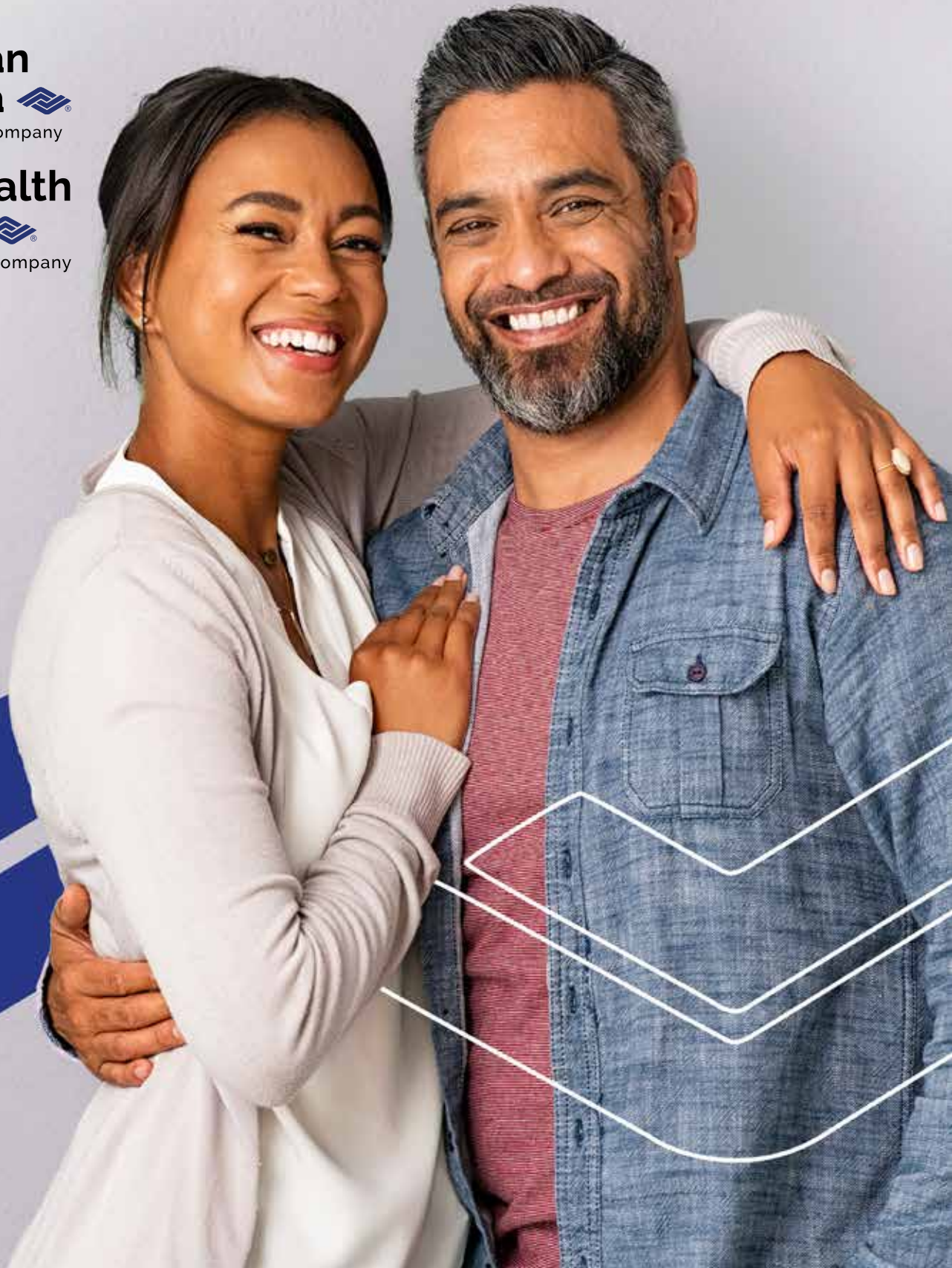


2024

# Individual Plan Updates

**Health Plan  
of Nevada**   
A UnitedHealthcare Company

**Sierra Health  
and Life**   
A UnitedHealthcare Company





# 40+

## years of experience

Health Plan of Nevada (HPN) and Sierra Health and Life (SHL) have been in the health care industry for a long time. It's our purpose and our passion. And the best part, **we're local.**

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

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# HPN HMO Individual Off Exchange Plans

2024

The background features several large, white, abstract geometric shapes that resemble stylized mountain peaks or overlapping chevrons. These shapes are layered and create a sense of depth and movement across the lower half of the page.



## 2023 - 2024 MyHPN Solutions HMO Individual Off Exchange Plan Mapping

2023 MyHPN Solutions HMO Plans	2024 STATUS	2024 MyHPN Solutions HMO Plans
MyHPN Solutions Plus HMO Bronze 1	Modified with changes	MyHPN Solutions HMO Bronze 1
MyHPN Solutions Plus HMO Bronze 2	Modified with changes	MyHPN Solutions HMO Bronze 2
MyHPN Solutions HMO Gold 7	Modified with changes	MyHPN Solutions HMO Gold 7
MyHPN Solutions HMO Silver 1.1	Modified with changes	MyHPN Solutions HMO Silver 1.1
MyHPN Solutions HMO Silver 3.1	Modified with changes	MyHPN Solutions HMO Silver 3.1
MyHPN Solutions HMO Bronze 3	Modified with changes	MyHPN Solutions Plus HMO Bronze 3
MyHPN Solutions HMO Silver 4	Modified with changes	MyHPN Solutions HMO Silver 4
	New	My HPN Solutions Plus HMO Bronze 4

## 2024 Health Plan of Nevada Individual Off Exchange HMO Plans<sup>1</sup>

Plan Name	MyHPN Solutions HMO Gold 7	MyHPN Solutions HMO Silver 1.1	MyHPN Solutions HMO Silver 3.1	MyHPN Solutions HMO Silver 4
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$2,000 of EME <sup>2</sup> per Individual	\$5,400 of EME per Individual	\$5,000 of EME per Individual	\$5,000 of EME per Individual
	\$4,000 of EME per Family	\$10,800 of EME per Family	\$10,000 of EME per Family	\$10,000 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	20% of EME	30% of EME	30% of EME	0% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$8,500 of EME per Individual	\$8,900 of EME per Individual	\$8,900 of EME per Individual	\$7,500 of EME per Individual
	\$17,000 of EME per Family	\$17,800 of EME per Family	\$17,800 of EME per Family	\$15,000 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>				
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$10	\$30	\$25
Physician (PCP)	\$20	\$20	\$40	\$50
Specialist	\$30	\$40	\$80	\$100
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$10	\$25	\$25	\$50
Routine X-ray	\$10	\$25	\$25	\$65
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 20% of EME	\$1,000 then, after CYD, 0% of EME; Waived if admitted	\$1,500; waived if admitted	\$1,500 then, after CYD, 0% of EME; Waived if admitted
Ambulance	\$100	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Outpatient	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
<b>Prescription Drugs (In Network) Member Pays</b>				
Rx CYD	Member: \$500 Family: \$1,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$75	After CYD, \$100	After CYD, \$100	After CYD, \$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

 Denotes new plan or modified benefit.

## 2024 Health Plan of Nevada Individual Off Exchange HMO Plans<sup>1</sup>

Plan Name	MyHPN Solutions HMO Bronze 1	MyHPN Solutions HMO Bronze 2	MyHPN Solutions Plus HMO Bronze 3	MyHPN Solutions Plus HMO Bronze 4
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$7,250 of EME <sup>2</sup> per Individual	\$6,500 of EME per Individual	\$8,700 of EME per Individual	\$9,200 of EME per Individual
	\$14,500 of EME per Family	\$13,000 of EME per Family	\$17,400 of EME per Family	\$18,400 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	40% of EME	0% of EME	0% of EME	0% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$8,800 of EME per Individual	\$8,900 of EME per Individual	\$8,700 of EME per Individual	\$9,200 of EME per Individual
	\$17,600 of EME per Family	\$17,800 of EME per Family	\$17,400 of EME per Family	\$18,400 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>				
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	After CYD, \$0	After CYD, 0% of EME	\$5
Physician (PCP)	\$50	After CYD, \$0	After CYD, 0% of EME	\$50
Specialist	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	\$150
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	\$50
Routine X-ray	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	\$120
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	After CYD, \$0	After CYD, 0% of EME	\$50
Hospital Emergency Room Facility	After CYD, 40% of EME	\$1,500 then, after CYD, 0% of EME; waived if admitted	After CYD, 0% of EME	After CYD, 0% of EME
Ambulance	After CYD, 40% of EME	After CYD, \$0	After CYD, 0% of EME	\$100
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Prescription Drugs (In Network) Member Pays</b>				
Rx CYD	Member: \$1,900 Family: \$3,800 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$6,500 Family: \$13,000 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$8,700 Family: \$17,400 (Tiers 1-4)	Combined Medical/Rx CYD Member: \$9,200 Family: \$18,400 (Tiers 3-4)
Tier 1	\$25	\$25	After CYD, 0% of EME	\$30
Tier 2	\$100	\$75	After CYD, 0% of EME	\$120
Tier 3	After CYD, \$150	After CYD, \$150	After CYD, 0% of EME	After CYD, 0% of EME
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 0% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay



**Denotes new plan or modified benefit.**

# MyHPN Solutions HMO Plans



Pediatric dental and vision are embedded in all MyHPN Solutions and MyHPN Solutions Plus HMO plans.

<sup>1</sup>2024 HPN HMO individual off exchange plans are only available in Clark, Nye and Washoe counties.

<sup>2</sup>EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule.

<sup>3</sup>Includes covered preventive exams, labs, diagnostic tests/procedures and prescription drugs as set forth by the federal government.

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.

## FORM NUMBERS

### MyHPN Solutions HMO Plans

24H\_IN\_HMO\_G\_7, 24H\_IN\_HMO\_S\_1\_1,  
24H\_IN\_HMO\_S\_3\_1, 24H\_IN\_HMO\_S\_4,  
24H\_IN\_HMO\_P\_B\_1, 24H\_IN\_HMO\_B\_2,  
24H\_IN\_HMO\_B\_3.

# SHL EPO and HSA EPO Individual Off Exchange Plans

2024



## 2023 - 2024 MySHL Solutions EPO and HSA EPO Individual Off Exchange Plan Mapping

2023 MySHL Solutions EPO, HSA EPO, Catastrophic Plans	2024 STATUS	2024 MySHL Solutions EPO, HSA EPO, Catastrophic Plans
MySHL Solutions EPO Bronze 11	Modified with changes	MySHL Solutions EPO Bronze 11
MySHL Solutions EPO Bronze 12	Modified with changes	MySHL Solutions EPO Bronze 12
MySHL Solutions EPO Bronze 13	Modified with changes	MySHL Solutions EPO Bronze 13
MySHL Solutions EPO Bronze 14	Modified with changes	MySHL Solutions EPO Bronze 14
MySHL Solutions EPO Catastrophic 1	Modified with changes	MySHL Solutions EPO Catastrophic
MySHL Solutions EPO Gold 7	Modified with changes	MySHL Solutions EPO Gold 7
MySHL Solutions EPO Silver 1	Modified with changes	MySHL Solutions EPO Silver 1
MySHL Solutions EPO Silver 2	Modified with changes	MySHL Solutions EPO Silver 2
MySHL Solutions EPO Silver 6	Modified with changes	MySHL Solutions EPO Silver 6
MySHL Solutions EPO Silver 7	Modified with changes	MySHL Solutions EPO Silver 7
MySHL Solutions EPO Silver 8	Modified with changes	MySHL Solutions EPO Silver 8
MySHL Solutions EPO Silver 9	Modified with changes	MySHL Solutions EPO Silver 9
MySHL Solutions HSA EPO Bronze 3.1	Modified with changes	MySHL Solutions HSA EPO Bronze 3.1

## 2024 Sierra Health and Life Individual Off Exchange EPO Plans<sup>1</sup>

Plan Name	MySHL Solutions EPO Gold 7	MySHL Solutions EPO Silver 1	MySHL Solutions EPO Silver 2	MySHL Solutions EPO Silver 6
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$2,500 of EME <sup>2</sup> per Individual	\$5,500 of EME per Individual	\$4,200 of EME per Individual	\$5,500 of EME per Individual
	\$5,000 of EME per Family	\$11,000 of EME per Family	\$8,400 of EME per Family	\$11,000 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	20% of EME	30% of EME	40% of EME	30% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$7,900 of EME per Individual	\$8,800 of EME per Individual	\$8,900 of EME per Individual	\$9,000 of EME per Individual
	\$15,800 of EME per Family	\$17,600 of EME per Family	\$17,800 of EME per Family	\$18,000 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>				
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$10	\$20	\$5
Physician (PCP)	\$20	\$15	\$30	\$25
Specialist	\$30	\$85	\$50	\$50
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$10	\$25	\$25	\$25
Routine X-ray	\$10	\$50	\$70	\$25
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 20% of EME	\$500 then, 0% After CYD, 0% of EME; waived if admitted	\$1,500 then, 0% After CYD, 0% of EME; waived if admitted	\$1,000 then, 0% After CYD, 0% of EME; waived if admitted
Ambulance	\$100	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Outpatient	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Outpatient Hospital Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Ambulatory Surgical Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
Anesthesia	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME
<b>Prescription Drugs (In Network) Member Pays</b>				
Rx CYD	Member: \$750 Family: \$1,500 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$75	After CYD, \$100	After CYD, \$100	After CYD, \$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay



## 2024 Sierra Health and Life Individual Off Exchange EPO Plans<sup>1</sup>

Plan Name	MySHL Solutions EPO Silver 7	MySHL Solutions EPO Silver 8	MySHL Solutions EPO Silver 9	MySHL Solutions EPO Bronze 11	MySHL Solutions EPO Bronze 12
<b>Calendar Year Deductible (CYD)</b>					
Plan Provider	\$5,500 of EME <sup>2</sup> per Individual	\$4,500 of EME per Individual	\$4,500 of EME per Individual	\$8,700 of EME per Individual	\$9,200 of EME per Individual
	\$11,000 of EME per Family	\$9,000 of EME per Family	\$9,000 of EME per Family	\$17,400 of EME per Family	\$18,400 of EME per Family
<b>Coinsurance After CYD Member Pays</b>					
Plan Provider	30% of EME	40% of EME	30% of EME	0% of EME	0% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>					
Plan Provider	\$8,100 of EME per Individual	\$7,800 of EME per Individual	\$7,500 of EME per Individual	\$8,700 of EME per Individual	\$9,200 of EME per Individual
	\$16,200 of EME per Family	\$15,600 of EME per Family	\$15,000 of EME per Family	\$17,400 of EME per Family	\$18,400 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>					
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$10	\$15	\$15	After CYD, 0% of EME	\$5
Physician (PCP)	\$40	\$40	\$25	After CYD, 0% of EME	\$50
Specialist	\$80	\$85	After CYD, 30% of EME	After CYD, 0% of EME	\$150
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>					
Routine Laboratory	\$35	\$50	After CYD, 30% of EME	After CYD, 0% of EME	\$50
Routine X-ray	\$55	\$50	After CYD, 30% of EME	After CYD, 0% of EME	\$120
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>					
Urgent Care	\$50	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 30% of EME	\$1,000 then, after CYD, 0% of EME; waived if admitted	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulance	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	\$100
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>					
Inpatient	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>					
Inpatient Hospital Facility	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 30% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Prescription Drugs (In Network) Member Pays</b>					
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 (Tier 3-4)	Combined Medical/Rx CYD Member: \$8,700 Family: \$17,400 (Tiers 1-4)	Combined Medical/Rx CYD Member: \$9,200 Family: \$18,400 (Tiers 3-4)
Tier 1	\$25	\$25	\$25	After CYD, 0% of EME	\$30
Tier 2	\$50	\$75	\$100	After CYD, 0% of EME	\$120
Tier 3	After CYD, \$100	After CYD, \$150	After CYD, \$150	After CYD, 0% of EME	After CYD, 0% of EME
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 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	2.5 x Copay

Denotes new plan or modified benefit.

## 2024 Sierra Health and Life Individual Off Exchange EPO, Catastrophic and HSA EPO Plans<sup>1</sup>

Plan Name	MySHL Solutions EPO Bronze 13	MySHL Solutions EPO Bronze 14	MySHL Solutions EPO Catastrophic	MySHL Solutions HSA EPO Bronze 3.1
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$7,500 of EME <sup>2</sup> per Individual	\$7,500 of EME per Individual	\$9,450 of EME per Individual	\$6,500 of EME per Individual
	\$15,000 of EME per Family	\$15,000 of EME per Family	\$18,900 of EME per Family	\$13,000 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	40% of EME	40% of EME	0% of EME	30% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$9,000 of EME per Individual	\$8,900 of EME per Individual	\$9,450 of EME per Individual	\$7,500 of EME per Individual
	\$18,000 of EME per Family	\$17,800 of EME per Family	\$18,900 of EME per Family	\$15,000 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>				
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	After CYD, \$0
Physician Extender	\$5	\$5	After CYD, 0% of EME	After CYD, 30% of EME
Physician (PCP)	\$25	\$30	Insured pays CYD, waived for first three visits per Calendar Year.	After CYD, 30% of EME
Specialist	After CYD, \$0	After CYD, \$60	After CYD, 0% of EME	After CYD, 30% of EME
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	After CYD, \$25	After CYD, \$50	After CYD, 0% of EME	After CYD, 30% of EME
Routine X-ray	After CYD, \$25	After CYD, \$50	After CYD, 0% of EME	After CYD, 30% of EME
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	After CYD, 0% of EME	After CYD, 30% of EME
Hospital Emergency Room Facility	After CYD, \$600; waived if admitted	After CYD, \$600; waived if admitted	After CYD, 0% of EME	After CYD, 30% of EME
Ambulance	\$100	\$100	After CYD, 0% of EME	After CYD, 30% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 30% of EME
Outpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 30% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 30% of EME
Outpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 30% of EME
Ambulatory Surgical Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 30% of EME
Anesthesia	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 0% of EME	After CYD, 30% of EME
<b>Prescription Drugs (In Network) Member Pays</b>				
Rx CYD	Combined Medical/Rx CYD Member: \$7,500 Family: \$15,000 (Tiers 2-4)	Member: \$2,000 Family: \$4,000 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$9,450 Family: \$18,900 (Tiers 1-4)	Combined Medical/Rx CYD Member: \$6,500 Family: \$13,000 (Tiers 1-4)
Tier 1	\$25	\$25	After CYD, 0% of EME	After CYD, \$25
Tier 2	After CYD, 40% of EME	\$75	After CYD, 0% of EME	After CYD, \$75
Tier 3	After CYD, 40% of EME	After CYD, \$75	After CYD, 0% of EME	After CYD, \$150
Tier 4	After CYD, 40% of EME	After CYD, 50% of EME	After CYD, 0% 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



**Denotes new plan or modified benefit.**



# MyHPN Solutions

## EPO, HSA EPO Plans

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

<sup>1</sup>2024 SHL EPO and HSA EPO individual off exchange plans are only available in Clark County.

<sup>2</sup>EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule.

<sup>3</sup>Includes covered preventive exams, labs, diagnostic tests/procedures and prescription drugs as set forth by the federal government.

Failure of the Insured to comply with the requirements of SHL's Managed Care Program will result in a reduction of benefits. Benefits payable for Covered Services from Plan Providers which are not Prior Authorized by SHL's Managed Care Program will be reduced to 50% of what the Insured would have received with Prior Authorization. The Insured is responsible for all charges in excess of EME. Non-Plan Provider charges are not covered, other than for Urgently Needed or Emergency Services, or Medically Necessary Services not available through a Plan Provider. Non-Plan Provider charges may be substantial and do not accrue toward the Calendar Year Out of Pocket Maximum. These Plans include additional benefits, exclusions and limitations which are shown in the Sierra Health and Life Agreement of Coverage, Attachment A Benefit Schedule, any other applicable Riders and the Summary of Benefits and Coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

### FORM NUMBERS

#### MySHL Solutions EPO Plans

24S\_IN\_EPO\_G\_7, 24S\_IN\_EPO\_S\_1,  
24S\_IN\_EPO\_S\_2, 24S\_IN\_EPO\_S\_6,  
24S\_IN\_EPO\_S\_7, 24S\_IN\_EPO\_S\_8,  
24S\_IN\_EPO\_S\_9, 24S\_IN\_EPO\_B\_11,  
24S\_IN\_EPO\_B\_12, 24S\_IN\_EPO\_B\_13,  
24S\_IN\_EPO\_B\_14.

#### MySHL Solutions EPO Catastrophic Plan

24S\_IN\_EPO\_CAT.

#### MySHL Solutions HSA EPO Plan

24S\_IN\_HSA\_EPO\_B\_3\_1.



# HPN HMO Individual On Exchange Plans

2024

## 2023 - 2024 MyHPN HMO Individual On Exchange Plan Mapping

2023 MyHPN HMO and Catastrophic Plans	2024 STATUS	2024 MyHPN HMO and Catastrophic Plans
MyHPN Bronze 2 - Medicaid Transition Plan	Modified with changes	MyHPN Bronze 2 - Medicaid Transition Plan
MyHPN Bronze 3	Modified with changes	MyHPN Bronze 3
MyHPN Catastrophic Plan	Modified with changes	MyHPN Catastrophic Plan
MyHPN Gold 6	Modified with changes	MyHPN Gold 6
MyHPN Plus Bronze 4	Modified with changes	MyHPN Plus Bronze 4
MyHPN Plus Bronze 5	Modified with changes	MyHPN Plus Bronze 5
MyHPN Plus Bronze 6	Modified with changes	MyHPN Plus Bronze 6
MyHPN Select Network Gold 1	Modified with changes	MyHPN Select Network Gold 1
MyHPN Select Network Silver 1	Modified with changes	MyHPN Select Network Silver 1
MyHPN Select Network Silver 1-73	Modified with changes	MyHPN Select Network Silver 1-73
MyHPN Select Network Silver 1-87	Modified with changes	MyHPN Select Network Silver 1-87
MyHPN Select Network Silver 1-94	Modified with changes	MyHPN Select Network Silver 1-94
MyHPN Silver 11	Modified with changes	MyHPN Silver 11
MyHPN Silver 11-73	Modified with changes	MyHPN Silver 11-73
MyHPN Silver 11-87	Modified with changes	MyHPN Silver 11-87
MyHPN Silver 11-94	Modified with changes	MyHPN Silver 11-94
MyHPN Silver 10	Modified with changes	MyHPN Silver 10
MyHPN Silver 10-73	Modified with changes	MyHPN Silver 10-73
MyHPN Silver 10-87	Modified with changes	MyHPN Silver 10-87
MyHPN Silver 10-94	Modified with changes	MyHPN Silver 10-94
MyHPN Silver 11	Modified with changes	MyHPN Silver 11
MyHPN Silver 11-73	Modified with changes	MyHPN Silver 11-73
MyHPN Silver 11-87	Modified with changes	MyHPN Silver 11-87
MyHPN Silver 11-94	Modified with changes	MyHPN Silver 11-94
MyHPN Silver 12	Modified with changes	MyHPN Silver 12
MyHPN Silver 12-73	Modified with changes	MyHPN Silver 12-73
MyHPN Silver 12-87	Modified with changes	MyHPN Silver 12-87
MyHPN Silver 12-94	Modified with changes	MyHPN Silver 12-94
MyHPN Silver 5/Medicaid Transition Plan	Modified with changes	MyHPN Silver 5/Medicaid Transition Plan
MyHPN Silver 5/Medicaid Transition Plan-73	Modified with changes	MyHPN Silver 5/Medicaid Transition Plan-73
MyHPN Silver 5/Medicaid Transition Plan-87	Modified with changes	MyHPN Silver 5/Medicaid Transition Plan-87
MyHPN Silver 5/Medicaid Transition Plan-94	Modified with changes	MyHPN Silver 5/Medicaid Transition Plan-94
Virtual HPN	Modified with changes	Virtual HPN
	New	MyHPN Select Network Silver 3
	New	MyHPN Select Network Silver 3 - 73
	New	MyHPN Select Network Silver 3 - 87
	New	MyHPN Select Network Silver 3 - 94
	New	MyHPN Select Network Silver 4
	New	MyHPN Select Network Silver 4 - 73
	New	MyHPN Select Network Silver 4 - 87
	New	MyHPN Select Network Silver 4 - 94
MyHPN Select Network Silver 2	Discontinued	MyHPN Select Network Silver 1
MyHPN Select Network Silver 2 - 73	Discontinued	MyHPN Select Network Silver 1 - 73
MyHPN Select Network Silver 2 - 87	Discontinued	MyHPN Select Network Silver 1 - 87
MyHPN Select Network Silver 2 - 94	Discontinued	MyHPN Select Network Silver 1 - 94

## 2024 Health Plan of Nevada Individual On Exchange HMO Plans<sup>1</sup>

Plan Name	MyHPN Select Network Gold 1	MyHPN Select Network Silver 1	MyHPN Select Network Silver 1 - 73	MyHPN Select Network Silver 1 - 87	MyHPN Select Network Silver 1 - 94
<b>Calendar Year Deductible (CYD)</b>					
Plan Provider	\$2,000 of EME <sup>2</sup> per Individual	\$5,000 of EME per Individual	\$5,000 of EME per Individual	\$1,200 of EME per Individual	\$0 of EME per Individual
	\$4,000 of EME per Family	\$10,000 of EME per Family	\$10,000 of EME per Family	\$2,400 of EME per Family	\$0 of EME per Family
<b>Coinsurance After CYD Member Pays</b>					
Plan Provider	20% of EME	40% of EME	20% of EME	15% of EME	15% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>					
Plan Provider	\$8,000 of EME per Individual	\$8,700 of EME per Individual	\$7,000 of EME per Individual	\$2,900 of EME per Individual	\$1,800 of EME per Individual
	\$16,000 of EME per Family	\$17,400 of EME per Family	\$14,000 of EME per Family	\$5,800 of EME per Family	\$3,600 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>					
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$0	\$0	\$0	\$0
Physician (PCP)	\$15	\$0	\$0	\$0	\$0
Specialist	\$30	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>					
Routine Laboratory	\$10	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Routine X-ray	\$10	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>					
Urgent Care	\$50	\$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	25% of EME
Ambulance	\$100	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 30% of EME	15% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>					
Inpatient	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Outpatient	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>					
Inpatient Hospital Facility	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Outpatient Hospital Facility	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Ambulatory Surgical Facility	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Anesthesia	After CYD, 20% of EME	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
<b>Prescription Drugs (In Network) Member Pays</b>					
Rx CYD	Member: \$500 Family: \$1,000 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$5,000 Family: \$10,000 (Tiers 2-4)	Combined Medical/Rx CYD Member: \$5,000 Family: \$10,000 (Tiers 2-4)	Combined Medical/Rx CYD Member: \$1,200 Family: \$2,400 (Tiers 2-4)	Combined Medical/Rx CYD Member: \$0 Family: \$0 (No CYD)
Tier 1	\$25	\$5	\$0	\$0	\$0
Tier 2	\$50	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 15% of EME	15% of EME
Tier 3	After CYD, \$75	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% of EME	20% of EME
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% of EME	20% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

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



## 2024 Health Plan of Nevada Individual On Exchange HMO Plans<sup>1</sup>

Plan Name	MyHPN Select Network Silver 3	MyHPN Select Network Silver 3 - 73	MyHPN Select Network Silver 3 - 87	MyHPN Select Network Silver 3 - 94
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$6,000 of EME <sup>2</sup> per Individual	\$4,600 of EME per Individual	\$750 of EME per Individual	\$0 of EME per Individual
	\$12,000 of EME per Family	\$9,200 of EME per Family	\$1,500 of EME per Family	\$0 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	50% of EME	40% of EME	30% of EME	30% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$8,500 of EME per Individual	\$7,500 of EME per Individual	\$2,600 of EME per Individual	\$950 of EME per Individual
	\$17,000 of EME per Family	\$15,000 of EME per Family	\$5,200 of EME per Family	\$1,900 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>				
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$0	\$10	\$5	\$0
Physician (PCP)	\$10	\$0	\$0	\$0
Specialist	After CYD, 50% of EME	\$60	\$25	\$5
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$10	\$10	\$10	\$10
Routine X-ray	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$750 then, after CYD, 0% of EME; waived if admitted	\$750 then, after CYD, 0% of EME; waived if admitted	\$500 then, after CYD, 0% of EME; waived if admitted	\$250
Ambulance	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Outpatient	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Outpatient Hospital Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Ambulatory Surgical Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Anesthesia	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
<b>Prescription Drugs (In Network) Member Pays</b>				
Rx CYD	Combined Medical/Rx CYD Member: \$6,000 Family: \$12,000 (Tiers 2-4)	Combined Medical/Rx CYD Member: \$4,600 Family: \$9,200 (Tiers 2-4)	Combined Medical/Rx CYD Member: \$750 Family: \$1,500 (Tier 4 Only)	Combined Medical/Rx CYD Member: \$0 Family: \$0 (No CYD)
Tier 1	\$10	\$10	\$10	\$10
Tier 2	After CYD, 50% of EME	After CYD, \$75	\$75	\$25
Tier 3	After CYD, 50% of EME	After CYD, \$100	\$100	\$50
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

**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.

 Denotes new plan or modified benefit.

## 2024 Health Plan of Nevada Individual On Exchange HMO Plans<sup>1</sup>

Plan Name	MyHPN Select Network Silver 4	MyHPN Select Network Silver 4 - 73	MyHPN Select Network Silver 4 - 87	MyHPN Select Network Silver 4 - 94	MyHPN Select Network Plus Bronze 1
<b>Calendar Year Deductible (CYD)</b>					
Plan Provider	\$6,400 of EME <sup>2</sup> per Individual	\$5,000 of EME per Individual	\$1,000 of EME per Individual	\$100 of EME per Individual	\$8,700 of EME per Individual
	\$12,800 of EME per Family	\$10,000 of EME per Family	\$2,000 of EME per Family	\$200 of EME per Family	\$17,400 of EME per Family
<b>Coinsurance After CYD Member Pays</b>					
Plan Provider	35% of EME	40% of EME	30% of EME	30% of EME	0% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>					
Plan Provider	\$8,200 of EME per Individual	\$7,500 of EME per Individual	\$2,600 of EME per Individual	\$950 of EME per Individual	\$8,700 of EME per Individual
	\$16,400 of EME per Family	\$15,000 of EME per Family	\$5,200 of EME per Family	\$1,900 of EME per Family	\$17,400 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>					
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$0	\$10	\$5	\$0	After CYD, 0% of EME
Physician (PCP)	\$15	\$0	\$0	\$0	After CYD, 0% of EME
Specialist	After CYD, 35% of EME	\$60	\$25	\$5	After CYD, 0% of EME
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>					
Routine Laboratory	\$20	\$10	\$10	\$10	After CYD, 0% of EME
Routine X-ray	After CYD, 35% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>					
Urgent Care	\$50	\$50	\$50	\$50	After CYD, 0% of EME
Hospital Emergency Room Facility	After CYD, 35% of EME	\$750 then, after CYD, 0% of EME; waived if admitted	\$500 then, after CYD, 0% of EME; waived if admitted	\$250	After CYD, 0% of EME
Ambulance	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME	After CYD, 0% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>					
Inpatient	After CYD, 35% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Outpatient	After CYD, 35% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>					
Inpatient Hospital Facility	After CYD, 35% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 35% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 35% of EME	After CYD, 40% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME	After CYD, 0% of EME
<b>Prescription Drugs (In Network) Member Pays</b>					
Rx CYD	Combined Medical/Rx CYD Member: \$6,400 Family: \$12,800 (Tiers 2-4)	Combined Medical/Rx CYD Member: \$5,000 Family: \$10,000 (Tiers 2-4)	Combined Medical/Rx CYD Member: \$1,000 Family: \$2,000 (Tier 4 Only)	Combined Medical/Rx CYD Member: \$100 Family: \$200 (No CYD)	Combined Medical/Rx CYD Member: \$8,700 Family: \$17,400 (Tiers 1-4)
Tier 1	\$10	\$10	\$10	\$10	After CYD, 0% of EME
Tier 2	After CYD, \$75	After CYD, \$75	\$75	\$25	After CYD, 0% of EME
Tier 3	After CYD, 50% of EME	After CYD, \$100	\$100	\$50	After CYD, 0% of EME
Tier 4	After CYD, 50% of EME	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	2.5 x Copay

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

## 2024 Health Plan of Nevada Individual On Exchange HMO Plans<sup>1</sup>

Plan Name	MyHPN Gold 6	MyHPN Silver 1.1	MyHPN Silver 1.1 - 73	MyHPN Silver 1.1 - 87	MyHPN Silver 1.1 - 94
<b>Calendar Year Deductible (CYD)</b>					
Plan Provider	\$1,800 of EME <sup>2</sup> per Individual	\$4,900 of EME per Individual	\$4,200 of EME per Individual	\$0 of EME per Individual	\$0 of EME per Individual
	\$3,600 of EME per Family	\$9,800 of EME per Family	\$8,400 of EME per Family	\$0 of EME per Family	\$0 of EME per Family
<b>Coinsurance After CYD Member Pays</b>					
Plan Provider	30% of EME	30% of EME	30% of EME	30% of EME	30% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>					
Plan Provider	\$7,900 of EME per Individual	\$8,900 of EME per Individual	\$7,250 of EME per Individual	\$3,150 of EME per Individual	\$700 of EME per Individual
	\$15,800 of EME per Family	\$17,800 of EME per Family	\$14,500 of EME per Family	\$6,300 of EME per Family	\$1,400 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>					
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$10	\$10	\$10	\$0
Physician (PCP)	\$0	\$25	\$25	\$10	\$5
Specialist	\$0	\$40	\$40	\$20	\$10
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>					
Routine Laboratory	\$15	\$25	\$25	\$25	\$25
Routine X-ray	\$15	\$25	\$25	\$25	\$25
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>					
Urgent Care	\$50	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 30% of EME	\$1,500 then, after CYD, 0% of EME; waived if admitted	\$1,500 then, after CYD, 0% of EME; waived if admitted	\$750; waived if admitted	\$650; waived if admitted
Ambulance	\$100	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>					
Inpatient	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Outpatient	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>					
Inpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Outpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Ambulatory Surgical Facility	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Anesthesia	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
<b>Prescription Drugs (In Network) Member Pays</b>					
Rx CYD	Member: \$500 Family: \$1,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tier 4 Only)	Member: \$0 Family: \$0 (No CYD)	Member: \$0 Family: \$0 (No CYD)
Tier 1	\$25	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$75	After CYD, \$100	\$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

Denotes new plan or modified benefit.

## 2024 Health Plan of Nevada Individual On Exchange HMO Plans<sup>1</sup>

Plan Name	MyHPN Silver 5/Medicaid Transition Plan	MyHPN Silver 5/Medicaid Transition Plan - 73	MyHPN Silver 5/Medicaid Transition Plan - 87	MyHPN Silver 5/Medicaid Transition Plan - 94
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$5,500 of EME <sup>2</sup> per Individual	\$4,000 of EME per Individual	\$0 of EME per Individual	\$0 of EME per Individual
	\$11,000 of EME per Family	\$8,000 of EME per Family	\$0 of EME per Family	\$0 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	30% of EME	30% of EME	30% of EME	30% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$9,000 of EME per Individual	\$7,200 of EME per Individual	\$2,800 of EME per Individual	\$600 of EME per Individual
	\$18,000 of EME per Family	\$14,400 of EME per Family	\$5,600 of EME per Family	\$1,200 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>				
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$5	\$5	\$0
Physician (PCP)	\$15	\$15	\$10	\$0
Specialist	\$85	\$75	\$70	\$50
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$15	\$25	\$25	\$25
Routine X-ray	\$15	\$50	\$50	\$50
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,200 then, after CYD, 0% of EME; waived if admitted	\$750 then, after CYD, 0% of EME; waived if admitted	\$500; waived if admitted	\$500; waived if admitted
Ambulance	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Outpatient	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Outpatient Hospital Facility	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Ambulatory Surgical Facility	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
Anesthesia	After CYD, 30% of EME	After CYD, 30% of EME	30% of EME	30% of EME
<b>Prescription Drugs (In Network) Member Pays</b>				
Rx CYD	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$0 Family: \$0 (No CYD)	Member: \$0 Family: \$0 (No CYD)
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$100	After CYD, \$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay



## 2024 Health Plan of Nevada Individual On Exchange HMO Plans<sup>1</sup>

Plan Name	MyHPN Silver 10	MyHPN Silver 10 - 73	MyHPN Silver 10 - 87	MyHPN Silver 10 - 94
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$6,000 of EME <sup>2</sup> per Individual	\$4,600 of EME per Individual	\$900 of EME per Individual	\$0 of EME per Individual
	\$12,000 of EME per Family	\$9,200 of EME per Family	\$1,800 of EME per Family	\$0 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	40% of EME	40% of EME	40% of EME	20% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$8,200 of EME per Individual	\$7,250 of EME per Individual	\$2,500 of EME per Individual	\$800 of EME per Individual
	\$16,400 of EME per Family	\$14,500 of EME per Family	\$5,000 of EME per Family	\$1,600 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>				
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	\$5	\$5	\$0
Physician (PCP)	\$30	\$15	\$15	\$0
Specialist	\$85	\$50	\$50	\$0
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$25	\$25	\$25	\$0
Routine X-ray	\$25	\$25	\$25	\$0
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$500; waived if admitted
Ambulance	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Outpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Outpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Ambulatory Surgical Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
Anesthesia	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	20% of EME
<b>Prescription Drugs (In Network) Member Pays</b>				
Rx CYD	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$0 Family: \$0 (No CYD)	Member: \$0 Family: \$0 (No CYD)
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75
Tier 3	After CYD, \$150	After CYD, \$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

 Denotes new plan or modified benefit.

## 2024 Health Plan of Nevada Individual On Exchange HMO Plans<sup>1</sup>

Plan Name	MyHPN Silver 11	MyHPN Silver 11 - 73	MyHPN Silver 11 - 87	MyHPN Silver 11 - 94
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$6,500 of EME <sup>2</sup> per Individual	\$4,500 of EME per Individual	\$400 of EME per Individual	\$0 of EME per Individual
	\$13,000 of EME per Family	\$9,000 of EME per Family	\$800 of EME per Family	\$0 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	50% of EME	40% of EME	30% of EME	30% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$8,700 of EME per Individual	\$7,500 of EME per Individual	\$2,500 of EME per Individual	\$900 of EME per Individual
	\$17,400 of EME per Family	\$15,000 of EME per Family	\$5,000 of EME per Family	\$1,800 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>				
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	\$10	\$5	\$0
Physician (PCP)	\$0	\$0	\$0	\$0
Specialist	\$85	\$40	\$20	\$5
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$25	\$25	\$25	\$25
Routine X-ray	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$750 then, after CYD, 0% of EME; waived if admitted	\$500 then, after CYD, 0% of EME; waived if admitted	\$250; waived if admitted
Ambulance	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Outpatient	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Outpatient Hospital Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Ambulatory Surgical Facility	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Anesthesia	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
<b>Prescription Drugs (In Network) Member Pays</b>				
Rx CYD	Combined Medical/Rx CYD Member: \$6,500 Family: \$13,000 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$4,500 Family: \$9,000 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$400 Family: \$800 (Tier 4 Only)	Combined Medical/Rx CYD Member: \$0 Family: \$0 (No CYD)
Tier 1	\$25	\$25	\$25	\$10
Tier 2	\$75	\$75	\$75	\$25
Tier 3	After CYD, 50% of EME	After CYD, \$100	\$100	\$50
Tier 4	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

## 2024 Health Plan of Nevada Individual On Exchange HMO, Virtual and Catastrophic Plans<sup>1</sup>

Plan Name	MyHPN Silver 12	MyHPN Silver 12 - 73	MyHPN Silver 12 - 87	MyHPN Silver 12 - 94
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$7,000 of EME <sup>2</sup> per Individual	\$4,500 of EME per Individual	\$1,000 of EME per Individual	\$0 of EME per Individual
	\$14,000 of EME per Family	\$9,000 of EME per Family	\$2,000 of EME per Family	\$0 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	40% of EME	40% of EME	40% of EME	10% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$8,700 of EME per Individual	\$7,250 of EME per Individual	\$2,850 of EME per Individual	\$850 of EME per Individual
	\$17,400 of EME per Family	\$14,500 of EME per Family	\$5,700 of EME per Family	\$1,700 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>				
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$15	\$5	\$0	\$0
Physician (PCP)	\$0	\$0	\$0	\$0
Specialist	\$85	\$65	\$25	\$15
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$25	\$25	\$15	\$0
Routine X-ray	\$50	\$25	\$15	\$0
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	\$50	\$50
Hospital Emergency Room Facility	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$1,000 then, after CYD, 0% of EME; waived if admitted	\$500; waived if admitted
Ambulance	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Outpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Outpatient Hospital Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Ambulatory Surgical Facility	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Anesthesia	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
<b>Prescription Drugs (In Network) Member Pays</b>				
Rx CYD	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$0 Family: \$0 (No CYD)	Member: \$0 Family: \$0 (No CYD)
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75
Tier 3	After CYD, \$150	After CYD, \$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay

Denotes new plan or modified benefit.

## 2024 Health Plan of Nevada Individual On Exchange HMO Plans<sup>1</sup>

Plan Name	MyHPN Bronze 2 - Medicaid Transition Plan	MyHPN Bronze 3	Virtual HPN	MyHPN Catastrophic Plan
<b>Calendar Year Deductible (CYD)</b>				
Plan Provider	\$9,200 of EME <sup>2</sup> per Individual	\$9,450 of EME per Individual	\$9,250 of EME per Individual	\$9,450 of EME per Individual
	\$18,400 of EME per Family	\$18,900 of EME per Family	\$18,500 of EME per Family	\$18,900 of EME per Family
<b>Coinsurance After CYD Member Pays</b>				
Plan Provider	0% of EME	0% of EME	0% of EME	0% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>				
Plan Provider	\$9,200 of EME per Individual	\$9,450 of EME per Individual	\$9,250 of EME per Individual	\$9,450 of EME per Individual
	\$18,400 of EME per Family	\$18,900 of EME per Family	\$18,500 of EME per Family	\$18,900 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>				
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician Extender	\$5	\$0	\$0	After CYD, \$0
Physician (PCP)	\$50	\$25	\$0	After CYD, \$0 (CYD is waived for first 3 visits per calendar year)
Specialist	\$120	\$120	After CYD, 0% of EME	After CYD, \$0
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>				
Routine Laboratory	\$50	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0
Routine X-ray	\$120	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>				
Urgent Care	\$50	\$50	After CYD, 0% of EME	After CYD, \$0
Hospital Emergency Room Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulance	\$100	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>				
Inpatient	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0
Outpatient	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>				
Inpatient Hospital Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Outpatient Hospital Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Ambulatory Surgical Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
Anesthesia	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 0% of EME
<b>Prescription Drugs (In Network) Member Pays</b>				
Rx CYD	Combined Medical/Rx CYD Member: \$9,200 Family: \$18,400 (Tiers 2-4)	Combined Medical/Rx CYD Member: \$9,450 Family: \$18,900 (Tiers 2-4)	Combined Medical/Rx CYD Member: \$9,250 Family: \$18,500 (Tiers 2-4)	Combined Medical/Rx CYD Member: \$9,450 Family: \$18,900 (Tiers 1-4)
Tier 1	\$30	\$25	\$25	After CYD, \$0
Tier 2	After CYD, \$120	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0
Tier 3	After CYD, 0% of EME	After CYD, 0% 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% 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

## 2024 Health Plan of Nevada Individual On Exchange HMO Plans<sup>1</sup>

Plan Name	MyHPN Plus Bronze 4	MyHPN Plus Bronze 5	MyHPN Plus Bronze 6
<b>Calendar Year Deductible (CYD)</b>			
Plan Provider	\$9,200 of EME <sup>2</sup> per Individual	\$7,800 of EME per Individual	\$7,900 of EME per Individual
	\$18,400 of EME per Family	\$15,600 of EME per Family	\$15,800 of EME per Family
<b>Coinsurance After CYD Member Pays</b>			
Plan Provider	0% of EME	50% of EME	40% of EME
<b>Out of Pocket Maximum (includes CYD, coinsurance and copayments)</b>			
Plan Provider	\$9,200 of EME per Individual	\$8,900 of EME per Individual	\$8,900 of EME per Individual
	\$18,400 of EME per Family	\$17,800 of EME per Family	\$17,800 of EME per Family
<b>Medical Office Visits (In Network) Member Pays Per Visit</b>			
Preventive Care <sup>3</sup>	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0
Physician Extender	\$5	\$5	\$5
Physician (PCP)	\$50	\$35	\$25
Specialist	\$150	After CYD, \$60	After CYD, \$0
<b>Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit</b>			
Routine Laboratory	\$50	After CYD, \$50	After CYD, \$25
Routine X-ray	\$120	After CYD, \$50	After CYD \$25
<b>Emergency Services (In Network) Member Pays Per Visit or Per Trip</b>			
Urgent Care	\$50	\$50	\$50
Hospital Emergency Room Facility	After CYD, 0% of EME	After CYD, \$600; waived if admitted	After CYD, \$600; waived if admitted
Ambulance	\$100	\$100	\$100
<b>Hospital Facility Services (In Network) Member Pays Per Admission or Per Surgery</b>			
Inpatient	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Outpatient	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
<b>Physician Surgical Services (In Network) Member Pays Per Surgery</b>			
Inpatient Hospital Facility	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Outpatient Hospital Facility	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Ambulatory Surgical Facility	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Anesthesia	After CYD, 0% of EME	After CYD, 50% of EME	After CYD, 40% of EME
<b>Prescription Drugs (In Network) Member Pays</b>			
Rx CYD	Combined Medical/Rx CYD Member: \$9,200 Family: \$18,400 (Tiers 3-4)	Member: \$1,000 Family: \$2,000 (Tiers 3-4)	Combined Medical/Rx CYD Member: \$7,900 Family: \$15,800 (Tiers 2-4)
Tier 1	\$30	\$25	\$25
Tier 2	\$120	\$75	After CYD, 40% of EME
Tier 3	After CYD, 0% of EME	After CYD, \$75	After CYD, 40% of EME
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 40% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay

 Denotes new plan or modified benefit.

# MyHPN On Exchange HMO Plans



Pediatric vision is embedded in all MyHPN and MyHPN Plus HMO plans.

<sup>1</sup>2024 HPN HMO individual on exchange plans are only available in Clark, Nye and Washoe counties.

<sup>2</sup>EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule.

<sup>3</sup>Includes covered preventive exams, labs, diagnostic tests/ procedures and prescription drugs as set forth by the federal government.

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.

## FORM NUMBERS

### MyHPN On Exchange HMO Plans

24H\_IX\_HMO\_G\_6, 24H\_IX\_HMO\_S\_1\_1, 24H\_IX\_HMO\_S\_1\_1\_73, 24H\_IX\_HMO\_S\_1\_1\_87, 24H\_IX\_HMO\_S\_1\_1\_94, 24H\_IX\_HMO\_S\_MTP\_5, 24H\_IX\_HMO\_S\_5\_MTP\_73, 24H\_IX\_HMO\_S\_5\_MTP\_87, 24H\_IX\_HMO\_S\_5\_MTP\_94, 24H\_IX\_HMO\_S\_10, 24H\_IX\_HMO\_S\_10\_73, 24H\_IX\_HMO\_S\_10\_87, 24H\_IX\_HMO\_S\_10\_94, 24H\_IX\_HMO\_S\_11, 24H\_IX\_HMO\_S\_11\_73, 24H\_IX\_HMO\_S\_11\_87, 24H\_IX\_HMO\_S\_11\_94, 24H\_IX\_HMO\_S\_12, 24H\_IX\_HMO\_S\_12\_73, 24H\_IX\_HMO\_S\_12\_87, 24H\_IX\_HMO\_S\_12\_94, 24H\_IX\_HMO\_P\_B\_2\_MTP, 24H\_IX\_HMO\_B\_3, 24H\_IX\_HMO\_P\_B\_4, 24H\_IX\_HMO\_P\_B\_5, 24H\_IX\_HMO\_P\_B\_6, 24H\_IX\_HMO\_VH.

### MyHPN Select Network Plans

24H\_IX\_HMO\_SN\_G\_5, 24H\_IX\_HMO\_SN\_S\_1, 24H\_IX\_HMO\_SN\_1\_73, 24H\_IX\_HMO\_SN\_S\_1\_87, 24H\_IX\_HMO\_SN\_S\_1\_94, 24H\_IX\_HMO\_SN\_S\_3, 24H\_IX\_HMO\_SN\_S\_3\_73, 24H\_IX\_HMO\_SN\_S\_3\_87, 24H\_IX\_HMO\_SN\_S\_3\_94, 24H\_IX\_HMO\_SN\_B\_1, 24H\_IX\_HMO\_SN\_S\_4, 24H\_IX\_HMO\_SN\_S\_4\_73, 24H\_IX\_HMO\_SN\_S\_4\_87, 24H\_IX\_HMO\_SN\_S\_4\_94.

### MyHPN On Exchange HMO Catastrophic Plan

24H\_IX\_HMO\_CAT.

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



# 2024 Uniform Modifications

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

- Modify the *Effective Date of Coverage* subsection to reflect the next calendar year annual open enrollment period.
- Modify the *Pharmacy Provisions* section specific to the Limitations subsection to add electronic submittal through the website and coverage for all drugs approved by the FDA for prevention and treatment of HIV or Hepatitis C.
- Modify the *No Surprises Act* subsection language.
- Modify the Services Requiring Prior Authorization subsection to add Partial hospitalization program treatment.
- Modify the *Covered Services* section specific to the following subsections:
  - *Preventive Healthcare Services* (added contraceptive coverage received at a hospital immediately after birth)
  - *Gender Dysphoria* (removed the age limitation)
  - *Biomarker Testing* (new subsection added as a covered service)
- The *Exclusions* section has been modified as follows:
  - The following exclusions were amended:
    - Mental Health Services and Substance-Related and Addictive Disorder Services performed in connection with conditions not listed in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) or conditions listed as “Other Conditions” that may be of focus of clinical attention. This exclusion does not apply to conditions defined as Medically Necessary in Section [13/14]: Glossary.
    - Outside of an initial assessment, Mental Health and Substance-Related and Addictive Disorder Services as treatments for a primary diagnosis of conditions and problems that may be a focus of clinical attention, but are specifically noted not to be mental disorders within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. This exclusion does not apply to conditions defined as Medically Necessary in Section [13/14]: Glossary.
  - Outside of an initial assessment, unspecified disorders for which the provider is not obligated to provide the clinical rationale as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, unless determined to be medically necessary.
  - High intensity residential care, including American Society of Addiction Medicine (ASAM) Criteria, for Insureds with substance-related and addictive disorders who are unable to participate in their care due to significant cognitive impairment, unless determined to be medically necessary.
  - The age limitation was removed from the Gender Dysphoria exclusion.
- The Glossary section has been amended to add the following terms:
  - **“Biomarker”** means a characteristic that is objectively measured and evaluated as an indicator of a normal biological process, a pathogenic process or a pharmacological response to a specific therapeutic intervention, including known gene-drug interactions for medications being considered for use or already being administered. Biomarkers include but are not limited to gene mutations, characteristics of genes, or protein expression.

- **“Convenient Care”** means a facility that provides services for Medically Necessary, non-urgent or non-emergent injuries or illnesses. Examples of such conditions include:
  - Blood pressure checks;
  - Diagnostic laboratory services;
  - General health screenings;
  - Minor illnesses (cold/flu);
  - Minor wound treatment and repair;
  - Treatment of burns and sprains.
- **“Covered Person”** means [a member/ an insured] who meets the eligibility requirements of section 1, who has enrolled under this Plan and for whom premiums have been received and accepted by [HPN/SHL].

**Applies to the SHL Attachment B**

The prior authorization requirements were amended to add partial hospitalization program treatment as follows:

- All Inpatient and non-routine Outpatient non-Emergency Mental Health, Severe Mental Illness, and Substance Related and Addictive Disorder Services, including but not limited to:
  - Intensive outpatient program treatment.
  - Partial hospitalization program treatment.
  - Outpatient electro-convulsive treatment.
  - Psychological testing.

Refer to the benefit documents for specific revision language to the coverage details.

**Applies to all HPN/SHL Benefit Schedules**

- The annual limit was removed from the coverage for Residential Treatment Centers.
- The following benefits were added:
  1. Convenient Care
  2. Outpatient Office-based Individual and Group Therapy, and Medical Management (including Telemedicine Services)
  3. Diagnostic Breast Cancer Imaging

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