



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company



Individual Plans



Health Insurance Plans for Individuals and Their Families

Offered by
Health Plan of Nevada
and
Sierra Health and Life

Individual Health Plans at a Glance

Benefits + choice = peace of mind

Want just the right benefits for your health care dollar? Want the freedom to choose from quality providers in the area? Then look to Health Plan of Nevada and Sierra Health and Life for your individual plan coverage. When you add up all the features, we think you'll agree that we offer you benefits, choice and peace of mind.

Why choose an individual plan?

Are you self-employed, between jobs, or retiring early? These are just a few of the reasons why you might need an affordable individual health plan. Individual health plans provide easy access to quality care around-the-clock at a price that won't break the bank!

Which plan choice is right for you?

We hope this booklet helps you compare the many benefit plan options available to you and your family. Call us or talk to your insurance broker. We can review plan options and help you select a plan that meets your needs. Whether you choose a Health Plan of Nevada HMO or POS plan, or a Sierra Health and Life PPO or HSA plan, we're confident that you will find the health coverage that's just right for you.

If you have questions or would like additional information, please call our sales office at **702-821-2200** or toll-free at **800-873-0004**.

We thank you for your interest in our individual plans.



About our parent company

UnitedHealthcare is dedicated to helping people nationwide live healthier lives by simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers. The company offers the full spectrum of health benefit programs for individuals, employers, and Medicare and Medicaid beneficiaries, and contracts directly with 780,000 physicians and other health care professionals and 5,900 hospitals and other care facilities nationwide. UnitedHealthcare serves more than 40 million people in health benefits and is one of the businesses of UnitedHealth Group (NYSE: UNH), a diversified Fortune 50 health and well-being company.

Health Plan of Nevada

Individual HMO Plans & POS Plans

Health Plan of Nevada (HPN) offers seven individual HMO medical plans and one Point of Service (POS) medical plan. All include prescription drug coverage and access to a large network of contracted providers. Dental coverage is optional and available for an additional monthly premium.

The individual HMO plan

Health Maintenance Organization (HMO) plans are the oldest form of managed care. At Health Plan of Nevada, we've provided Nevadans with quality health care coverage since 1982. What is the reason for our success? We understand your unique goals and offer health plans to fit your individual lifestyle.

Our contracted providers follow a set of care guidelines and agree to provide services at a contracted rate. This partnership allows us to save you money while we offer a wide range of health benefits, including routine and preventive care. With our individual HMO plans, you can manage your health and your wallet.

- Your individual HMO plan will have no annual deductibles and no claim forms.
- You will choose a primary care provider (PCP) who will coordinate the care and services you may need. Each enrolled family member may choose his/her own PCP.
- Female members age 14 and over also can choose an OB/GYN in addition to their PCP.

The individual POS plan

HPN's POS plan allows you to choose among three levels of benefit options. You control your out-of-pocket expenses while you enjoy a full range of health benefits. You get to choose what's right for you and your family.

Tier I Benefits

Our Tier I benefit level gives you the most benefits for the least out-of-pocket costs. Most services have set copayments with no calendar year deductible or coinsurance.



Tier II Benefits

Our Tier II benefit level gives you additional provider choices and predictable costs for routine care. After you meet a calendar year deductible, you will pay coinsurance for some services.

Tier III Benefits

Our Tier III benefit level gives you the choice to see any licensed health care provider. This tier offers you the most flexibility, but your out-of-pocket costs will be higher. All non-emergency services have a calendar year deductible and coinsurance.

Nevada Pacific Dental DHMO Plan

The UnitedHealthcare Nevada Pacific Dental DHMO Plan is designed to encourage prevention and early detection of dental problems by eliminating barriers to use. Select Plans offer extensive coverage at significant savings. The majority of preventive and diagnostic procedures are performed at no charge to the member. Other Select Plan advantages are: no claim forms to complete, no deductibles to be met, no waiting periods or exclusions for pre-existing conditions, no yearly dollar maximum and no pre-authorization forms or related paperwork, making administration simple. And all covered procedures have an assigned, pre-defined out-of-pocket copayment.

For more information, please refer to the separate accompanying flyer.

Health Plan of Nevada – Benefits at a Glance

❖ Distinct Advantage Plans	HMO – Option 1 (HCR) maternity coverage (12-month wait)*	HMO – Option 2 (HCR) maternity coverage excluded**	POS – Option 3 (HCR) maternity coverage (12-month wait)*			HMO – Option 4 (HCR) maternity coverage excluded**
			HMO – Tier I	Expanded Plan Tier II	Non-Plan Tier III	
Calendar Year Deductible (CYD)	Not applicable	Not applicable	Not applicable	\$500 per Member/\$1,500 of EME*** per Family		Not applicable
Annual Copay/ Coinsurance Maximum	\$2,000 per Member \$4,000 per Family	\$4,000 per Member \$8,000 per Family	Not applicable	\$2,000 of EME per Member \$6,000 of EME per Family	\$4,000 of EME per Member \$12,000 of EME per Family	\$5,000 per Member \$10,000 per Family
Preventive Healthcare Services	No charge	No charge	No charge	No charge	Not subject to CYD. You pay 40% of EME plus all charges in excess of EME.	No charge
Physician Services Primary Care Provider Specialist	\$10 per visit \$20 per visit	\$25 per visit \$50 per visit	\$15 per visit \$30 per visit	\$30 per visit \$45 per visit	After CYD, you pay 40% of EME plus all charges in excess of EME	\$25 per visit \$50 per visit
Diagnostic Services <i>(in addition to office visit copay)</i> Routine Laboratory Routine X-ray	\$10 per visit \$10 per visit	\$10 per visit \$10 per visit	\$15 per visit \$15 per visit	\$15 per visit \$15 per visit	After CYD, you pay 40% of EME for lab and 30% of EME for X-ray plus all charges in excess of EME	\$15 per visit \$15 per visit
Physician Surgical Services Inpatient Outpatient Physician's Office <i>(in addition to office copay)</i> Primary Care Provider Specialist Anesthesia	\$100 per surgery \$75 per surgery \$10 per visit \$20 per visit \$100 per surgery	\$200 per surgery \$200 per surgery \$25 per visit \$50 per visit \$100 per surgery	\$100 per surgery \$75 per surgery \$15 per visit \$30 per visit \$100 per surgery	 After CYD, you pay 20% of EME	 After CYD, you pay 40% of EME plus all charges in excess of EME	\$200 per surgery \$200 per surgery \$25 per visit \$50 per visit \$100 per surgery
Hospital Services Inpatient Outpatient	\$100 per day (not to exceed \$300 per admission) \$75 per admission	\$300 per day (not to exceed \$900 per admission) \$200 per admission	\$150 per day (not to exceed \$400 per admission) \$75 per admission	 After CYD, you pay 20% of EME	 After CYD, you pay 40% of EME plus all charges in excess of EME	\$300 per day (not to exceed \$900 per admission) \$200 per admission
Emergency Services Emergency Room Visit Hospital Admission	\$100 per visit; <i>waived if admitted</i> \$100 per day (not to exceed \$300 per admission)	\$100 per visit; <i>waived if admitted</i> \$300 per day (not to exceed \$900 per admission)	\$100 per visit \$150 per day (not to exceed \$400 per admission)	Urgent and Emergency Services are covered under the Tier I HMO Benefit	Urgent and Emergency Services are covered under the Tier I HMO Benefit	\$100 per visit; <i>waived if admitted</i> \$300 per day (not to exceed \$900 per admission)
Urgent Care Facility Southwest Medical Associates Other Plan Provider Non-Plan Provider	\$45 per visit \$50 per visit \$60 per visit	\$45 per visit \$50 per visit \$60 per visit	\$45 per visit \$50 per visit \$60 per visit			\$45 per visit \$50 per visit \$60 per visit
Vision Services Preventive Exam <i>(one per Member during each 12 consecutive month period)</i>	\$10 per visit	\$10 per visit	\$10 per visit	Not covered	Not covered	\$10 per visit
Prescription Covered Drugs Preferred Generic Drug Preferred Brand Name Drug† Non Preferred Generic† or Brand Name Drug	\$10 \$35 \$60	\$10 \$35 \$60	\$10 \$35 \$60	\$10 \$35 \$60	\$10 \$35 \$60	\$10 \$35 \$60

*Maternity Coverage Explained

Health Plan of Nevada's Distinct Advantage Plans HMO-Option 1 (HCR) and POS-Option 3 (HCR) and HMO-Option 5 have a 12-month waiting period for maternity coverage. The 12-month waiting period begins on the effective date of coverage. **Example:** Laura has enrolled in the HMO Option 1 (HCR) Plan. Her coverage begins on January 1. In May, Laura finds out she is pregnant. Medical services, tests or supplies provided in connection with pregnancy and childbirth will be covered if she delivers on or after January 1 of next year. Of course, prenatal Preventive Healthcare Services and complications of pregnancy are a covered benefit just like any other medical service during the 12-month waiting period.

** Except when provided in connection with Complications of Pregnancy or pre-natal Preventive Services

Health Plan of Nevada – Benefits at a Glance

❖ Distinct Advantage Plans (continued)	HMO – Option 5 maternity coverage (12-month wait)*	HMO – Option 6 maternity coverage excluded**	HMO – Option 7 maternity coverage excluded**	HMO – Option 8 maternity coverage excluded**
Calendar Year Deductible (CYD)	Not applicable	Not applicable	\$1,000 of EME per Member \$3,000 of EME per Family	\$1,000 of EME per Member \$3,000 of EME per Family
Annual Copay/ Coinsurance Maximum	\$2,000 per Member \$4,000 per Family	\$5,000 per Member \$10,000 per Family	\$5,000 per Member \$15,000 per Family	\$5,000 per Member \$15,000 per Family
Preventive Healthcare Services	No charge	No charge	Not subject to CYD. No charge	Not subject to CYD. No charge
Physician Services Convenient Care Facility Primary Care Provider Specialist	\$15 per visit \$30 per visit \$60 per visit	\$25 per visit \$35 per visit \$70 per visit	Not subject to CYD \$15 per visit \$30 per visit \$60 per visit	Not subject to CYD \$15 per visit \$30 per visit†† \$60 per visit
Diagnostic Services (in addition to office visit copay) Routine Laboratory Routine X-ray	\$15 per visit \$30 per visit	\$15 per visit \$40 per visit	Not subject to CYD \$15 per visit \$30 per visit	Not subject to CYD \$15 per visit \$30 per visit
Physician Surgical Services Inpatient Outpatient Physician's Office (in addition to office copay) Primary Care Provider Specialist Anesthesia	\$200 per surgery \$150 per surgery \$30 per visit \$60 per visit \$250 per surgery	\$300 per surgery \$200 per surgery \$35 per visit \$70 per visit \$100 per surgery	After CYD \$200 per surgery \$150 per surgery Not subject to CYD \$30 per visit \$60 per visit After CYD \$250 per surgery	After CYD \$200 per surgery \$150 per surgery Not subject to CYD \$30 per visit \$60 per visit After CYD \$250 per surgery
Hospital Services Inpatient	\$500 per admission	\$1,000 per admission	After CYD \$500 per admission	After CYD \$500 per admission
Outpatient	\$300 per admission	\$450 per admission	\$300 per admission	\$300 per admission
Emergency Services Emergency Room Visit	\$450 per visit; <i>waived if admitted</i>	\$550 per visit; <i>waived if admitted</i>	Not subject to CYD \$450 per visit; <i>waived if admitted</i>	Not subject to CYD \$450 per visit; <i>waived if admitted</i>
Hospital Admission	\$500 per admission	\$1,000 per admission	After CYD \$500 per admission	After CYD \$500 per admission
Urgent Care Facility Southwest Medical Associates Other Plan Provider Non-Plan Provider	\$45 per visit \$50 per visit \$60 per visit	\$45 per visit \$55 per visit \$60 per visit	Not subject to CYD \$45 per visit \$50 per visit \$60 per visit	Not subject to CYD \$45 per visit \$50 per visit \$60 per visit
Vision Services Preventive Exam (<i>one per Member during each 12 consecutive month period</i>)	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit
Prescription Covered Drugs Preferred Generic Drug Preferred Brand Name Drug† Non Preferred Generic† or Brand Name Drug	\$25 \$50 \$75	\$25 \$50 \$75	\$25 \$50 \$75	\$10 \$35††† \$75†††

†† Primary care access is exclusive to Southwest Medical Associates (SMA) for primary care services including internal medicine, family practice and general practice services. All other covered services including pediatric and OB/GYN services are available in the full HPN HMO provider network. This applies to the HMO Option 8 Plan only.

††† Preferred Brand Name Covered Drugs and Non-Preferred Generic and Brand Name Covered Drugs are limited to State Mandated Drugs only. A State Mandated Drug is a Covered Drug as mandated by Nevada state law and/or State regulations. Form No. IndHPN-GenRx-(2013). This applies to the HMO Option 8 Plan only.

***EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Health Plan of Nevada Reimbursement Schedule. Members who obtain Covered Services from Non-Plan Providers will be responsible for all charges in excess of Eligible Medical Expenses.

Plan documents govern in resolving any benefit questions or payments. Form No. HPN-IndDAP-masBS-2012-WPH (Option 1, 2 and 4), Form No., HPN-IndDAP3-BS-2012-WPH (Option 3), Form No. HPN-IndDAPBS-Opt5 2012-WPH (Option 5), Form No. HPN-IndDAPBS-Opt6 2012-WPH (Option 6), Form No. HPN-Ind-DA7(2013) (Option 7), Form No. HPN-Ind-DA8(2013) (Option 8), Form No. IHMOVISION98. Note: Please refer to the Prescription Drug Benefit Rider for a complete list of all copayment amounts and applicable limitations and exclusions.

†If a Generic Covered Drug equivalent is available, Member will pay the Tier I Covered Drug plus the difference between the EME of the Generic Covered Drug and the EME of the Brand Name Covered Drug to the Plan Pharmacy for each therapeutic supply. Form No. HPN-NV-Ind-3TierSIO-July2007 or Form No. HPN-NV-Ind-3TierRx-Jan2012

Health Plan of Nevada–Dental Rider

❖Optional Dental Rider (Available in Southern Nevada Only)	
Calendar Year Deductible	None
Calendar Year Maximum Benefit	\$1,000
Covered Services	You Pay
Preventive and Diagnostic Services (Type I Services) Examinations (two per calendar year) Emergency exam Cleaning (two per calendar year) Periapical X-ray Bitewing X-rays (two per calendar year) Full mouth X-rays or panorex (one per calendar year) Fluoride treatment (one per calendar year in combination with cleaning)	No charge \$10 per exam No charge No charge No charge No charge \$15 No charge
Basic Services (Type II Services) Available after six months continuous coverage under this rider. Restorative (fillings) Periodontics Root canal therapy Tooth extraction (includes local anesthesia) Repairs to: Partial, denture, crown or bridgework	\$10 per tooth \$10-\$200 (depending on services) \$75 per tooth \$10-\$25 per tooth \$10-\$37 (depending on services)
Major Services (Type III Services) Available after 12 months continuous coverage under this rider. Crowns or bridgework Complete upper or lower denture Immediate upper or lower denture Upper or lower partial denture	 \$152-\$180 per tooth (depending on materials used) \$210 per denture \$235 per denture \$202-\$240 per denture (depending on materials used)



Note: Please refer to the Dental Rider for a complete list of all copayment amounts and applicable limitations and exclusions. Dental coverage is available for an additional monthly premium. Health Plan of Nevada provides an extensive list of dental providers and covers many of the services you and your family may need.

Form No. HPN-IND-DENT (Revised 98)

For information on the Nevada Pacific Dental DHMO Plan, please refer to the separate accompanying flyer.

Sierra Health and Life

Individual PPO Plans

The individual PPO plan

Our individual PPO plans offer flexibility. Take a look at the Sierra Health and Life Benefits at a Glance section on the following pages. This snapshot provides you with the copayments, coinsurance and calendar year deductibles for the services most people use when making health care decisions.

Sierra Health and Life offers seven individual PPO plans. All include prescription drug coverage and access to a large network of providers. With these plans, you can select from two benefit levels: plan provider and non-plan provider.

- When seeking care from a plan provider for routine services, copays are predictable for specialist and non-specialist visits, and there is no calendar year deductible.
- The non-plan provider benefit level offers even greater provider choices. When using this benefit level, you are free to choose any licensed health care provider for your medical care. With this option, you select to share in more of the cost by paying a calendar year deductible and higher coinsurance for all covered services.



Nevada Pacific Dental DHMO Plan

The UnitedHealthcare Nevada Pacific Dental DHMO Plan is designed to encourage prevention and early detection of dental problems by eliminating barriers to use. Select Plans offer extensive coverage at significant savings. The majority of preventive and diagnostic procedures are performed at no charge to the member. Other Select Plan advantages are: no claim forms to complete, no deductibles to be met, no waiting periods or exclusions for pre-existing conditions, no yearly dollar maximum and no pre-authorization forms or related paperwork, making administration simple. And all covered procedures have an assigned, pre-defined out-of-pocket copayment.

For more information, please refer to the separate accompanying flyer.



Sierra Health and Life–Benefits at a Glance

❖ Distinct Advantage Plans	PPO Plan 1 (HCR) maternity coverage excluded*		PPO Plan 2 (HCR) maternity coverage excluded*		PPO Plan 3 (HCR) maternity coverage excluded*		PPO Plan 4 (HCR) maternity coverage excluded*	
	Plan Provider	Non-Plan Provider	Plan Provider	Non-Plan Provider	Plan Provider	Non-Plan Provider	Plan Provider	Non-Plan Provider
Calendar Year Deductible (CYD)	\$1,000 per Insured; \$2,000 per Family		\$1,500 per Insured; \$3,000 per Family		\$2,500 per Insured; \$5,000 per Family		\$5,000 per Insured; \$10,000 per Family	
Calendar Year/Coinsurance Maximum (after CYD)	\$1,000 of EME** per Insured; \$2,000 of EME per Family	\$2,000 of EME per Insured; \$4,000 of EME per Family	\$1,500 of EME per Insured; \$3,000 of EME per Family	\$3,000 of EME per Insured; \$6,000 of EME per Family	\$2,500 of EME per Insured; \$5,000 of EME per Family	\$5,000 of EME per Insured; \$10,000 of EME per Family	\$2,500 of EME per Insured; \$5,000 of EME per Family	\$5,000 of EME per Insured; \$10,000 of EME per Family
Preventive Healthcare Services	No charge	After CYD, you pay 50% of EME plus all charges in excess of EME	No charge	After CYD, you pay 40% of EME plus all charges in excess of EME	No charge	After CYD, you pay 30% of EME plus all charges in excess of EME	No charge	After CYD, you pay 40% of EME plus all charges in excess of EME
Physician Services Convenient Care Facility Physician Specialist	\$35 per visit \$35 per visit \$35 per visit	After CYD, you pay 50% of EME plus all charges in excess of EME	\$35 per visit \$35 per visit \$35 per visit	After CYD, you pay 40% of EME plus all charges in excess of EME	\$40 per visit \$40 per visit \$40 per visit	After CYD, you pay 30% of EME plus all charges in excess of EME	\$50 per visit \$50 per visit \$50 per visit	After CYD, you pay 40% of EME plus all charges in excess of EME
Diagnostic Services Routine Laboratory Routine X-ray	After CYD, you pay 20% of EME	After CYD, you pay 50% of EME plus all charges in excess of EME	After CYD, you pay 20% of EME	After CYD, you pay 40% of EME plus all charges in excess of EME	After CYD, you pay 10% of EME	After CYD, you pay 30% of EME plus all charges in excess of EME	After CYD, you pay 20% of EME	After CYD, you pay 40% of EME plus all charges in excess of EME
Physician Surgical Services Inpatient Outpatient Anesthesia Physician's Office (in addition to office copay) Specialist	After CYD, you pay 20% of EME \$35 per visit \$35 per visit	After CYD, you pay 50% of EME plus all charges in excess of EME	After CYD, you pay 20% of EME \$35 per visit \$35 per visit	After CYD, you pay 40% of EME plus all charges in excess of EME	After CYD, you pay 10% Of EME \$40 per visit \$40 per visit	After CYD, you pay 30% of EME plus all charges in excess of EME	After CYD, you pay 20% of EME \$50 per visit \$50 per visit	After CYD, you pay 40% of EME plus all charges in excess of EME
Hospital Services Inpatient Outpatient	After CYD, you pay 20% of EME	After CYD, you pay 50% of EME plus all charges in excess of EME	After CYD, you pay 20% of EME	After CYD, you pay 40% of EME plus all charges in excess of EME	After CYD, you pay 10% of EME	After CYD, you pay 30% of EME plus all charges in excess of EME	After CYD, you pay 20% of EME	After CYD, you pay 40% of EME plus all charges in excess of EME
Emergency Services Emergency Room Physician Services Hospital Admission	After CYD, you pay 20% of EME	After CYD, you pay 20% of EME plus all charges in excess of EME	After CYD, you pay 20% of EME	After CYD, you pay 20% of EME plus all charges in excess of EME	After CYD, you pay 10% of EME	After CYD, you pay 10% of EME plus all charges in excess of EME	After CYD, you pay 20% of EME	After CYD, you pay 20% of EME plus all charges in excess of EME
Urgent Care Facility	\$50 per visit	After CYD, you pay 50% of EME plus all charges in excess of EME	\$50 per visit	After CYD, you pay 40% of EME plus all charges in excess of EME	\$55 per visit	After CYD, you pay 30% of EME plus all charges in excess of EME	\$65 per visit	After CYD, you pay 40% of EME plus all charges in excess of EME
Prescription Covered Drugs Preferred Generic Drug Preferred Brand Name Drug† Non Preferred Generic† or Brand Name Drug	\$10 \$35 \$60		\$10 \$35 \$60		\$10 \$35 \$60		\$10 \$35 \$60	

Sierra Health and Life–Benefits at a Glance

❖ Distinct Advantage Plans (continued)	PPO Plan 5 (HCR) maternity coverage excluded*		PPO Plan 6 (HCR) maternity coverage excluded*		PPO Plan 7 maternity coverage excluded*	
	Plan Provider	Non-Plan Provider	Plan Provider	Non-Plan Provider	Plan Provider	Non-Plan Provider
Calendar Year Deductible (CYD)	\$7,500 per Insured; \$15,000 per Family		\$10,000 per Insured; \$20,000 per Family		\$3,000 per Insured; \$9,000 per Family	
Calendar Year Coinsurance Maximum (after CYD)	\$6,000 of EME per Insured; \$12,000 of EME per Family	\$12,000 of EME per Insured; \$24,000 of EME per Family	\$8,000 of EME per Insured; \$16,000 of EME per Family	\$16,000 of EME per Insured; \$32,000 of EME per Family	\$4,000 of EME per Insured; \$12,000 of EME per Family	\$11,000 of EME per Insured; \$33,000 of EME per Family
Preventive Healthcare Services	No charge	After CYD, you pay 50% of EME plus all charges in excess of EME	No charge	After CYD, you pay 50% of EME plus all charges in excess of EME	No charge	After CYD, you pay 50% of EME plus all charges in excess of EME
Physician Services Convenient Care Facility Physician Specialist	\$50 per visit \$50 per visit \$50 per visit	After CYD, you pay 50% of EME plus all charges in excess of EME	\$50 per visit \$50 per visit \$50 per visit	After CYD, you pay 50% of EME plus all charges in excess of EME	\$20 per visit \$35 per visit \$50 per visit	After CYD, you pay 50% of EME plus all charges in excess of EME
Diagnostic Services Routine Laboratory Routine X-ray	After CYD, you pay 30% of EME	After CYD, you pay 50% of EME plus all charges in excess of EME	After CYD, you pay 30% of EME	After CYD, you pay 50% of EME plus all charges in excess of EME	After CYD, you pay 30% of EME	After CYD, you pay 50% of EME plus all charges in excess of EME
Physician Surgical Services Inpatient Outpatient Anesthesia Physician's Office (in addition to office copay) Specialist	After CYD, you pay 30% of EME \$50 per visit \$50 per visit	After CYD, you pay 50% of EME plus all charges in excess of EME	After CYD, you pay 30% of EME \$50 per visit \$50 per visit	After CYD, you pay 50% of EME plus all charges in excess of EME	After CYD, you pay 30% of EME \$35 per visit \$50 per visit	After CYD, you pay 50% of EME plus all charges in excess of EME
Hospital Services Inpatient/Outpatient	After CYD, you pay 30% of EME	After CYD, you pay 50% of EME plus all charges in excess of EME	After CYD, you pay 30% of EME	After CYD, you pay 50% of EME plus all charges in excess of EME	After CYD, you pay 30% of EME	After CYD, you pay 50% of EME plus all charges in excess of EME
Emergency Services Emergency Room Physician Services Hospital Admission	After CYD, you pay 30% of EME	After CYD, you pay 30% of EME plus all charges in excess of EME	After CYD, you pay 30% of EME	After CYD, you pay 30% of EME plus all charges in excess of EME	After CYD, you pay 30% of EME	After CYD, you pay 30% of EME plus all charges in excess of EME
Urgent Care Facility	\$65 per visit	After CYD, you pay 50% of EME plus all charges in excess of EME	\$65 per visit	After CYD, you pay 50% of EME plus all charges in excess of EME	\$55 per visit	After CYD, you pay 50% of EME plus all charges in excess of EME
Prescription Covered Drugs Preferred Generic Drug Preferred Brand Name Drug† Non Preferred Generic† or Brand Name Drug	\$25 \$50 \$75		\$25 \$50 \$75		\$10 \$35 \$60	

*Except when provided in connection with Complications of Pregnancy or pre-natal Preventive Services.

**EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Sierra Health and Life Reimbursement Schedule. Insureds who obtain Covered Services from Non-Plan Providers will be responsible for all charges in excess of Eligible Medical Expenses.

Plan documents govern in resolving any benefit questions or payments.
Form No. SHL-IndDAP-masBS-2012-WPH (Plans 1-6), Form No. SHL-IND-DA7(2013) (Plan 7)

†If a Generic Covered Drug equivalent is available, Insured will pay the Tier I covered Drug Fee plus the difference between the EME of the Generic Covered Drug and the EME of the Brand Name Covered Drug to the Plan Pharmacy for each therapeutic supply.
Form No. SHL-NV-Ind-3TierRx-Jan2011
Form No. SHL-IPPO-3TierSIO-2006

Note: Please refer to the Prescription Drug Benefit Rider for a complete list of all copayment amounts and applicable limitations and exclusions.

Individual HSA-Compatible High Deductible Health Plans (HDHP)

Sierra Simplicity

Our Sierra Simplicity Individual HDHPs combine a lower cost, high deductible health insurance plan with a tax-favored Health Savings Account (HSA) that you own and control. You decide how much to contribute and when to use the funds.

- High deductible health insurance policies cost less, so the money you save on insurance premiums can be put into your personal HSA. You will take responsibility for initial health care costs until you meet your deductible.*
- Once the deductible is met, your plan starts paying for covered expenses.** Any unused portion stays in the account and earns tax-deferred interest. It's a way to save for future medical or retiree expenses.

* Family deductible (if applicable) must be satisfied before this plan pays benefits. One person can satisfy the family deductible.

** Covered medical expenses include, but aren't limited to, expenses that make up your deductible and coinsurance, prescription drugs, and over-the-counter medications. Please refer to the Disclosure Summary Form No. SHL-SS-IHSA-DisSum-Jan2011 for additional important information and Exclusions and Limitations.

Copies of plan documents are available upon request. Plan documents govern in resolving any benefit questions or payments.





Why Choose a Sierra Simplicity Plan?

If you want to have more control over how your health care dollars are spent, or are interested in trading higher out-of-pocket costs for lower premiums, then you might consider purchasing a Sierra Simplicity Individual High Deductible plan.

Lower premiums + tax-favored savings + interest = affordable medical care

- ✓ You get a tax credit for the money you put in your HSA account.
- ✓ You earn tax-deferred interest on the money in your HSA account.
- ✓ You spend the savings tax-free to help pay for IRS qualified medical expenses.
- ✓ What you don't use grows in your HSA year after year and continues to earn interest.

Please refer to the OptumHealth Bank materials for more information on how to enroll in an HSA.

To learn more about Health Savings Accounts, visit the U.S. Department of the Treasury website at www.ustreas.gov.

Nevada Pacific Dental DHMO Plan

The UnitedHealthcare Nevada Pacific Dental DHMO Plan is designed to encourage prevention and early detection of dental problems by eliminating barriers to use. Select Plans offer extensive coverage at significant savings. The majority of preventive and diagnostic procedures are performed at no charge to the member. Other Select Plan advantages are: no claim forms to complete, no deductibles to be met, no waiting periods or exclusions for pre-existing conditions, no yearly dollar maximum and no pre-authorization forms or related paperwork, making administration simple. And all covered procedures have an assigned, pre-defined out-of-pocket copayment.

For more information, please refer to the separate accompanying flyer.

Sierra Simplicity – Benefits at a Glance

❖ Sierra Simplicity Plans	Plan A-1500 (80/60) (HCR) This plan does not include maternity coverage†		Plan B-2500 (100/70) (HCR) This plan does not include maternity coverage†	
	Plan Provider	Non-Plan Provider	Plan Provider	Non-Plan Provider
Lifetime Maximum Benefit	Unlimited		Unlimited	
Calendar Year Deductible (CYD)**	\$1,500 Self only ***; \$3,000 per Family		\$2,500 Self only ***; \$5,000 per Family	
Calendar Year Coinsurance Maximum** (includes CYD, Coinsurance and Prescription Drug Fees)	\$3,000 of EME* Self only \$6,000 of EME per Family	\$6,000 of EME Self only \$12,000 of EME per Family	\$2,500 of EME Self only \$5,000 of EME per Family	\$5,000 of EME Self only \$10,000 of EME per Family
Preventive Healthcare Services	No charge	After CYD, Insured pays 40% of EME plus all charges in excess of EME	No charge	After CYD, Insured pays 30% of EME plus all charges in excess of EME
Physician Services Office Visit/Consultation	After CYD, Insured pays 20% of EME	After CYD, Insured pays 40% of EME plus all charges in excess of EME	After CYD, Insured pays 0% of EME	After CYD, Insured pays 30% of EME plus all charges in excess of EME
Diagnostic Services Routine Laboratory Routine X-ray	After CYD, Insured pays 20% of EME	After CYD, Insured pays 40% of EME plus all charges in excess of EME	After CYD, Insured pays 0% of EME	After CYD, Insured pays 30% of EME plus all charges in excess of EME
Physician Surgical Services Inpatient Outpatient Physician's Office Anesthesia	After CYD, Insured pays 20% of EME	After CYD, Insured pays 40% of EME plus all charges in excess of EME	After CYD, Insured pays 0% of EME	After CYD, Insured pays 30% of EME plus all charges in excess of EME
Hospital Services Inpatient Outpatient	After CYD, Insured pays 20% of EME	After CYD, Insured pays 40% of EME plus all charges in excess of EME	After CYD, Insured pays 0% of EME	After CYD, Insured pays 30% of EME plus all charges in excess of EME
Emergency Services Physician Services Emergency Room	After CYD, Insured pays 20% of EME	After CYD, Insured pays 20% of EME plus all charges in excess of EME	After CYD, Insured pays 0% of EME	After CYD, Insured pays 0% of EME plus all charges in excess of EME
Urgent Care Facility	After CYD, Insured pays 20% of EME	After CYD, Insured pays 40% of EME plus all charges in excess of EME	After CYD, Insured pays 0% of EME	After CYD, Insured pays 30% of EME plus all charges in excess of EME
Prescription Covered Drugs	After CYD, Insured pays 20% of EME	After CYD, Insured pays 40% of EME plus all charges in excess of EME	After CYD, Insured pays 0% of EME	After CYD, Insured pays 30% of EME plus all charges in excess of EME

Sierra Simplicity – Benefits at a Glance

❖ Sierra Simplicity Plans (continued)	Plan C-2500 (80/60) (HCR) This plan does not include maternity coverage†		Plan D-5000 (100/70) (HCR) This plan does not include maternity coverage†	
	Plan Provider	Non-Plan Provider	Plan Provider	Non-Plan Provider
Lifetime Maximum Benefit	Unlimited		Unlimited	
Calendar Year Deductible (CYD)**	\$2,500 Self only***; \$5,000 per Family		\$5,000 Self only; \$10,000 per Family	
Annual Coinsurance Maximum** (includes CYD, Coinsurance and Prescription Drug Fees)	\$5,000 of EME Self only \$10,000 of EME per Family	\$10,000 of EME Self only \$20,000 of EME per Family	\$5,000 of EME Self only \$10,000 of EME per Family	\$10,000 of EME Self only \$20,000 of EME per Family
Preventive Healthcare Services	No charge	After CYD, Insured pays 40% of EME plus all charges in excess of EME	No charge	After CYD, Insured pays 30% of EME plus all charges in excess of EME
Physician Services Office Visit/Consultation	After CYD, Insured pays 20% of EME	After CYD, Insured pays 40% of EME plus all charges in excess of EME	After CYD, Insured pays 0% of EME	After CYD, Insured pays 30% of EME plus all charges in excess of EME
Diagnostic Services Routine Laboratory Routine X-ray	After CYD, Insured pays 20% of EME	After CYD, Insured pays 40% of EME plus all charges in excess of EME	After CYD, Insured pays 0% of EME	After CYD, Insured pays 30% of EME plus all charges in excess of EME
Physician Surgical Services Inpatient Outpatient Physician's Office (in addition to office copay) Anesthesia	After CYD, Insured pays 20% of EME	After CYD, Insured pays 40% Of EME plus all charges in excess of EME	After CYD, Insured pays 0% Of EME	After CYD, Insured pays 30% Of EME plus all charges in excess of EME
Hospital Services Inpatient Outpatient	After CYD, Insured pays 20% of EME	After CYD, Insured pays 40% of EME plus all charges in excess of EME	After CYD, Insured pays 0% of EME	After CYD, Insured pays 30% of EME plus all charges in excess of EME
Emergency Services Physician Services Emergency Room	After CYD, Insured pays 20% of EME	After CYD, Insured pays 20% of EME plus all charges in excess of EME	After CYD, Insured pays 0% of EME	After CYD, Insured pays 0% of EME plus all charges in excess of EME
Urgent Care Facility	After CYD, Insured pays 20% of EME	After CYD, Insured pays 40% of EME plus all charges in excess of EME	After CYD, Insured pays 0% of EME	After CYD, Insured pays 30% of EME plus all charges in excess of EME
Prescription Covered Drugs	After CYD, Insured pays 20% of EME	After CYD, Insured pays 40% of EME plus all charges in excess of EME	After CYD, Insured pays 0% of EME	After CYD, Insured pays 30% of EME plus all charges in excess of EME

†Except when provided in connection with Complication of Pregnancy or prenatal Preventive Healthcare Services

*EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Sierra Health and Life Reimbursement Schedule. Members who obtain Covered Services from Non-Plan Providers will be responsible for all charges in excess of Eligible Medical Expenses.

**CYD and Calendar Year Coinsurance Maximum amounts may be subject to adjustments annually in accordance with applicable Health Savings Accounts regulations.

***Individuals enrolled alone are subject to the "Self only" CYD and Calendar Year Coinsurance Maximum amounts. Individuals enrolled with other family members are subject to the "Family" CYD and Calendar Year Coinsurance Maximum amounts. The Family CYD must be satisfied before the Plan will pay benefits. The Family Calendar Year Coinsurance Maximum must be satisfied before the Plan will pay 100% of EME. One family member can satisfy the Family CYD and/or Family Calendar Year Coinsurance Maximum.

Please refer to your SHL Agreement of Coverage, Disclosure Summary, Attachment A Benefit Schedule, Form No. SHL-IndHSA-masBS-2012-WPH, and any other applicable Endorsements and Riders for additional information, limitations and exclusions of coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

PLEASE NOTE:

The CYD is a combined total of EME for Plan and Non-Plan Provider services. "Per Insured" applies to individuals enrolled alone or "Self only."

The Annual Coinsurance Maximum is a Calendar Year Coinsurance Maximum amount and the EME for Plan and Non-Plan Provider services accumulates separately.

Your Key Questions Answered

Is urgent care available?

Yes. Consider visiting a facility that provides urgent care services when your medical condition requires prompt attention, such as those listed below. Refer to your provider directory or go online for a list of contracted urgent care centers.

- ✓ ear infections
- ✓ most cuts
- ✓ colds and other respiratory problems
- ✓ most burns
- ✓ sprains and strains
- ✓ most fractures
- ✓ abdominal pain
- ✓ back pain
- ✓ vomiting and diarrhea

What if there's an emergency?

A true emergency medical condition is when the symptoms are severe enough that you could reasonably expect serious danger to your health, such as the conditions listed below. In an emergency, no matter if you are at home or out of town, call 911 or go to the nearest hospital emergency room.

- ✓ serious burns
- ✓ heavy bleeding
- ✓ major trauma
- ✓ severe chest pain
- ✓ poisoning
- ✓ sudden paralysis
- ✓ serious breathing difficulties

What's a telephone advice nurse service?

Day or night, peace of mind is just a phone call away. Our 24-hour Telephone Advice Nurse (TAN) Service is always open to provide you with helpful advice. Even if you're out of town, our TAN can help you decide whether to seek urgent care, emergency care or schedule an appointment with your provider.

What is The Life Connection (TLC)?

All of our members have access to The Life Connection, a comprehensive member assistance program. Offered by Behavioral Healthcare Options, a sister company of Health Plan of Nevada and Sierra Health and Life, this free service includes visits with a professional counselor and referrals to a variety of resources to assist with legal issues, financial management, parenting, stress and emotional well-being.

What if I need to be hospitalized?

Your provider will help coordinate your care if you or enrolled family members should ever need to be admitted to a hospital on a non-emergency basis. To ensure you get appropriate, quality care in a timely manner, we've contracted with most area hospitals. We'll help monitor your care by performing initial and ongoing reviews. This is to make sure the medical services you receive are appropriate, provided in the right setting, and medically necessary. Reviews are conducted by our case managers either on-site at the hospital, or by telephone with one of the facility's nurses or your attending physician.

What happens when I leave the hospital?

Discharge planning will begin within 24 hours of your admission. We'll help arrange for any ongoing care, services and equipment you may need after leaving the hospital. Depending on your situation, these plans could include transfer to another facility, such as a rehabilitation hospital. Or, you may be discharged to your own home to continue treatment on an outpatient basis.

Can I choose my own doctor?

We understand that quality and convenience are important when selecting a health care provider. That's why we contract with a large provider network, so you can choose your own primary care provider (PCP).

Your PCP will play a vital role in coordinating the care and services you may need. Each family member may select his or her own PCP,

or the entire family may choose the same provider. Female members age 14 and over will also select an OB/GYN provider. Refer to your provider directory or go online at www.healthplanofnevada.com for a list of contracted providers.

About Southwest Medical Associates

As a Health Plan of Nevada member, you have access to Southwest Medical Associates (SMA) in Southern Nevada, one of Nevada's largest multispecialty medical groups. SMA has over 200 primary and specialty care providers, nine health care centers, five urgent care clinics and an outpatient surgery center. Many SMA health care centers have onsite laboratory and radiology services for your convenience. And to assist you, My SMA Health OnlineSM features 24-hour Internet access to appointment scheduling, medical records, prescription renewals and more. For information, call (702) 877-5199 or visit www.smalv.com.

What if I need a specialist?

We make it easy for you to see a specialist. As with all your health care, your PCP will assist you in determining if specialty care is needed. If you select an HMO plan, your PCP will provide you with a specialist referral. With the POS plan, you may access a specialist directly without a referral. However, you will incur higher out-of-pocket costs if you choose this option.

What is prior authorization?

Prior authorization is the process of notification and approval for certain types of health care services, treatments or equipment by Health Plan of Nevada. This step is necessary to ensure benefit payment. Except in cases of medical emergency, your provider or a representative from a licensed medical facility may submit a request for prior authorization by contacting Member Services. All prior authorization requests requiring a medical or clinical decision are reviewed by a licensed physician or under the supervision of one. Furthermore, only a physician may deny a request.

What's a retrospective review?

If you receive care or are admitted to a non-contracted facility or receive care or services outside of the Health Plan of Nevada service area, we may perform a retrospective review to evaluate the appropriateness of the medical care, services, treatments, and procedures you received. As part of this process, we'll review your medical records, admitting diagnosis and presenting symptoms.

What about health education and wellness programs?

Whether you want to eat right, exercise more, stop smoking or just relax, you have a wide range of resources to help you stay healthy. Our staff includes certified health education specialists, registered dietitians and certified diabetes educators. A small fee may apply to cover class materials. Programs and classes include:

- ✓ Asthma – adult and child/caregiver
- ✓ Chronic obstructive pulmonary disease (COPD)
- ✓ Heart failure (HF)
- ✓ Diabetes management
- ✓ Heart health – cholesterol, blood pressure, triglycerides
- ✓ Smoking cessation
- ✓ Weight management – adults and children/adolescents

Are prescription drugs covered?

When you enroll with us, you'll have coverage for a wide range of effective and affordable generic and brand name prescription medications. We maintain a Preferred Drug List (PDL), also known as a formulary. In addition, you have coverage for medications not included on our Preferred Drug List. Please refer to the Prescription Drug Rider in the Benefits at a Glance section of the health plan of your choice to learn more.

Your Right to Privacy

Health Plan of Nevada (HPN) and Sierra Health and Life (SHL) are careful to protect your privacy by developing operational policies and procedures for the way we work with other companies.

We share protected health information (PHI) only with individuals or entities as necessary to coordinate your health care or administer your health benefits. When you enroll in one of our plans, we may use your PHI for future, known or routine purposes, such as treatment or conducting quality assessments. And, of course, we share PHI in accordance with state and federal law.

HPN and SHL use security precautions to protect PHI or data about you containing personal facts and health information that is personally identifiable, either implicitly or explicitly. We also require our contracted providers to take similar steps to protect your PHI. HPN and SHL do not share your PHI, unrelated to plan administration, with employers unless we have your authorization.

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

You have the right to access your medical records and can do so by contacting your provider of care. When you request specific medical records be shared with others, we may require you to sign an authorization form. We may also ask you for special consent for non-routine uses of your personal data. Of course when we ask you for authorization to

release your PHI, you have the right to refuse. In addition to authorizing us to release your PHI, this extra step helps you understand why your PHI will be shared. When a Member/Insured lacks the ability to authorize a release, we obtain authorization from persons recognized by state or federal laws to give such authorization. To obtain a complete copy of the privacy policy, visit www.healthplanofnevada.com or www.sierrahealthandlife.com or contact Member Services.

What if I have a question after I enroll in the plan?

Our experienced and friendly customer service team is happy to assist you after you enroll with us. Even more convenient is our online member center. Simply visit www.healthplanofnevada.com or www.sierrahealthandlife.com. Important information on certain benefits, prescription drug coverage, prior authorization and claims status is readily available in the @YourService Online Member Center.

We're @YourService from the convenience of your home or office computer, day or night!

For a complete list of contracted providers, urgent care facilities and hospitals, please visit us online or call Member Services.

Online Anytime

We're@Your Service

www.healthplanofnevada.com

www.sierrahealthandlife.com

Health Plan of Nevada Member Services

(702) 242-7300 or (800) 777-1840

Sierra Health and Life Member Services

(702) 242-7700 or (800) 888-2264

Sales Office

(702) 821-2200 or (800) 873-0004



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