYD Member: $1,150 Family: $2,300 (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 |

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

# HPN Individual On Exchange HMO Plans

| Plan Name | MyHPN Select Network Silver 4 - 94 | MyHPN Select Network Plus Bronze 1 | MyHPN Gold 6 | MyHPN Silver 1.1 |
|---|---|---|---|---|
| Calendar Year Deductible (CYD) Individual / Family Amounts are of EME | $350/$700 | $9,500/$19,000 | $2,350/$4,700 | $6,650/$13,300 |
| Coinsurance After CYD Member Pays of EME [1] | 30% | 0% | 30% | 40% |
| Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME | $2,200/$4,400 | $9,500/$19,000 | $8,500/$17,000 | $11,000/$22,000 |
| Preventive Care [2] | $0 | $0 | $0 | $0 |
| Virtual Visits (NowClinic®) | $0 | $0 | $0 | $0 |
| Physician (PCP) | $0 | After CYD, 0% of EME | $0 | $25 |
| Mental Health | $0 | After CYD, 0% of EME | $0 | $25 |
| Specialist | $10 | After CYD, 0% of EME | $50 | $40 |
| Routine Laboratory | $10 | After CYD, 0% of EME | $15 | $25 |
| Routine X-ray | After CYD, 30% of EME | After CYD, 0% of EME | $65 | After CYD, 40% of EME |
| Urgent Care | $50 | After CYD, 0% of EME | $50 | $50 |
| Hospital Emergency Room Facility | $250 | After CYD, 0% of EME | After CYD, 30% of EME | $1,500 Copay then CYD |
| Inpatient Services | After CYD, 30% of EME | After CYD, 0% of EME | After CYD, 30% of EME | After CYD, 40% of EME |
| Rx CYD | Combined Medical/RX CYD Member: $350 Family: $700 (Tiers 3-4) | Combined Medical/RX CYD Member: $9,500 Family: $19,000 (Tiers 2-4) | Member: $650 Family: $1,300 (Tiers 3-4) | Member: $1,500 Family: $3,000 (Tiers 3-4) |
| Vital Medications | $0 | $0 | $0 | $0 |
| Tier 1 | $10 | $40 | $5 | $25 |
| Tier 2 | $25 | After CYD, 0% of EME | $50 | $50 |
| Tier 3 | After CYD, 30% 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 10 |
|---|---|---|---|---|
| Calendar Year Deductible (CYD) Individual / Family Amounts are of EME | $4,850/$9,700 | $100/$200 | $100/$200 | $4,900/$9,800 |
| Coinsurance After CYD Member Pays of EME [1] | 40% | 35% | 30% | 50% |
| Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME | $9,050/$18,100 | $3,750/$7,500 | $1,600/$3,200 | $8,900/$17,800 |
| Preventive Care [2] | $0 | $0 | $0 | $0 |
| Virtual Visits (NowClinic®) | $0 | $0 | $0 | $0 |
| Physician (PCP) | $25 | $10 | $5 | $30 |
| Mental Health | $25 | $10 | $5 | $30 |
| Specialist | $40 | $30 | $10 | $95 |
| Routine Laboratory | $25 | $25 | $25 | $30 |
| Routine X-ray | After CYD, 40% of EME | After CYD, 35% of EME | After CYD, 30% of EME | After CYD, 50% of EME |
| Urgent Care | $50 | $50 | $50 | $50 |
| Hospital Emergency Room Facility | $1,500 Copay then CYD | $1,000 Copay then CYD | $650 | $1,000 Copay then CYD |
| Inpatient Services | After CYD, 40% of EME | After CYD, 35% of EME | After CYD, 30% of EME | After CYD, 50% 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: $1,850 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, 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 10 - 73 | MyHPN Silver 10 - 87 | MyHPN Silver 10 - 94 | MyHPN Silver 11 |
|---|---|---|---|---|
| Calendar Year Deductible (CYD) Individual / Family Amounts are of EME | $4,800/$9,600 | $400/$800 | $0/$0 | $7,150/$14,300 |
| 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 | $8,800/$17,600 | $2,900/$5,800 | $1,800/$3,600 | $10,350/$20,700 |
| 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: $1,700 Family: $3,400 (Tiers 3-4) | Member: $200 Family: $400 (Tiers 3-4) | Member: $200 Family: $400 (Tiers 3-4) | Combined Medical/RX CYD Member: $7,150 Family: $14,300 (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 Copay Focus Bronze 1 |
|---|---|---|---|---|
| Calendar Year Deductible (CYD) Individual / Family Amounts are of EME | $5,150/$10,300 | $400/$800 | $0/$0 | $0/$0 |
| Coinsurance After CYD Member Pays of EME [1] | 40% | 30% | 30% | 50% |
| Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME | $9,050/$18,100 | $3,350/$6,700 | $1,950/$3,900 | $12,000/$24,000 |
| Preventive Care [2] | $0 | $0 | $0 | $0 |
| Virtual Visits (NowClinic®) | $0 | $0 | $0 | $0 |
| Physician (PCP) | $0 | $0 | $0 | $45 |
| Mental Health | $0 | $0 | $0 | $45 |
| Specialist | $40 | $20 | $20 | $130 |
| Routine Laboratory | $25 | $25 | $25 | $45 |
| Routine X-ray | After CYD, 40% of EME | After CYD, 30% of EME | 30% of EME | $120 |
| Urgent Care | $50 | $50 | $50 | $70 |
| Hospital Emergency Room Facility | $750 Copay then CYD | $500 Copay then CYD | $250 | $2,200 |
| Inpatient Services | After CYD, 40% of EME | After CYD, 30% of EME | 30% of EME | $3,000 |
| Rx CYD | Combined Medical/RX CYD Member: $5,150 Family: $10,300 (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: $3,000 Family: $6,000 (Tiers 2-4) |
| Vital Medications | $0 | $0 | $0 | $0 |
| Tier 1 | $25 | $25 | $10 | $25 |
| Tier 2 | $75 | $75 | $25 | After CYD, 40% of EME |
| Tier 3 | After CYD, 40% of EME | After CYD, 30% of EME | 30% of EME | After CYD, 45% 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).

**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 Bronze 3 | MyHPN Plus Bronze 4 | MyHPN Plus Bronze 5 | Virtual HPN | MyHPN Catastrophic Plan |
|---|---|---|---|---|---|
| Calendar Year Deductible (CYD) Individual / Family Amounts are of EME | $12,000/$24,000 | $12,000/$24,000 | $8,600/$17,200 | $12,000/$24,000 | $12,000/$24,000 |
| Coinsurance After CYD Member Pays of EME [1] | 0% | 0% | 50% | 0% | 0% |
| Out of Pocket Maximum (includes CYD, coinsurance and copayments) Individual / Family Amounts are of EME | $12,000/$24,000 | $12,000/$24,000 | $10,350/$20,700 | $12,000/$24,000 | $12,000/$24,000 |
| Preventive Care [2] | $0 | $0 | $0 | $0 | 0% of EME |
| Virtual Visits (NowClinic®) | $0 | $0 | $0 | $0 | $0 |
| Physician (PCP) | $25 | $50 | $35 | $0 | After CYD, 0% of EME, CYD is waived for the first three visits. |
| Mental Health | $25 | $50 | $35 | $0 | After CYD, 0% of EME, CYD is waived for the first three visits. |
| Specialist | $120 | $100 | After CYD, $60 | After CYD, 0% of EME | After CYD, 0% of EME |
| Routine Laboratory | After CYD, 0% of EME | $50 | After CYD, $50 | After CYD, 0% of EME | After CYD, 0% of EME |
| Routine X-ray | After CYD, 0% of EME | After CYD, 0% of EME | After CYD, 50% of EME | After CYD, 0% of EME | After CYD, 0% of EME |
| Urgent Care | $50 | $50 | $50 | After CYD, 0% of EME | After CYD, 0% of EME |
| Hospital Emergency Room Facility | After CYD, 0% of EME | After CYD, 0% of EME | After CYD, $600 | After CYD, 0% of EME | After CYD, 0% of EME |
| Inpatient Services | After CYD, 0% of EME | After CYD, 0% of EME | After CYD, 50% of EME | After CYD, 0% of EME | After CYD, 0% of EME |
| Rx CYD | Combined Medical/RX CYD Member: $12,000 Family: $24,000 (Tiers 2-4) | Combined Medical/RX CYD Member: $12,000 Family: $24,000 (Tiers 3-4) | Member: $1,750 Family: $3,500 (Tiers 3-4) | Combined Medical/RX CYD Member: $12,000 Family: $24,000 (Tiers 2-4) | Combined Medical/RX CYD Member: $12,000 Family: $24,000 (Tiers 1-4) |
| Vital Medications | $0 | $0 | $0 | $0 | $0 |
| Tier 1 | $25 | $30 | $25 | $25 | After CYD, $0 |
| Tier 2 | After CYD, 0% of EME | $120 | $75 | After CYD, 0% of EME | After CYD, $0 |
| Tier 3 | After CYD, 0% of EME | After CYD, 0% of EME | After CYD, 50% of EME | After CYD, 0% of EME | After CYD, $0 |
| Tier 4 | After CYD, 0% of EME | After CYD, 0% 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 | 2.5 x Copay |

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

# HPN Individual On Exchange HMO Battle Born State 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 | $1,200/$2,400 | $7,650/$15,300 | $4,900/$9,800 | $500/$1,000 |
| 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 | $9,300/$18,600 | $9,300/$18,600 | $9,200/$18,400 | $3,750/$7,500 |
| 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 | $115 | $60 | $30 |
| 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: $1,200 Family: $2,400 (Tiers 3-4) | Combined Medical/RX CYD Member: $7,650 Family: $15,300 (Tiers 2-4) | Combined Medical/RX CYD Member: $4,900 Family: $9,800 (Tiers 2-4) | Combined Medical/RX CYD Member: $500 Family: $1,000 (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 State 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 | $10,250/$20,500 | $1,450/$2,900 | $6,250/$12,500 |
| 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 | $2,050/$4,100 | $10,250/$20,500 | $9,400/$18,800 | $9,500/$19,000 |
| 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: $10,250 Family: $20,500 (Tiers 2-4) | Combined Medical/RX CYD Member: $1,450 Family: $2,900 (Tiers 3-4) | Combined Medical/RX CYD Member: $6,250 Family: $12,500 (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 State 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 | $4,850/$9,700 | $300/$600 | $0/$0 | $12,000/$24,000 |
| 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 | $9,250/$18,500 | $3,600/$7,200 | $2,100/$4,200 | $12,000/$24,000 |
| Preventive Care [2] | $0 | $0 | $0 | $0 |
| Virtual Visits (NowClinic®) | $0 | $0 | $0 | $0 |
| Physician (PCP) | $15 | $10 | $0 | $45 |
| Mental Health | $15 | $10 | $0 | $45 |
| Specialist | $50 | $25 | $25 | After CYD, $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: $4,850 Family: $9,700 (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: $12,000 Family: $24,000 (Tiers 2-4) |
| Vital Medications | $0 | $0 | $0 | $0 |
| Tier 1 | $25 | $25 | $15 | $40 |
| 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 |

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# Choose the right coverage for 2027



## Compare your plan options to find the right fit for you

You change a little every year, and sometimes your healthcare needs change too.

If you select an On Exchange plan, make sure to have the following information ready for when you enroll:

- 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

**Think an Exchange plan might be a good fit for you? Visit NevadaHealthLink.com to shop, compare plans and enroll. Nevada Health Link is Nevada's official health insurance marketplace.**

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

### Ready to enroll or have questions?

Talk to your broker, or visit **NevadaHealthLink.com** or call us. Health Plan of Nevada is also available to answer your questions about health insurance. Call **1-800-873-0004**, TTY **711**, Monday through Friday, 8 a.m. to 5 p.m.

# 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 healthcare 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 healthcare 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 healthcare 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.

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

[2]Includes 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.

## Individual Sales Team

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

**Enroll Now!**

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