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# HPN HMO Individual Off Exchange Plans



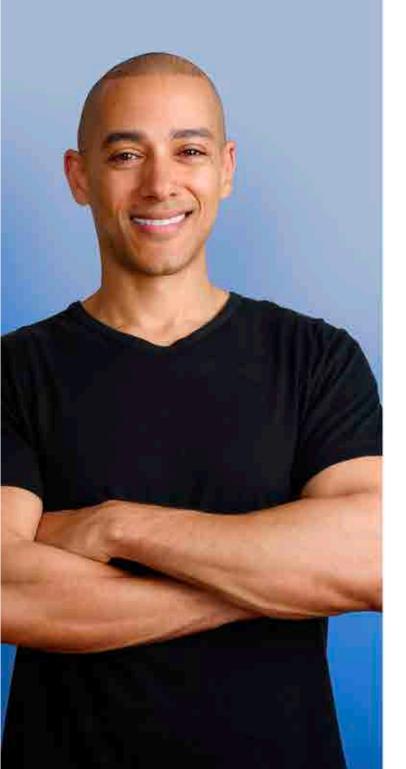
#### 2022 - 2023 MyHPN Solutions HMO Individual Off Exchange Plan Mapping

2022 MyHPN Solutions HMO Plans	2023 STATUS	2023 MyHPN Solutions HMO Plans
MyHPN Solutions Plus HMO Bronze 1	Modified with changes	MyHPN Solutions Plus HMO Bronze 1
MyHPN Solutions Plus HMO Bronze 2	Modified with changes	MyHPN Solutions HMO Bronze 2
MyHPN Solutions Plus HMO Bronze 3	Modified with changes	MyHPN Solutions HMO Bronze 3
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 Silver 4	Modified with changes	MyHPN Solutions HMO Silver 4

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)				
Plan Provider	\$3,000 of EME <sup>2</sup> per Member	\$5,400 of EME per Member	\$5,000 of EME per Member	\$5,000 of EME per Member
	\$6,000 of EME per Family	\$10,800 of EME per Family	\$10,000 of EME per Family	\$10,000 of EME per Family
Coinsurance after CYD Member Pays				
Plan Provider	20% of EME	30% of EME	30% of EME	0% of EME
Out of Pocket Maximum (includes CY			Ф0.000 (EME	ФП 500 ( <b>БМ</b> Б
	\$8,500 of EME per Member	\$8,900 of EME per Member	\$8,900 of EME per Member	\$7,500 of EME per Member
Plan Provider	\$17,000 of EME	\$17,800 of EME	\$17,800 of EME	\$15,000 of EME
	per Family	per Family	per Family	per Family
Medical Office Visits (In Network) Me	mber Pays Per Visit			
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physican Extender	\$5	\$10	\$30	\$25
Physician	\$20	\$20	\$40	\$50
Specialist	\$30	\$40	\$80	\$100
Non-preventive Routine Lab and X-ra	y Services (In Network) Membe	er Pays Per Visit		
Routine Laboratory	\$10	\$25	\$25	\$50
Routine X-ray	\$10	\$25	\$25	\$65
Emergency Services (In Network) Me	mber Pays Per Visit or Per Trip			
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
Hospital Facility Services (In Network	) Member Pays Per Surgery			
	After CYD,	After CYD,	After CYD,	After CYD,
Inpatient	20% of EME	30% of EME	30% of EME	0% of EME
Outpatient	After CYD,	After CYD,	After CYD,	After CYD,
·	20% of EME	30% of EME	30% of EME	0% of EME
Physician Surgical Services (In Netwo		A6: 0\/D	A ( ) ( ) ( )	A (; O) (D)
Inpatient Hospital Facility	After CYD, 20% of EME	After CYD, 30% of EME	After CYD, 30% of EME	After CYD, 0% of EME
	After CYD,	After CYD.	After CYD,	After CYD,
Outpatient Hospital Facility	20% of EME	30% of EME	30% of EME	0% of EME
Ambulatory Surgical Equility	After CYD,	After CYD,	After CYD,	After CYD,
Ambulatory Surgical Facility	20% of EME	30% of EME	30% of EME	0% of EME
Anesthesia	After CYD,	After CYD,	After CYD,	After CYD,
	20% of EME	30% of EME	30% of EME	0% of EME
Prescription Drugs (In Network) Mem	<u> </u>			
Rx CYD	Member: \$500 Family: \$1,000	Member: \$1,500 Family: \$3,000	Member: \$1,500 Family: \$3,000	Member: \$1,500 Family: \$3,000
IW 01D	(Tiers 3-4)	(Tiers 3-4)	(Tiers 3-4)	(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
				16 01/0
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME

	MyHPN Solutions	MyHPN Solutions	MyHPN Solutions Plus
Plan Name	HMO Bronze 2	HMO Bronze 3	HMO Bronze 1
Calendar Year Deductible (CYD)	TIMO BIOLIZO 2	TIMO BIGIZE 0	TIMO BIORZE I
	\$6,500 of EME <sup>2</sup>	\$8,700 of EME	\$7,250 of EME
DI D : I	per Member	per Member	per Member
Plan Provider	\$13,000 of EME	\$17,400 of EME	\$14,500 of EME
	per Family	per Family	per Family
oinsurance after CYD Member Pays			
Plan Provider	0% of EME	0% of EME	40% of EME
Out of Pocket Maximum (includes CY	D, coinsurance and copayment	s)	
	\$8,900 of EME	\$8,700 of EME	\$8,800 of EME
Plan Provider	per Member	per Member	per Member
i lairi Tovidei	\$17,800 of EME	\$17,400 of EME	\$17,600 of EME
	per Family	per Family	per Family
ledical Office Visits (In Network) Mer			
Preventive Care <sup>3</sup>	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0
Physican Extender	After CYD, \$0	After CYD,	\$15
1 Hydidan Extender	7.11.01 012, 40	0% of EME	Ψισ
Physician	After CYD, \$0	After CYD,	\$50
,	, , ,	0% of EME	·
Specialist	After CYD, \$0	After CYD,	After CYD,
on-preventive Routine Lab and X-ray	Camilaga (In Naturally Manaha	0% of EME	40% Of EME
on-preventive Routine Lab and X-ray	y Services (in Network) Membe	After CYD,	After CYD,
Routine Laboratory	After CYD, \$0	O% of EME	40% of EME
		After CYD,	After CYD,
Routine X-ray	After CYD, \$0	0% of EME	40% of EME
mergency Services (In Network) Mei	mber Pays Per Visit or Per Trip	0 /0 OI EIVIE	40 % OF EIVIE
		After CYD,	
Urgent Care	After CYD, \$0	0% of EME	\$50
	\$1,500 then,		46 0/5
ospital Emergency Room Facility	after CYD, 0% of EME;	After CYD,	After CYD,
	waived if admitted	0% of EME	40% of EME
A	A4 CVD	After CYD,	After CYD,
Ambulance	After CYD, \$0	0% of EME	40% of EME
ospital Facility Services (In Network)	Member Pays Per Surgery		
Inpatient	After CYD,	After CYD,	After CYD,
працепт	0% of EME	0% of EME	40% of EME
Outpatient	After CYD,	After CYD,	After CYD,
·	0% of EME	0% of EME	40% of EME
hysician Surgical Services (In Netwo			
Inpatient Hospital Facility	After CYD,	After CYD,	After CYD,
. , ,	0% of EME	0% of EME	40% of EME
Outpatient Hospital Facility	After CYD,	After CYD,	After CYD,
	0% of EME	0% of EME	40% of EME
Ambulatory Surgical Facility	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, 40% of EME
	After CYD,	After CYD,	After CYD,
Anesthesia	0% of EME	0% of EME	40% of EME
rescription Drugs (In Network) Meml		0 90 OI LIVIE	40% OF LIVIL
21 <b>29</b> 0 ( 1011-011)	Combined w/	Combined w/	
	Medical CYD	Medical CYD	Member: \$1,900
Rx CYD	Member: \$6,500	Member: \$8,700	Family: \$3,800
2 . <b>2</b>	Family: \$13,000	Family: \$17,400	(Tiers 3-4)
	(Tiers 3-4)	(Tiers 1-4)	(
Tier 1	\$25	After CYD, 0% of EME	\$25
Tier 2	\$75	After CYD, 0% of EME	\$100
Tier 3	After CYD, \$150	After CYD, 0% of EME	After CYD, \$150
	After CYD,		After CYD,
Tier 4	50% of EME	After CYD, 0% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay
man Order do Day Oupply	2.0 x Oopay	2.0 x Oopay	2.0 x Oopay

# MyHPN Solutions HMO Plans



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

<sup>1</sup>2023 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 23H\_IN\_HMO\_G\_7, 23H\_IN\_HMO\_S\_1\_1, 23H\_IN\_HMO\_S\_3\_1, 23H\_IN\_HMO\_S\_4, 23H\_IN\_HMO\_P\_B\_1, 23H\_IN\_HMO\_B\_2, 23H\_IN\_HMO\_B\_3.

# SHL EPO and HSA EPO Individual Off Exchange Plans



# 2022 - 2023 My SHL Solutions EPO and HSA EPO Individual Off Exchange Plan Mapping

2022 MySHL Solutions EPO, HSA EPO, Catastrophic Plans	2023 STATUS	2023 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 1
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

# 2023 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
Calendar Year Deductible (CYD)				
	\$3,000 of EME <sup>2</sup>	\$5,000 of EME	\$3,800 of EME	\$5,500 of EME
Plan Provider	per Insured	per Insured	per Insured	per Insured
	\$6,000 of EME	\$10,000 of EME	\$7,600 of EME	\$11,000 of EME
Coinsurance after CYD Insured Pays	per Family	per Family	per Family	per Family
Plan Provider	20% of EME	30% of EME	40% of EME	30% of EME
Out of Pocket Maximum (includes CYE			10 /0 01 21112	00 /0 01 EINE
	\$7,900 of EME	\$8,800 of EME	\$8,900 of EME	\$9,000 of EME
Plan Provider	per Insured	per Insured	per Insured	per Insured
Fian Flovidei	\$15,800 of EME	\$17,600 of EME	\$17,800 of EME	\$18,000 of EME
	per Family	per Family	per Family	per Family
ledical Office Visits (In Network) Insur	red Pays Per Visit			
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Virtual Visits (NOWOIIIIIC®)	Ψ	ΨΟ	ΨΟ	ΨΟ
Physican Extender	\$5	\$10	\$20	\$10
Physician	\$20	\$15	\$30	\$25
Specialist	\$30	\$85	\$50	\$50
on-preventive Routine Lab and X-ray	Services (In Network) Insure	ed Pays Per Visit		
Routine Laboratory	\$10	\$25	\$25	\$25
Routine Laboratory		· ·	•	•
Routine X-ray	\$10	\$50	\$70	\$25
mergency Services (In Network) Insur	red Pays Per Visit or Per Trip	)		
Urgent Care	\$50	\$50	\$50	\$50
	After CYD,	\$500 then,	\$1,500 then,	\$1,000 then,
lospital Emergency Room Facility	20% of EME	after CYD, 0% of EME;	after CYD, 0% of EME;	after CYD, 0% of EME
	20 /0 0. 22	waived if admitted	waived if admitted	waived if admitted
Ambulance	\$100	After CYD,	After CYD,	After CYD,
ospital Facility Services (In Network)	Insured Pays Per Surgery	30% of EME	40% of EME	30% of EME
	After CYD,	After CYD,	After CYD,	After CYD,
Inpatient	20% of EME	30% of EME	40% of EME	30% of EME
0	After CYD,	After CYD,	After CYD,	After CYD,
Outpatient	20% of EME	30% of EME	40% of EME	30% of EME
nysician Surgical Services (In Networ	k) Insured Pays Per Surgery			
Inpatient Hospital Facility	After CYD,	After CYD,	After CYD,	After CYD,
mpatient riespital rasmity	20% of EME	30% of EME	40% of EME	30% of EME
Outpatient Hospital Facility	After CYD,	After CYD,	After CYD,	After CYD,
-	20% of EME After CYD,	30% of EME After CYD,	40% of EME After CYD,	30% of EME After CYD,
Ambulatory Surgical Facility	20% of EME	30% of EME	40% of EME	30% of EME
Anesthesia	After CYD,	After CYD,	After CYD,	After CYD,
rescription Drugs (In Network) Insure	20% of EME	30% of EME	40% of EME	30% of EME
escription Drugs (in Network) insure	u rays			
	Insured: \$750	Insured: \$1,000	Insured: \$1,000	Insured: \$1,000
Rx CYD	Family: \$1,500	Family: \$2,000	Family: \$2,000	Family: \$2,000
	(Tiers 3-4)	(Tiers 3-4)	(Tiers 3-4)	(Tiers 3-4)
Tier 1	\$25	\$25	\$25	\$25
	•	<u> </u>		
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 EM
M TO LOOP O	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay
Mail Order 90-Day Supply		2.5 X Conav		

# 2023 Sierra Health and Life Individual Off Exchange EPO Plans<sup>1</sup>

Plan Name	MySHL Solutions	MySHL Solutions	MySHL Solutions	MySHL Solutions	MySHL Solutions
	EPO Silver 7	EPO Silver 8	EPO Silver 9	EPO Bronze 11	EPO Bronze 12
Calendar Year Deductible (CYD)		<b>40.000 (5M5</b>	<b>40.050 (51.15</b>	40 F00 (F145	<b>40.050. (5M</b>
	\$5,500 of EME <sup>2</sup>	\$6,900 of EME per Insured	\$6,250 of EME	\$8,700 of EME per Insured	\$8,950 of EME
Plan Provider	per Insured \$11.000 of EME	\$13.800 of EME	per Insured \$12,500 of EME	\$17.400 of EME	per Insured \$17.900 of EME
	per Family	per Family	per Family	per Family	per Family
Coinsurance after CYD Insured Pa		portunny	por runny	portaining	por runny
Plan Provider	30% of EME	40% of EME	30% of EME	0% of EME	0% of EME
Out of Pocket Maximum (includes					
	\$8,100 of EME	\$8,550 of EME	\$8,000 of EME	\$8,700 of EME	\$8,950 of EME
Plan Provider	per Insured \$16.200 of EME	per Insured	per Insured	per Insured	per Insured
	per Family	\$17,100 of EME per Family	\$16,000 of EME per Family	\$17,400 of EME per Family	\$17,900 of EME per Family
Medical Office Visits (In Network) I		per ranniy	perranny	per ranning	per rainily
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	0% of EME	\$0
, ,	<b>\$10</b>	·	·	After CYD,	·
Physican Extender	\$10	\$15	\$15	0% of EME	<b>\$</b> 5
Physician	\$40	\$40	\$25	After CYD,	\$50
i ilyəlciali	υτυ	ΨΨΟ	<u> </u>	0% of EME	ΨΟΟ
Specialist	\$80	\$85	After CYD,	After CYD,	\$150
•		·	30% of EME	0% of EME	, , , , , , , , , , , , , , , , , , ,
Non-preventive Routine Lab and X	-ray Services (in Networ	k) insured Pays Per Visit	After CVD	Attan CVD	
Routine Laboratory	\$35	\$50	After CYD, 30% of EME	After CYD, 0% of EME	\$50
			After CYD.	After CYD,	
Routine X-ray	\$55	\$50	30% of EME	0% of EME	\$120
Emergency Services (In Network) I	nsured Pays Per Visit or	Per Trip			
Urgent Care	\$50	\$50	\$50	After CYD,	\$50
Orgent Care	φυσ	φυσ	φ50	0% of EME	φ50
		\$1,000 then,			
lospital Emergency Room Facility	After CYD,	after CYD 0% of EME;	After CYD,	After CYD,	After CYD,
	30% of EME	waived if admitted	30% of EME	0% of EME	0% of EME
	After CYD,	After CYD,	After CYD,	After CYD,	
Ambulance	30% of EME	40% of EME	30% of EME	0% of EME	\$100
Hospital Facility Services (In Netwo	ork) Insured Pays Per Su	rgery			
Inpatient	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
mpatient	30% of EME	40% of EME	30% of EME	0% of EME	0% of EME
Outpatient	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
Physician Surgical Services (In Net	30% of EME	40% of EME	30% of EME	0% of EME	0% of EME
	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
Inpatient Hospital Facility	30% of EME	40% of EME	30% of EME	0% of EME	0% of EME
Outpatient Hospital Facility	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
Outpatient Hospital Facility	30% of EME	40% of EME	30% of EME	0% of EME	0% of EME
					After CYD,
Ambulatory Surgical Facility	After CYD,	After CYD,	After CYD,	After CYD,	
Ambulatory Surgical Facility	30% of EME	40% of EME	30% of EME	0% of EME	0% of EME
Ambulatory Surgical Facility  Anesthesia	30% of EME After CYD,	40% of EME After CYD,	30% of EME After CYD,	0% of EME After CYD,	0% of EME After CYD,
, ,	30% of EME After CYD, 30% of EME	40% of EME	30% of EME	0% of EME	0% of EME
Anesthesia	30% of EME After CYD, 30% of EME	40% of EME After CYD,	30% of EME After CYD,	0% of EME After CYD,	0% of EME After CYD, 0% of EME
Anesthesia	30% of EME After CYD, 30% of EME	40% of EME After CYD,	30% of EME After CYD,	0% of EME After CYD, 0% of EME	0% of EME After CYD, 0% of EME  Combined w/ Media
Anesthesia	30% of EME After CYD, 30% of EME sured Pays Insured: \$1,000 Family: \$2,000	40% of EME After CYD, 40% of EME  Insured: \$1,500 Family: \$3,000	30% of EME After CYD, 30% of EME  Insured: \$1,400 Family: \$2,800	0% of EME After CYD, 0% of EME  Combined w/ Medical CYD Insured: \$8,700	0% of EME After CYD, 0% of EME  Combined w/ Medic CYD Insured: \$8,950
Anesthesia Prescription Drugs (In Network) Ins	30% of EME After CYD, 30% of EME sured Pays Insured: \$1,000	40% of EME After CYD, 40% of EME	30% of EME After CYD, 30% of EME Insured: \$1,400	0% of EME After CYD, 0% of EME  Combined w/ Medical CYD Insured: \$8,700 Family: \$17,400	0% of EME After CYD, 0% of EME  Combined w/ Medic CYD Insured: \$8,950 Family: \$17,900
Anesthesia Prescription Drugs (In Network) Ins	30% of EME After CYD, 30% of EME sured Pays Insured: \$1,000 Family: \$2,000	40% of EME After CYD, 40% of EME  Insured: \$1,500 Family: \$3,000	30% of EME After CYD, 30% of EME  Insured: \$1,400 Family: \$2,800	0% of EME After CYD, 0% of EME  Combined w/ Medical CYD Insured: \$8,700	0% of EME After CYD, 0% of EME  Combined w/ Medic CYD Insured: \$8,950
Anesthesia Prescription Drugs (In Network) Ins	30% of EME After CYD, 30% of EME sured Pays Insured: \$1,000 Family: \$2,000	40% of EME After CYD, 40% of EME  Insured: \$1,500 Family: \$3,000	30% of EME After CYD, 30% of EME  Insured: \$1,400 Family: \$2,800	0% of EME After CYD, 0% of EME  Combined w/ Medical CYD Insured: \$8,700 Family: \$17,400	0% of EME After CYD, 0% of EME  Combined w/ Medic CYD Insured: \$8,950 Family: \$17,900
Anesthesia Prescription Drugs (In Network) Ins Rx CYD	30% of EME After CYD, 30% of EME sured Pays  Insured: \$1,000 Family: \$2,000 (Tiers 3-4)	40% of EME After CYD, 40% of EME  Insured: \$1,500 Family: \$3,000 (Tiers 3-4)	30% of EME After CYD, 30% of EME  Insured: \$1,400 Family: \$2,800 (Tiers 3-4)	0% of EME After CYD, 0% of EME  Combined w/ Medical CYD Insured: \$8,700 Family: \$17,400 (Tiers 1-4)	0% of EME After CYD, 0% of EME  Combined w/ Medic CYD Insured: \$8,950 Family: \$17,900 (Tiers 3-4)
Anesthesia Prescription Drugs (In Network) Ins Rx CYD Tier 1	30% of EME After CYD, 30% of EME sured Pays Insured: \$1,000 Family: \$2,000 (Tiers 3-4)	40% of EME After CYD, 40% of EME  Insured: \$1,500 Family: \$3,000 (Tiers 3-4)	30% of EME After CYD, 30% of EME  Insured: \$1,400 Family: \$2,800 (Tiers 3-4)	O% of EME  After CYD, O% of EME  Combined w/ Medical CYD Insured: \$8,700 Family: \$17,400 (Tiers 1-4)  After CYD, 0% of EME	O% of EME After CYD, O% of EME  Combined w/ Medic CYD Insured: \$8,950 Family: \$17,900 (Tiers 3-4) \$30
Anesthesia  Prescription Drugs (In Network) Ins  Rx CYD  Tier 1  Tier 2	30% of EME After CYD, 30% of EME sured Pays Insured: \$1,000 Family: \$2,000 (Tiers 3-4) \$25	40% of EME After CYD, 40% of EME  Insured: \$1,500 Family: \$3,000 (Tiers 3-4)  \$25  \$75	30% of EME After CYD, 30% of EME  Insured: \$1,400 Family: \$2,800 (Tiers 3-4)  \$25  \$100	O% of EME  After CYD, O% of EME  Combined w/ Medical CYD Insured: \$8,700 Family: \$17,400 (Tiers 1-4)  After CYD, 0% of EME  After CYD, 0% of EME	O% of EME After CYD, O% of EME  Combined w/ Medic CYD Insured: \$8,950 Family: \$17,900 (Tiers 3-4) \$30

#### 2023 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 1	MySHL Solutions HSA EPO Bronze 3.1
Calendar Year Deductible (CYD)				
Saleridar Fear Beddelible (OTB)	\$6,900 of EME <sup>2</sup>	\$7,500 of EME	\$9,100 of EME	\$6,500 of EME
B. B	per Insured	per Insured	per Insured	per Insured
Plan Provider	\$13,800 of EME	\$15,000 of EME	\$18,200 of EME	\$13,000 of EME
	per Family	per Family	per Family	per Family
Coinsurance after CYD Insured Pays		,		p 0. 1 t
Plan Provider	40% of EME	40% of EME	0% of EME	30% of EME
Out of Pocket Maximum (includes CY				
	\$8,900 of EME	\$8,900 of EME	\$9,100 of EME	\$7,000 of EME
	per Insured	per Insured	per Insured	per Insured
Plan Provider	\$17.800 of EME	\$17,800 of EME	\$18,200 of EME	\$14,000 of EME
	per Family	per Family	per Family	per Family
Medical Office Visits (In Network) Ins	ured Pays Per Visit			
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
	<u>.</u>			After CYD,
Virtual Visits (NowClinic®)	\$0	\$0	0% of EME	0% of EME
			After CYD, 0% of EME	After CYD,
Physican Extender	\$5	\$5	(CYD is waived for the first 3 visits)	30% of EME
			After CYD, 0% of EME	After CYD,
Physician	\$25	\$30	After CYD, 0% of EME (CYD is waived for the first 3 visits)	30% of EME
			· ·	
Specialist	After CYD, \$0	After CYD, \$60	After CYD,	After CYD,
•			0% of EME	30% of EME
Non-preventive Routine Lab and X-ra	y Services (In Network) Insured	Pays Per Visit	AG 01/2	A (1 C) / D
Routine Laboratory	After CYD, \$25	After CYD, \$50	After CYD,	After CYD,
			0% of EME	30% of EME
Routine X-ray	After CYD, \$25	After CYD, \$50	After CYD,	After CYD,
, and the second			0% of EME	30% of EME
Emergency Services (In Network) Ins	ured Pays Per Visit or Per Trip			
Urgent Care	\$50	\$50	After CYD,	After CYD,
	·	·	0% of EME	30% of EME
Hospital Emergency Room Facility	After CYD, \$600;	After CYD, \$600;	After CYD,	After CYD,
	waived if admitted	waived if admitted	0% of EME	30% of EME
Ambulance	\$100	\$100	After CYD,	After CYD,
	•	•	0% of EME	30% of EME
Hospital Facility Services (In Network		46 01/0	46 00/0	46 000
Inpatient	After CYD,	After CYD,	After CYD,	After CYD,
'	40% of EME	40% of EME	0% of EME	30% of EME
Outpatient	After CYD,	After CYD,	After CYD,	After CYD,
·	40% of EME	40% of EME	0% of EME	30% of EME
Physician Surgical Services (In Netwo		46 01/0	46 0)/D	46 01/0
Inpatient Hospital Facility	After CYD,	After CYD,	After CYD,	After CYD,
, , , , , ,	40% of EME	40% of EME	0% of EME	30% of EME
Outpatient Hospital Facility	After CYD,	After CYD,	After CYD,	After CYD,
1 1 1 1 1 1 1 1 1	40% of EME	40% of EME	0% of EME	30% of EME
Ambulatory Surgical Facility	After CYD,	After CYD,	After CYD,	After CYD,
, 3 ,	40% of EME	40% of EME	0% of EME	30% of EME
Anesthesia	After CYD,	After CYD,	After CYD,	After CYD,
	40% of EME	40% of EME	0% of EME	30% of EME
Prescription Drugs (In Network) Insur	<u> </u>			0 1: :::::
	Combined w/ Medical	, , , , ,	Combined w/ Medical	Combined w/ Medical
	CYD	Insured: \$2,000	CYD	CYD
Rx CYD	Insured: \$6,900	Family: \$4,000	Insured: \$9,100	Insured: \$6,500
	Family: \$13,800	(Tiers 3-4)	Family: \$18,200	Family: \$13,000
	(Tiers 2-4)		(Tiers 1-4)	(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
	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , ,	, +
			A (1 OVD 00/ (ENE	Atta: CVD 200/ EMI
Tier 4	After CYD, 40% of EMF	After CYD, 50% of EMF	After CYD, 0% of EMF	After GTD. 30% of Fivi
Tier 4	After CYD, 40% of EME	After CYD, 50% of EME	After CYD, 0% of EME	After CYD, 30% of EMI

#### MyHPN Solutions EPO, HSA EPO Plans

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

<sup>1</sup>2023 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
23S\_IN\_EPO\_G\_7, 23S\_IN\_EPO\_S\_1,
23S\_IN\_EPO\_S\_2, 23S\_IN\_EPO\_S\_6,
23S\_IN\_EPO\_S\_7, 23S\_IN\_EPO\_S\_8,
23S\_IN\_EPO\_S\_9, 23S\_IN\_EPO\_B\_11,
23S\_IN\_EPO\_B\_12, 23S\_IN\_EPO\_B\_13,
23S\_IN\_EPO\_B\_14.

MySHL Solutions EPO Catastrophic Plan 23S\_IN\_EPO\_CAT.

MySHL Solutions HSA EPO Plan 23S\_IN\_HSA\_EPO\_B\_3\_1.



# HPN HMO Individual On Exchange Plans



#### 2022 - 2023 MyHPN HMO Individual On Exchange Plan Mapping

2022 MyHPN HMO and Catastrophic Plans	2023 STATUS	2023 MyHPN HMO and Catastrophic Plans
MyHPN Plus Bronze 1	Discontinued	Virtual HPN <sup>TM</sup>
MyHPN Catastrophic Plan	Modified with changes	MyHPN Catastrophic Plan
MyHPN Gold 5	Discontinued	MyHPN Gold 6
MyHPN Silver 1.1	Modified with changes	MyHPN Silver 1.1
MyHPN Silver 1.1 - 73	Modified with changes	MyHPN Silver 1.1 - 73
MyHPN Silver 1.1 - 87	Modified with changes	MyHPN Silver 1.1 - 87
MyHPN Silver 1.1 - 94	Modified with changes	MyHPN Silver 1.1 - 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 14	Discontinued	MyHPN Silver 11
MyHPN Silver 14 - 73	Discontinued	MyHPN Silver 11 - 73
MyHPN Silver 14 - 87	Discontinued	MyHPN Silver 11 - 87
MyHPN Silver 14 - 94	Discontinued	MyHPN Silver 11 - 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
MyHPN Bronze Plus 2/Medicaid Transition Plan	Modified with changes	MyHPN Bronze 2/Medicaid Transition Plan
MyHPN Plus Bronze 3	Modified with changes	MyHPN Bronze 3
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
Virtual HPN <sup>™</sup>	Modified with changes	Virtual HPN <sup>™</sup>
	New	MyHPN Gold 6
	New	MyHPN Select Network Gold 1
	New	MyHPN Select Network Silver 1
	New	MyHPN Select Network Silver 1 - 73
	New	MyHPN Select Network Silver 1 - 87
	New	MyHPN Select Network Silver 1 - 94
	New	MyHPN Select Network Silver 2
	New	MyHPN Select Network Silver 2 - 73
	New	MyHPN Select Network Silver 2 - 87
	New	MyHPN Select Network Silver 2 - 94
	New	MyHPN Select Network Bronze 1

	MyHPN Select	MyHPN Select	MyHPN Select	MyHPN Select	MyHPN Select
Plan Name	Network	Network	Network	Network	Network
	Gold 1	Silver 1	Silver 1 - 73	Silver 1 - 87	Silver 1 - 94
Calendar Year Deductible (CYD)	Φο = οο ( <b>ΕΝΙ</b> Ξ <sup>2</sup>	ΦΕ 000 ( <b>ΕΝ</b> ΙΕ	<b>#</b> 4.000 (FMF	Φ4 000 (FMF	Фо (БМБ
	\$3,500 of EME <sup>2</sup>	\$5,000 of EME per Member	\$4,300 of EME per Member	\$1,000 of EME	\$0 of EME
Plan Provider	per Member \$7,000 of EME	\$10.000 of EME	\$8.600 of EME	per Member \$2,000 of EME	per Member \$0 of EME
	per Family	per Family	per Family	per Family	per Family
Coinsurance after CYD Member Pa		p 0 · · • · · · · · · · · · · · · · · · ·	ps. : s	<b>P</b> 5. 1 5	p or r annua
Plan Provider	20% of EME	40% of EME	20% of EME	15% of EME	15% of EME
Out of Pocket Maximum (includes C		· · ·			
	\$8,500 of EME	\$8,700 of EME	\$7,000 of EME	\$2,900 of EME	\$1,800 of EME
Plan Provider	per Member	per Member	per Member	per Member	per Member
	\$17,000 of EME	\$17,400 of EME	\$14,000 of EME	\$5,800 of EME	\$3,600 of EME
Medical Office Visits (In Network) N	per Family  Member Pays Per Visit	per Family	per Family	per Family	per Family
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0	\$0
	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
Virtual Visits (NowClinic®)	<b>\$</b> 0	\$0	\$0	\$0	\$0
Physican Extender	<b>\$</b> 5	\$0	\$0	\$0	\$0
Physician	\$15	\$0	\$0	\$0	\$0
Chaois list	\$30	After CYD,	After CYD,	After CYD,	150% Of EME
Specialist	<u> </u>	40% Of EME	20% Of EME	15% Of EME	15% Of EME
Non-preventive Routine Lab and X-	ray Services (In Networ	<del></del>			
Routine Laboratory	\$10	After CYD,	After CYD,	After CYD,	15% Of EME
	***	40% Of EME	20% Of EME	15% Of EME	
Routine X-ray	\$10	After CYD, 40% of EME	After CYD, 20% 0f EME	After CYD, 15% 0f EME	15% Of EME
Emergency Services (In Network) N	Member Pays Per Visit o	r Per Trip			
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% 0f EME	25% of EME
Ambulance	\$100	After CYD, 40% of EME	After CYD, 20% of EME	After CYD, 30% 0f EME	15% of EME
Hospital Facility Services (In Netwo	ork) Member Pays Per S		20 /0 OI LIVIL	OO 70 OI LIVIL	
	After CYD,	After CYD,	After CYD,	After CYD,	
Inpatient	20% of EME	40% of EME	20% of EME	15% Of EME	15% of EME
Outpationt	After CYD,	After CYD,	After CYD,	After CYD,	15% of EME
Outpatient	20% of EME	40% of EME	20% of EME	15% Of EME	15% OF EIVIE
Physician Surgical Services (In Net					
Inpatient Hospital Facility	After CYD,	After CYD,	After CYD,	After CYD,	15% of EME
,	20% of EME	40% of EME	20% 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% 0f EME	15% of EME
	After CYD,	After CYD,	After CYD,	After CYD,	
Ambulatory Surgical Facility	20% of EME	40% of EME	20% of EME	15% Of EME	15% of EME
Anacth:-	After CYD,	After CYD,	After CYD,	After CYD,	1504 -4 5145
Anesthesia	20% of EME	40% of EME	20% of EME	15% Of EME	15% of EME
Prescription Drugs (In Network) Me	ember Pays				
		Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	
	Member: \$500	CYD	CYD	CYD	No CYD
Rx CYD	Family: \$1,000	Member: \$5,000	Member: \$4,300	Member: \$1,000	Member: \$0
-	(Tiers 3-4)	Family: \$10.000	Family: \$8,600	Family: \$2,000	Family: \$0
		(Tiers 2-4)	(Tiers 2-4)	(Tiers 2-4)	(Tiers 1-4)
Tier 1	\$25	\$5	\$0	\$0	\$0
Tier 2	\$50	After CYD,	After CYD,	After CYD,	15% of EME
		40% of EME After CYD,	20% of EME After CYD,	15% of EME After CYD,	
	After CYD, \$75	50% of EME	50% of EME	30% Of EME	20% of EME
Tier 3					
Tier 3 Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 50% of EME	After CYD, 30% 0f EME	20% of EME

**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.

	MALIENI O. I	MUDNOL	MALIENI O. L	MUDNICL	M UDNI O I i
Dian Nama	MyHPN Select	MyHPN Select	MyHPN Select	MyHPN Select	MyHPN Select
Plan Name	Network Silver 2	Network Silver 2 - 73	Network Silver 2 - 87	Network Silver 2 - 94	Network Bronze 1
Calendar Year Deductible (CYD)	Sliver 2	Sliver 2 - 73	Sliver 2 - 67	Silver 2 - 94	Dronze i
Saleridar Tear Deductible (CTD)	\$7,500 of EME <sup>2</sup>	\$6,000 of EME	\$2,000 of EME	\$600 of EME	\$8,700 of EME
	per Member	per Member	per Member	per Member	per Member
Plan Provider	\$15.000 of EME	\$12,000 of EME	\$4,000 of EME	\$1,200 of EME	\$17,400 of EME
	per Family	per Family	per Family	per Family	per Family
Coinsurance after CYD Member Pay		,			
Plan Provider	0% of EME	0% of EME	0% of EME	0% of EME	0% of EME
Out of Pocket Maximum (includes C		•			
	\$7,500 of EME	\$6,000 of EME	\$2,000 of EME	\$600 of EME	\$8,700 of EME
Plan Provider	per Member	per Member	per Member	per Member	per Member
	\$15,000 of EME	\$12,000 of EME	\$4,000 of EME	\$1,200 of EME	\$17,400 of EME
Assistant Office Visite (Is Nieters I) M	per Family	per Family	per Family	per Family	per Family
Medical Office Visits (In Network) Me		Ι φο	фо	Φ0	Φ0
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physican Extender	\$0	\$0	\$0	\$0	After CYD, 0% of EME
Physician	\$5	<b>\$</b> 5	\$0	\$0	After CYD,
,	•				0% of EME
Specialist	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
Non-preventive Routine Lab and X-ra	0% of EME	0% of EME	0% of EME	0% of EME	0% of EME
Non-preventive Routine Lab and X-ra	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
Routine Laboratory	0% of EME	0% of EME	0% of EME	0% of EME	0% of EME
	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
Routine X-ray	0% of EME	0% of EME	0% of EME	0% of EME	0% of EME
Emergency Services (In Network) Me					
Hamani Cama	фго	φ=0	фго	фго	After CYD,
Urgent Care	\$50	\$50	\$50	\$50	0% of EME
Hospital Emergency Room Facility	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
Tiospital Emergency Room racility	0% of EME	0% of EME	0% of EME	0% of EME	0% of EME
Ambulance	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
1 : 15 : 0 : (A N : 1	0% of EME	0% of EME	0% of EME	0% of EME	0% of EME
Hospital Facility Services (In Networl			A (I OVD	Att. OVD	A (I OVD
Inpatient	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
· · · · · · · · · · · · · · · · · · ·	0% of EME After CYD,	0% of EME After CYD,	0% of EME After CYD,	0% of EME After CYD,	0% of EME After CYD,
Outpatient	0% of EME	0% of EME	0% of EME	0% of EME	0% of EME
Physician Surgical Services (In Netw			070 OI LIVIL	070 OI LIVIL	0 70 OI LIVIL
	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
Inpatient Hospital Facility	0% of EME	0% of EME	0% of EME	0% of EME	0% of EME
0	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
Outpatient Hospital Facility	0% of EME	0% of EME	0% of EME	0% of EME	0% of EME
Ambulatory Surgical Facility	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
Ambulatory Surgical Facility	0% of EME	0% of EME	0% of EME	0% of EME	0% of EME
Anesthesia	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
	0% of EME	0% of EME	0% of EME	0% of EME	0% of EME
Prescription Drugs (In Network) Men		1 0 1: 1 /	0 1: 1 /	0 1: 1 /	1 0 1: 1 /
	Combined w/	Combined w/	Combined w/	Combined w/	Combined w/
Rx CYD	Medical CYD Member: \$7,500	Medical CYD Member: \$6,000	Medical CYD Member: \$2,000	Medical CYD Member: \$600	Medical CYD Member: \$8,700
IX CID	Family: \$15,000	Family: \$12,000	Family: \$4,000	Family: \$1,200	Family: \$17,400
	(Tiers 2-4)	(Tiers 2-4)	(Tiers 2-4)	(Tiers 2-4)	(Tiers 1-4)
					After CYD,
Tier 1	\$5	<b>\$</b> 5	\$0	\$0	0% of EME
Tion C	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
Tier 2	40% of EME	40% of EME	15% of EME	15% of EME	0% of EME
Tier 3	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
LIGI O	50% of EME	50% of EME	30% of EME	30% of EME	0% of EME
Tier 4	After CYD,	After CYD,	After CYD,	After CYD,	After CYD,
	50% of EME	50% of EME	30% of EME	30% of EME	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.

Plan Name	MyHPN Gold 6	MyHPN Silver 1.1	MyHPN Silver 1.1 - 73	MyHPN Silver 1.1 - 87	MyHPN Silver 1.1 - 94
Calendar Year Deductible (0	CYD)				
	\$1,800 of EME <sup>2</sup>	\$4,900 of EME	\$4,900 of EME	\$0 of EME	\$0 of EME
Plan Provider	per Member	per Member	per Member	per Member	per Member
Tian Trovider	\$3,600 of EME	\$9,800 of EME	\$9,800 of EME	\$0 of EME	\$0 of EME
0 : (* 0)/D11	per Family	per Family	per Family	per Family	per Family
Coinsurance after CYD Men Plan Provider	ober Pays 30% of EME	000/ - <b>( EME</b>	000/ -4 FME	30% of EME	30% of EME
Out of Pocket Maximum (inc		30% of EME	30% of EME	30% OI EIVIE	30% OF EIVIE
Out of Fooket Maximum (inc	\$7,900 of EME	\$8,900 of EME	\$7,250 of EME	\$2,900 of EME	\$700 of EME
Plan Provider	per Member	per Member	per Member	per Member	per Member
Flan Frovider	\$15,800 of EME	\$17,800 of EME	\$14,500 of EME	\$5,800 of EME	\$1,400 of EME
	per Family	per Family	per Family	per Family	per Family
Medical Office Visits (In Net	work) Member Pays Per Visi				
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0	\$0
Physican Extender	\$5	\$10	\$10	\$10	\$0
Physician	\$0	\$25	\$25	\$10	\$5
Specialist	\$0	\$40	\$40	\$20	\$10
Non-preventive Routine Lab	and X-ray Services (In Netw	ork) Member Pays Per Visit			
Routine Laboratory	\$15	\$25	\$25	\$25	\$25
Routine X-ray	\$15	\$25	\$25	\$25	\$25
Emergency Services (In Net					
Urgent Care	\$50	\$50	\$50	\$50	\$50
Hospital Emergency Room	After CYD,	\$1,500 then, after CYD, 0% of EME;	\$1,500 then, after CYD, 0% of EME;	\$750; waived if	\$650; waived if
Facility	30% of EME	waived if admitted	waived if admitted	admitted	admitted
	4.00	After CYD,	After CYD,	000/ / 5145	000/ / 5145
Ambulance	\$100	30% of EME	30% of EME	30% of EME	30% of EME
Hospital Facility Services (In					
Inpatient	After CYD,	After CYD,	After CYD,	30% of EME	30% of EME
	30% of EME After CYD,	30% of EME After CYD,	30% of EME After CYD,		
Outpatient	30% of EME	30% of EME	30% of EME	30% of EME	30% of EME
Physician Surgical Services			OO /O OI LIVIL		
<u> </u>	After CYD,	After CYD,	After CYD,	200/- of EME	200% of EME
Inpatient Hospital Facility	30% of EME	30% of EME	30% of EME	30% of EME	30% of EME
Outpatient Hospital Facility	After CYD,	After CYD,	After CYD,	30% of EME	30% of EME
	30% of EME After CYD,	30% of EME After CYD,	30% of EME After CYD,		
Ambulatory Surgical Facility	30% of EME	30% of EME	30% of EME	30% of EME	30% of EME
Anesthesia	After CYD,	After CYD,	After CYD,	30% of EME	200% of EME
	30% of EME	30% of EME	30% of EME	30% OI EIVIE	30% of EME
Prescription Drugs (In Netwo	ork) Member Pays				
	Member: \$500	Member: \$1,500	Member: \$1,500	Member: \$0	Member: \$0
Rx CYD	Family: \$1,000	Family: \$3,000	Family: \$3,000	Family: \$0	Family: \$0
	(Tiers 3-4)	(Tiers 3-4)	(Tiers 3-4)	. ay. 40	. α
Tier 1	\$25	\$25	\$25	\$25	\$25
Tier 2	\$50	\$50	\$50	\$50	\$50
Tier 3	After CYD, \$75	After CYD, \$100	After CYD, \$100	\$100	\$100
<b>-</b>	After CYD,	After CYD,	After CYD,		====
Tier 4	50% of EME	50% of EME	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

Plan Name	MyHPN Silver 5/ Medicaid Transition	MyHPN Silver 5/ Medicaid Transition - 73	MyHPN Silver 5/ Medicaid Transition - 87	MyHPN Silver 5/ Medicaid Transition - 94
Calendar Year Deductible (CYD)				
	\$5,000 of EME <sup>2</sup>	\$4,000 of EME	\$0 of EME	\$0 of EME
B. B. H	per Member	per Member	per Member	per Member
Plan Provider	\$10,000 of EME	\$8,000 of EME	\$0 of EME	\$0 of EME
	per Family	per Family	per Family	per Family
Coinsurance after CYD Member Pay		p or r uniting	<b>F</b> 50 1 <b>2</b> 1 1 1 1 1	p 5: 1 5
Plan Provider	30% of EME	30% of EME	30% of EME	30% of EME
Out of Pocket Maximum (includes C	YD, coinsurance and copaymen	ts)		•
	\$9,000 of EME	\$7,200 of EME	\$2,500 of EME	\$600 of EME
Plan Provider	per Member	per Member	per Member	per Member
Fian Flovider	\$18,000 of EME	\$14,400 of EME	\$5,000 of EME	\$1,200 of EME
	per Family	per Family	per Family	per Family
Medical Office Visits (In Network) Medical Office Visits (In Network)	ember Pays Per Visit			
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physican Extender	<b>\$</b> 5	<b>\$</b> 5	\$5	\$0
Physician	\$15	\$15	\$10	\$0
-		· ·	·	·
Specialist	\$85	\$75	\$70	\$50
Non-preventive Routine Lab and X-ra Routine Laboratory	\$15	\$25	\$25	\$25
Routine Laboratory  Routine X-ray	\$15 \$15	\$25 \$50	\$50	\$25 \$50
Emergency Services (In Network) Me		\$50	\$50	\$50
Urgent Care	\$50	\$50	\$50	\$50
orgent Care	\$1,200 then,	\$750 then,	\$50	\$50
Hospital Emergency Room Facility	after CYD, 0% of EME;	after CYD, 0% of EME;	\$500; waived if	\$500; waived if
Hospital Emergency Room Facility	waived if admitted	waived if admitted	admitted	admitted
	After CYD,	After CYD,		
Ambulance	30% of EME	30% of EME	30% of EME	30% of EME
Hospital Facility Services (In Networ				
la a sti a a t	After CYD,	After CYD,	000/ -f FMF	000/ -f FMF
Inpatient	30% of EME	30% of EME	30% of EME	30% of EME
Outrotiont	After CYD,	After CYD,	30% of EME	30% of EME
Outpatient	30% of EME	30% of EME	30% OF EIVIE	30% OF EIVIE
Physician Surgical Services (In Netw	ork) Member Pays Per Surgery			
Inpatient Hospital Facility	After CYD,	After CYD,	30% of EME	30% of EME
patient respitair dointy	30% of EME	30% of EME	33 /3 31 21112	55 /3 OI LIVIL
Outpatient Hospital Facility	After CYD,	After CYD,	30% of EME	30% of EME
- saparan as sprice a comity	30% of EME	30% of EME		22.30.22
Ambulatory Surgical Facility	After CYD,	After CYD,	30% of EME	30% of EME
,	30% of EME After CYD,	30% of EME After CYD,		
Anesthesia	30% of EME	Aπer CYD, 30% of EME	30% of EME	30% of EME
Prescription Drugs (In Network) Men		JU70 UI EIVIE	<u> </u>	
recemption Drugo (in Network) Well				
	Member: \$1,500	Member: \$1,500	Member: \$0	Member: \$0
Rx CYD	Family: \$3,000	Family: \$3,000	Family: \$0	Family: \$0
	(Tiers 3-4)	(Tiers 3-4)	,. 4.5	1
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

Secondar-Year Deductible (CYD)	Plan Name	MyHPN Silver 10	MyHPN Silver 10-73	MyHPN Silver 10-87	MyHPN Silver 10-94
Plan Provider	Calendar Year Deductible (CYD)			I	
Plan Provider   S12,400 of EME   \$3,200 of EME   \$100 of EME   \$00 o		\$6.200 of FMF <sup>2</sup>	\$4.600 of EME	\$900 of EME	\$0 of EME
Signature   Sign		1. 1	' '	· ·	•
Para   Provider	Plan Provider		•	•	
Plan Provider			' '	' '	*
Plan Provider	Coinsurance after CYD Member Pav		por r arring	por raining j	por r army
Plan Provider			40% of EME	40% of EME	20% of EME
Plan Provider	Out of Pocket Maximum (includes C)	D, coinsurance and copayment	ts)		
Plan Provider		\$8,700 of EME	\$7,250 of EME	\$2,500 of EME	\$800 of EME
ST7.400 of EME	Plan Provider	per Member	per Member	per Member	per Member
	Flan Frovider	\$17,400 of EME	\$14,500 of EME	\$5,000 of EME	\$1,600 of EME
Preventive Care <sup>3</sup>   \$0   \$0   \$0   \$0   \$0   \$0   \$0   \$		per Family	per Family	per Family	per Family
Virtual Visits (NowClinic®)   \$0   \$0   \$0   \$0   \$0   \$0   \$0   \$	Medical Office Visits (In Network) Me	ember Pays Per Visit			
Physician Extender	Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Physician	Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physician	Physican Extender	\$15	\$5	\$5	\$0
Specialist   \$85   \$50   \$50   \$0	,				•
Non-preventive Routine Lab and X-ray Services (In Network) Member Pays Per Visit   Routine Laboratory   \$25   \$25   \$25   \$0     Routine X-ray   \$25   \$25   \$25   \$0     Urgent Care   \$50   \$50   \$50     Hospital Emergency Room Facility   \$1,000 then, after CYD, 0% of EME; waved if admitted waived waived if admitted waived	, , , , , , , , , , , , , , , , , , ,		'	·	•
Routine Laboratory   \$25		•	•	• **	T-
Routine X-ray   \$25	<u> </u>			\$25	\$0
Services (In Network) Member Pays Per Visit or Per Trip Urgent Care	,		•	·	
Urgent Care	,	* *	425	Ψ23	Ψ
Stop the composite   Stop th			\$50	\$50	\$50
After CYD, 0% of EME; waived if admitted waived i	orgent care	'	'	·	φου
Waived if admitted	Hospital Emergency Doom Facility				\$500; waived if
Ambulance After CYD, A0% of EME 40% of EME 4	nospital Emergency Room racility				admitted
Ambulance					
Inpatient	Ambulance		,		20% of EME
Inpatient	Hospital Facility Services (In Networl		40% OF LIVIE	40% Of LIVIE	
Inpatient	Toophai Tuomity Colvidos (m Metwork		After CYD	After CYD	
Outpatient         After CYD, 40% of EME         20% of EME           Physician Surgical Services (In Network) Member Pays Per Surgery         Inpatient Hospital Facility         After CYD, A0% of EME         After CYD, A0% of EME         40% of EME         20% of EME           Outpatient Hospital Facility         After CYD, A0% of EME         A0% of EME         40% of EME         20% of EME           Ambulatory Surgical Facility         After CYD, A0% of EME         A0% of EME         40% of EME         20% of EME           Ambulatory Surgical Facility         After CYD, A0% of EME         40% of EME         40% of EME         20% of EME           Amesthesia         After CYD, A0% of EME         40% of EME         40% of EME         20% of EME           Anesthesia         After CYD, After CYD, After CYD, A0% of EME         40% of EME         40% of EME         20% of EME           Prescription Drugs (In Network) Member Pays         Member: \$1,500 Family: \$3,000 (Tiers 3-4)         Member: \$0 Family: \$0         Family: \$0           Tier 1         \$25         \$25         \$25         \$25           Tier 2         \$75         \$75         \$75         \$75           Tier 3         After CYD, \$150         After CYD, \$0% of EME         50% of EME         50	Inpatient	,		*	20% of EME
Outpatient   A0% of EME   After CYD, After CYD, After CYD, A0% of EME   A0% of EM					
Physician Surgical Services (In Network) Member Pays Per Surgery   Inpatient Hospital Facility	Outpatient			•	20% of EME
Inpatient Hospital Facility	Physician Surgical Services (In Netw		10 /0 01 21112	10 /0 01 21412	
Application			After CYD	After CYD	
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, A	Inpatient Hospital Facility	,		*	20% of EME
Outpatient Hospital Facility         40% of EME         40% of EME         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, After CYD, 40% of EME         After CYD, 40% of EME         20% of EME           Prescription Drugs (In Network) Member Pays         Member: \$1,500 Family: \$3,000 (Tiers 3-4)         Member: \$0 Family: \$0         Member: \$0 Family: \$0           Tier 1         \$25         \$25         \$25         \$25           Tier 2         \$75         \$75         \$75         \$75           Tier 3         After CYD, \$150         After CYD, \$100         \$100         \$100           Tier 4         After CYD, 50% of EME         After CYD, 50% of EME         50% of EME         50% of EME					
Ambulatory Surgical Facility         After CYD, 40% of EME         After CYD, 50% of EME         50% of EME         50% of EME	Outpatient Hospital Facility	,		*	20% of EME
Ambulatory Surgical Facility  A0% of EME  Anesthesia  After CYD, 40% of EME  After CYD, 50% of EME					
Anesthesia	Ambulatory Surgical Facility	,	T	*	20% of EME
Anesthesia 40% of EME 40% of EME 40% of EME 40% of EME 20% of EME					
Prescription Drugs (In Network) Member Pays         Member: \$1,500 Family: \$3,000 (Tiers 3-4)         Member: \$1,500 Family: \$3,000 (Tiers 3-4)         Member: \$0 Family: \$0         Member: \$0 Family: \$0           Tier 1         \$25         \$25         \$25         \$25           Tier 2         \$75         \$75         \$75           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	Anesthesia			*	20% of EME
Rx CYD         Member: \$1,500 Family: \$3,000 (Tiers 3-4)         Member: \$1,500 Family: \$3,000 (Tiers 3-4)         Member: \$0 Family: \$0           Tier 1         \$25         \$25         \$25           Tier 2         \$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	Prescription Drugs (In Network) Men				
Rx CYD         Family: \$3,000 (Tiers 3-4)         Family: \$3,000 (Tiers 3-4)         Member: \$0 Family: \$0         Member: \$0 Family: \$0           Tier 1         \$25         \$25         \$25         \$25           Tier 2         \$75         \$75         \$75           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					
Family: \$3,000 (Tiers 3-4) Family: \$3,000 (Tiers 3-4) Family: \$0 Family: \$0  Tier 1 \$25 \$25 \$25 \$25  Tier 2 \$75 \$75 \$75 \$75  Tier 3 After CYD, \$150 After CYD, \$100 \$100 \$100  Tier 4 After CYD, 50% of EME After CYD, 50% of EME 50% of EME 50% of EME	D 01/2		2.7	Member: \$0	Member: \$0
Tier 1 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25	Rx CYD		3	. *	
Tier 2         \$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		(Tiers 3-4)	(Tiers 3-4)	J. <del>T</del> -	·····y· +-
Tier 2         \$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	<b>T</b> . 3	Ф05	Φ05	Φ0.5	40-
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	Her 1	\$25	\$25	\$25	\$25
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	Tion 0	¢75	¢75	ф7F	φαc
Tier 4 After CYD, 50% of EME After CYD, 50% of EME 50% of EME 50% of EME	Her 2	۵/۵	Φ/5	<b>\$</b> /5	\$75
	Tier 3	After CYD, \$150	After CYD, \$100	\$100	\$100
Mail Order 90-Day Supply 2.5 y Copay	Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME

Plan Name	MyHPN Silver 11	MyHPN Silver 11 - 73	MyHPN Silver 11 - 87	MyHPN Silver 11 - 94
Calendar Year Deductible (CYD)				
	\$6,500 of EME <sup>2</sup>	\$4,500 of EME	\$600 of EME	\$0 of EME
	per Member	per Member	per Member	per Member
Plan Provider	\$13,000 of EME	\$9.000 of EME	\$1,200 of EME	\$0 of EME
	per Family	per Family	per Family	per Family
Coinsurance after CYD Member Pay			<del></del>	
Plan Provider	50% of EME	40% of EME	30% of EME	30% of EME
Out of Pocket Maximum (includes C	YD, coinsurance and copayment	ts)		
	\$8,700 of EME	\$7,000 of EME	\$2,500 of EME	\$900 of EME
Plan Provider	per Member	per Member	per Member	per Member
r iai. i romaoi	\$17,400 of EME	\$14,000 of EME	\$5,000 of EME	\$1,800 of EME
	per Family	per Family	per Family	per Family
Medical Office Visits (In Network) Me		*.		<u>.</u> .
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physican Extender	\$15	\$10	\$5	\$0
Physician	\$0	\$0	\$0	\$0
Specialist	\$85	\$40	\$20	<b>\$</b> 5
Ion-preventive Routine Lab and X-ra	<del>*                                    </del>			<i>j</i>
Routine Laboratory	\$25	\$50	\$50	\$50
Routine X-ray	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
mergency Services (In Network) Mo		4		4=+
Urgent Care	\$50	\$50	\$50	\$50
	\$1,000 then,	\$750 then,	\$500 then,	\$250; waived if
Hospital Emergency Room Facility	after CYD, 0% of EME;	after CYD, 0% of EME;	after CYD, 0% of EME;	admitted
	waived if admitted	waived if admitted	waived if admitted	
Ambulance	After CYD, 50% of EME	After CYD, 40% of EME	After CYD, 30% of EME	30% of EME
Hospital Facility Services (In Networ		40% OF LIVIL		
•	After CYD,	After CYD,	After CYD,	
Inpatient	50% of EME	40% of EME	30% of EME	30% of EME
	After CYD,	After CYD,	After CYD,	
Outpatient	50% of EME	40% of EME	30% of EME	30% of EME
Physician Surgical Services (In Netw				
	After CYD,	After CYD,	After CYD,	220/ / 51/15
Inpatient Hospital Facility	50% of EME	40% of EME	30% of EME	30% of EME
O. do adia ad 11 - a de 15 - dia .	After CYD,	After CYD,	After CYD,	000/ -4 EME
Outpatient Hospital Facility	50% of EME	40% of EME	30% of EME	30% of EME
Ambulatory Surgical Facility	After CYD,	After CYD,	After CYD,	30% of EME
Ambulatory Jurgical Lacility	50% of EME	40% of EME	30% of EME	3070 OI EIVIE
Anesthesia	After CYD,	After CYD,	After CYD,	30% of EME
	50% of EME	40% of EME	30% of EME	
rescription Drugs (In Network) Men		Combine to	Carabi I (	
	Combined w/	Combined w/	Combined w/	
Rx CYD	Medical CYD Member: \$6,500	Medical CYD Member: \$4,500	Medical CYD Member: \$600	Member: \$0
KX CTD	Family: \$13,000	Family: \$9,000	Family: \$1,200	Family: \$0
	(Tiers 3-4)	(Tiers 3-4)	(Tier-4)	•
	`			
Tier 1	\$25	\$25	\$25	\$10
	A	A	<b>A</b>	±
	\$75	\$75	\$75	\$25
Tier 2			1	<b></b>
Tier 2	After CYD, 50% of EME	After CYD, \$100	\$100	\$50
	After CYD, 50% of EME After CYD, 50% of EME	After CYD, \$100  After CYD, 40% of EME	\$100 After CYD, 20% of EME	\$50 50% of EME

Plan Name  Calendar Year Deductible (CYD)	Silver 12	Silver 12 - 73	Silver 12 - 87	Silver 10 04
Calendar Year Deductible (CYD)				Silver 12 - 94
	\$7,000 of EME <sup>2</sup>	\$4,500 of EME	\$500 of EME	\$0 of EME
	\$7,000 of EME per Member	per Member	per Member	per Member
Plan Provider	\$14,000 of EME	\$9.000 of EME	\$1,000 of EME	\$0 of EME
	per Family	per Family	per Family	per Family
Coinsurance after CYD Member Pays				
Plan Provider	40% of EME	40% of EME	40% of EME	10% of EME
Out of Pocket Maximum (includes CYD,	\$8,700 of EME	\$7,250 of EME	\$2,850 of EME	\$850 of EME
D	per Member	per Member	per Member	per Member
Plan Provider —	\$17,400 of EME	\$14,500 of EME	\$5,700 of EME	\$1,700 of EME
	per Family	per Family	per Family	per Family
Medical Office Visits (In Network) Memb	oer Pays Per Visit			
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physican Extender	\$15	<b>\$</b> 5	\$0	\$0
Physician	\$0	\$0	\$0	\$0
Specialist	\$85	\$65	\$25	\$15
Non-preventive Routine Lab and X-ray S	Services (In Network) Membe	r Pays Per Visit		
Routine Laboratory	\$25	\$25	\$15	\$0
Routine X-ray	\$50	\$25	\$15	\$0
Emergency Services (In Network) Memb	per Pays Per Visit or Per Trip \$50	\$50	\$50	\$50
Urgent Care	\$1,000 then,	\$1,000 then,	\$1,000 then,	\$50
Hospital Emergency Room Facility	after CYD, 0% of EME; waived if admitted	after CYD, 0% of EME; waived if admitted	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
Hospital Facility Services (In Network) M				
Inpatient	After CYD,	After CYD,	After CYD,	10% of EME
inputorit	40% of EME	40% of EME	40% of EME	1070 01 21112
Outpatient	After CYD, 40% of EME	After CYD, 40% of EME	After CYD, 40% of EME	10% of EME
Physician Surgical Services (In Network)		40 % OF EIVIE	40 /0 01 EIVIE	
Inpatient Hospital Facility	After CYD,	After CYD,	After CYD,	10% of EME
inpatient Hospital Facility	40% of EME	40% of EME	40% of EME	10% of LIVIE
Outpatient Hospital Facility	After CYD,	After CYD,	After CYD,	10% of EME
	40% of EME After CYD.	40% of EME After CYD,	40% of EME After CYD,	
Ambulatory Surgical Facility	40% of EME	40% of EME	40% of EME	10% of EME
Anesthesia	After CYD,	After CYD,	After CYD,	10% of EME
	40% of EME	40% of EME	40% of EME	TO /O OI LIVIL
Prescription Drugs (In Network) Member	r Pays			
Rx CYD	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$1,500 Family: \$3,000 (Tiers 3-4)	Member: \$0 Family: \$0	Member: \$0 Family: \$0
Tier 1	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75
Tier 3	After CYD, \$150	After CYD, \$100	\$100	\$100
Tier 4	After CYD, 50% of EME	After CYD, 50% of EME	50% of EME	50% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay	2.5 x Copay
-3 1113	. i A	V1V	41	a s la s A

# 2023 Health Plan of Nevada Individual On Exchange HMO, Virtual and Catastrophic Plans<sup>1</sup>

Plan Name	MyHPN Bronze 2 Medicaid Transition	MyHPN Bronze 3	Virtual HPN™	MyHPN Catastrophic Plan
Calendar Year Deductible (CYD)	фо.000 (EME	<b>*</b> 2	фо. поо. ( EME	фо. 100 . ( EME
	\$8,600 of EME	\$8,900 of EME <sup>2</sup>	\$8,700 of EME	\$9,100 of EME
Plan Provider	per Member	per Member	per Member	per Member
	\$17,200 of EME	\$17,800 of EME	\$17,400 of EME	\$18,200 of EME
C-i	per Family	per Family	per Family	per Family
Coinsurance after CYD Member Pays Plan Provider	0% of EME	0% of EME	0% of EME	0% of EME
Out of Pocket Maximum (includes CY			0% OF EIVIE	U%0 OI EIVIE
out of Focket Maximum (includes of	\$9,000 of EME	\$8,900 of EME	\$8,700 of EME	\$9,100 of EME
	per Member	per Member	per Member	per Member
Plan Provider	\$18,000 of EME	\$17,800 of EME	\$17,400 of EME	\$18,200 of EME
	per Family	per Family	per Family	per Family
Medical Office Visits (In Network) Men	mber Pays Per Visit	•		
Preventive Care <sup>3</sup>	\$0	\$0	\$0	\$0
+	φο.	φο.	φο.	40
Virtual Visits (NowClinic®)	\$0	\$0	\$0	\$0
Physican Extender	<b>\$</b> 5	\$0	\$0	After CYD, \$0 (CYD is waived for first 3 visit
Physician	\$50	\$0	\$0	After CYD, \$0 (CYD is waived for first 3 visit
Specialist	\$150	\$150	After CYD,	After CYD, \$0
Non-preventive Routine Lab and X-ray	·	· ·	0% of EME	11 2 7 7 7
Non-preventive Routine Lab and X-ray		After CYD,	After CYD,	
Routine Laboratory	\$50	0% of EME	0% of EME	After CYD, \$0
5 J V	4	After CYD,	After CYD,	16 0/0 44
Routine X-ray	\$120	0% of EME	0% of EME	After CYD, \$0
mergency Services (In Network) Mer	mber Pays Per Visit or Per Trip		•	
Urgent Care	\$50	After CYD,	After CYD,	After CYD, \$0
Orgent Oare	•	0% of EME	0% of EME	
Hospital Emergency Room Facility	After CYD,	After CYD,	After CYD,	After CYD,
respiral Emergency recent demay	0% of EME	0% of EME	0% of EME	0% of EME
Ambulance	\$100	After CYD,	After CYD,	After CYD, \$0
Hospital Facility Services (In Network)	Mambar Paya Par Surgary	0% of EME	0% of EME	
Tospital Facility Services (III Network)	After CYD,	After CYD,	After CYD,	After CYD,
Inpatient	0% of EME	0% of EME	0% of EME	0% of EME
	After CYD,	After CYD,	After CYD,	After CYD,
Outpatient	0% of EME	0% of EME	0% of EME	0% of EME
Physician Surgical Services (In Netwo				
Innerious Heavisel Feelite	After CYD,	After CYD,	After CYD,	After CYD,
Inpatient Hospital Facility	0% of EME	0% of EME	0% of EME	0% of EME
Outpatient Hagnital Escility	After CYD,	After CYD,	After CYD,	After CYD,
Outpatient Hospital Facility	0% of EME	0% of EME	0% of EME	0% of EME
Ambulatory Surgical Facility	After CYD,	After CYD,	After CYD,	After CYD,
January Jangiour Luomity	0% of EME	0% of EME	0% of EME	0% of EME
Anesthesia	After CYD,	After CYD,	After CYD,	After CYD,
Prescription Drugs (In Network) Meml	0% of EME	0% of EME	0% of EME	0% of EME
Tescription Drugs (in Network) Meni	,	0 1: 1 /	0 1: 1 /	0 1: 1 /
	Combined w/	Combined w/	Combined w/	Combined w/
Rx CYD	Medical CYD Member: \$8,600	Medical CYD Member: \$8,900	Medical CYD Member: \$8,700	Medical CYD Member: \$9,100
IWOID	Family: \$17,200	Family: \$17,800	Family: \$17,400	Family: \$18,200
	(Tiers 3-4)	(Tiers 3-4)	(Tiers 2-4)	(Tiers 1-4)
Tier 1	\$30	\$25	\$25	After CYD, \$0
-	·		After CYD,	
Tier 2	\$120	\$165	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
				+
+	After CYD	Atter (CYL)		
Tier 4	After CYD, 50% of EME	After CYD, 0% of EME	After CYD, 0% of EME	After CYD, \$0

Plan Name	MyHPN Plus	MyHPN Plus	MyHPN Plus
Plan Name	Bronze 4	Bronze 5	Bronze 6
Calendar Year Deductible (CYD)			
	\$9,000 of EME <sup>2</sup>	\$7,800 of EME	\$6,900 of EME
Plan Provider	per Member	per Member	per Member
rian riovidoi	\$18,000 of EME	\$15,600 of EME	\$13,800 of EME
( O)(D M   D	per Family	per Family	per Family
Coinsurance after CYD Member Pays Plan Provider	0% of EME	50% of EME	40% of EME
Out of Pocket Maximum (includes CYD		I .	40% OF EIVIE
Sat of Fooket Maximum (molades of E	\$9,000 of EME	\$8,800 of EME	\$8,900 of EME
DI D : 1	per Member	per Member	per Member
Plan Provider	\$18,000 of EME	\$17,600 of EME	\$17,800 of EME
	per Family	per Family	per Family
Medical Office Visits (In Network) Mem		·	
Preventive Care <sup>3</sup>	\$0	\$0	\$0
Virtual Visits (NowClinic®)	\$0	\$0	\$0
Physican Extender	\$5	\$5	\$5
Physician	\$50	\$35	\$25
Specialist	\$150	After CYD, \$60	After CYD, \$0
Non-preventive Routine Lab and X-ray			
Routine Laboratory	\$50	After CYD, \$50	After CYD, \$25
Routine X-ray	\$120	After CYD, \$50	After CYD, \$25
Emergency Services (In Network) Mem		фЕО	ΦEO
Urgent Care	\$50 After CYD,	\$50 After CYD, \$600;	\$50 After CYD, \$600;
Hospital Emergency Room Facility	0% of EME	waived if admitted	waived if admitted
Ambulance	\$100	\$100	\$100
Hospital Facility Services (In Network)	T	<b>*</b> · · · ·	¥111
	After CYD,	After CYD,	After CYD,
Inpatient	0% of EME	50% of EME	40% of EME
Outpatient	After CYD,	After CYD,	After CYD,
·	0% of EME	50% of EME	40% of EME
Physician Surgical Services (In Network		Attai CVD	After CYD,
Inpatient Hospital Facility	After CYD, 0% of EME	After CYD, 50% of EME	40% of EME
	After CYD,	After CYD,	After CYD,
Outpatient Hospital Facility	0% of EME	50% of EME	40% of EME
Ambulatory Surgical Facility	After CYD,	After CYD,	After CYD,
Ambulatory Surgical Facility	0% of EME	50% of EME	40% of EME
Anesthesia	After CYD,	After CYD,	After CYD,
Prescription Drugs (In Network) Member	0% of EME	50% of EME	40% of EME
rescription Drugs (in Network) Member	Combined w/		Combined w/
	Medical CYD	Member: \$2,000	Medical CYD
Rx CYD	Member: \$9,000	Family: \$4,000	Member: \$6,900
	Family: \$18,000	(Tiers 3-4)	Family: \$13,800
	(Tiers 3-4)		(Tiers 2-4)
Tier 1	\$30	\$25	\$25
Tier 2	\$120	\$75	After CYD, 40% of EME
<u> </u>	After CYD,	46. 202 4	After CYD,
Tier 3	0% of EME	After CYD, \$75	40% of EME
Tion 4	After CYD,	After CYD,	After CYD,
Tier 4	50% of EME	50% of EME	40% of EME
Mail Order 90-Day Supply	2.5 x Copay	2.5 x Copay	2.5 x Copay

# MyHPN On Exchange HMO Plans



Now available to Health Plan of Nevada Individual On Exchange Plan Members!

Paytient is an interest-free line of credit that helps members access and afford care. With the swipe of a card, members can turn medical or pharmacy expenses into affordable payment plans.

Learn more at Start.Paytient.com/HPN.

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

<sup>1</sup>2023 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

23H\_IX\_HMO\_G\_6, 23H\_IX\_HMO\_S\_1\_1, 23H\_IX\_HMO\_S\_1\_1\_73, 23H\_IX\_HMO\_S\_1\_1\_87, 23H\_IX\_HMO\_S\_1\_1\_94, 23H\_IX\_HMO\_S\_5\_MTP\_5, 23H\_IX\_HMO\_S\_5\_MTP\_73, 23H\_IX\_HMO\_S\_5\_MTP\_87, 23H\_IX\_HMO\_S\_5\_MTP\_94, 23H\_IX\_HMO\_S\_10, 23H\_IX\_HMO\_S\_10\_73, 23H\_IX\_HMO\_S\_10\_87, 23H\_IX\_HMO\_S\_10\_94, 23H\_IX\_HMO\_S\_11, 23H\_IX\_HMO\_S\_11\_73, 23H\_IX\_HMO\_S\_11\_87, 23H\_IX\_HMO\_S\_11\_94, 23H\_IX\_HMO\_S\_12, 23H\_IX\_HMO\_S\_12\_87, 23H\_IX\_HMO\_S\_12\_94, 23H\_IX\_HMO\_S\_12\_87, 23H\_IX\_HMO\_S\_12\_94, 23H\_IX\_HMO\_P\_B\_2\_MTP, 23H\_IX\_HMO\_B\_3, 23H\_IX\_HMO\_P\_B\_4, 23H\_IX\_HMO\_P\_B\_5, 23H\_IX\_HMO\_P\_B\_6, 23H\_IX\_HMO\_VH.

#### MyHPN Select Network Plans

23H\_IX\_HMO\_SN\_G\_5, 23H\_ IX\_HMO\_SN\_S\_1, 23H\_IX\_HMO\_SN\_1\_73, 23H\_IX\_HMO\_SN\_S\_1\_87, 23H\_IX\_HMO\_SN\_S\_1\_94, 23H\_IX\_HMO\_SN\_S\_2, 23H\_IX\_HMO\_SN\_S\_2\_73, 23H\_IX\_HMO\_SN\_S\_2\_87, 23H\_IX\_HMO\_SN\_S\_2\_94, 23H\_IX\_HMO\_SN\_B\_1.

MyHPN On Exchange HMO Catastrophic Plan 21H\_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.

# 2023 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 termination provision by replacing the term Member with Subscriber and Eligible Dependent.
- Modify the Medical-Physician Services subsection by removing the requirement that eligibility for infertility services benefit no longer requires that the member is a female under age 44.
- Modify the Autism/ABA subsection by removing the age limitation for medically necessary screening, diagnosis and treatment of Autism Spectrum Disorders.
- Modify the Telemedicine section to indicate a provider is not required to demonstrate the necessity to provide services through, or to receive additional certifications or licenses in Telemedicine. Benefits are also available for urgent, on-demand healthcare delivered through live audio with video conferencing or audio only technology for treatment of acute but non-emergency medical needs. Telemedicine Services received from any Provider will be subject to the applicable facility and professional Copayments and/or Coinsurance amount.
- Benefits are also provided for Remote Physiologic Monitoring.
- Modify the Virtual Visit section to indicate NowClinic Urgent Care Virtual Visits are not subject to a Member's Cost Share.
- The Coordination of Benefits language was amended to clarify when Coordination of benefits occurs and the rules pertaining to when a plan is primary and when a plan is secondary.

- Exclusionary language has been modified as follows:
  - o Adding the following exclusions
    - Add exclusions for Medical and surgical treatment of excessive sweating (hyperhidrosis).
    - Any care or delivery at a birthing center.
    - Add exclusions for adventure, camping, outdoor or similar programs.
    - Add a pharmacy exclusion for Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
  - o Amend the following exclusion
    - Modify Exclusion to clarify that services related to excluded transplant services are also excluded, including any and all services, supplies treatments, laboratory tests or x-rays received by the donor (including donor search, donor transportation, testing, registry and retrieval costs); any and all treatment and costs related to cadaver or animal retrieval or maintenance of a donor for such retrieval; and/or any and all Hospital, Physician, laboratory or x-rays services.
    - Modify Exclusions to clarify that except for reconstructive surgery following a mastectomy, cosmetic procedures to improve appearance without restoring a physical bodily function is excluded. Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered cosmetic procedures.

- Modify the excluded procedures performed in relation to treatment of Gender Dysphoria to clarify that Hair removal is excluded except as part of a genital reconstruction procedure.
- Modify the existing language of the Designated Plan Pharmacy Benefit Payments pertaining to Mandatory Generics applicable to Biosimilar drugs.
- Revise Pharmacy Benefit Exclusions subsection to remove the exclusion of certain prescriptions not prescribed by a specialist.
- Add Definitions for:
  - "Air Ambulance" means medical transport by rotary wing air ambulance or fixed wing air ambulance as defined in CRF 414.605.
  - o "Congenital Anomaly".
  - o "Remote Physiologic Monitoring. Remote Physiological Monitoring must be ordered by a licensed Physician or other qualified health professional who has examined the patient and with whom the patient has an established, documented, and ongoing relationship. Remote Physiological Monitoring may not be used while the patient is Inpatient at a hospital or other facility. Use of multiple devices must be coordinated by one Physician.
- o Under the definition of "Experimental or Investigational Service(s)", the following sources were removed as criteria to identify appropriate use: the American Hospital Formulary Service; the United States Pharmacopoeia Dispensing Information. And the following sources were added: AHFS Drug Information (AHFS DI) under therapeutic uses section: Flsevier Gold Standard's Clinical Pharmacology under the indications section; DRUGDEX System by Micromedex under the therapeutic uses section and has a strength recommendation rating of class I, class IIa, or class IIb; National Comprehensive Cancer Network (NCCN) drugs and biologics compendium category of evidence 1, 2A, or 2B. Experimental or investigational service(s) are only obtainable, with regard to outcomes for the given indication, within research settings.
- o Add a definition of Recognized Amount when services are provided by a non network physician is based on An All Payer Model Agreement if adopted, State law; or the lesser of the qualifying payment amount as determined under applicable law or the amount billed by the provider or facility.

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