



2014 MyHPN Solutions Individual HMO Plan Benefit Summary

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

	MyHPN Solutions HMO Bronze 1	MyHPN Solutions HMO Bronze 2	MyHPN Solutions HMO Bronze 3	MyHPN Solutions HMO Silver 1	MyHPN Solutions HMO Silver 2	MyHPN Solutions HMO Silver 3	MyHPN Solutions HMO Silver 4	MyHPN Solutions HMO Gold 1	MyHPN Solutions HMO Gold 2	MyHPN Solutions HMO Gold 3	MyHPN Solutions HMO Gold 4	MyHPN Solutions HMO Platinum 1
Calendar Year Deductible (CYD)												
Plan Provider	\$5,000 of EME* per Member	\$6,000 of EME per Member	\$5,000 of EME per Member	\$3,000 of EME per Member	\$3,000 of EME per Member	\$2,500 of EME per Member	\$2,250 of EME per Member	\$500 of EME per Member	\$750 of EME per Member	\$1,000 of EME per Member	\$750 of EME per Member	\$250 of EME per Member
	\$10,000 of EME per Family	\$12,000 of EME per Family	\$10,000 of EME per Family	\$6,000 of EME per Family	\$6,000 of EME per Family	\$5,000 of EME per Family	\$4,500 of EME per Family	\$1,000 of EME per Family	\$1,500 of EME per Family	\$2,000 of EME per Family	\$1,500 of EME per Family	\$500 of EME per Family

Coinsurance After CYD

Plan Provider	Member pays 10% of EME	Member pays 20% of EME	Member pays 30% of EME	Member pays 30% of EME	Member pays 30% of EME	Member pays 30% of EME	Member pays 30% of EME	Member pays 20% of EME	Member pays 20% of EME	Member pays 20% of EME	Member pays 20% of EME	Member pays 20% of EME	Member pays 10% of EME
---------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------	------------------------

Out of Pocket Maximum (includes deductible, coinsurance and copayments)

Plan Provider	\$6,000 of EME per Member	\$6,000 of EME per Member	\$6,000 of EME per Member	\$6,000 of EME per Member	\$6,000 of EME per Member	\$6,000 of EME per Member	\$6,000 of EME per Member	\$6,000 of EME per Member	\$6,000 of EME per Member	\$3,500 of EME per Member	\$4,500 of EME per Member	\$3,500 of EME per Member
	\$12,000 of EME per Family	\$12,000 of EME per Family	\$12,500 of EME per Family	\$12,000 of EME per Family	\$12,000 of EME per Family	\$12,000 of EME per Family	\$12,000 of EME per Family	\$12,000 of EME per Family	\$12,000 of EME per Family	\$7,000 of EME per Family	\$9,000 of EME per Family	\$7,000 of EME per Family

Medical Office Visits (In Network)

Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Convenient Care	\$15	\$20	After CYD, Member pays 30% of EME	\$10	\$15	\$30	After CYD, Member pays 20% of EME	\$15	\$20	\$20	After CYD, Member pays 20% of EME	\$5
NowClinic (Telemedicine)	\$15	\$20		\$10	\$15	\$30		\$15	\$20	\$20		\$5
Physician Extender	\$15	\$20		\$10	\$15	\$30		\$15	\$20	\$20		\$5
Physician	\$25	\$30		\$20	\$25	\$40		\$25	\$30	\$30		\$10
Specialist	\$50	\$100	\$40	\$50	\$80	\$50	\$60	\$70	\$10			

Diagnostic Services (In Network)

Routine Laboratory	\$35	\$35	After CYD, Member pays 30% of EME	\$25	\$25	\$25	After CYD, Member pays 20% of EME	\$20	\$20	\$20	After CYD, Member pays 20% of EME	\$10
Routine X-ray	\$50	\$50	\$25	\$25	\$25	\$20	\$20	\$20	\$20	\$20	\$20	\$20

Emergency Services (In Network)

Urgent Care	\$75	\$75	After CYD, Member pays 30% of EME	\$40	\$40	\$40	After CYD, Member pays 20% of EME	\$35	\$35	\$35	After CYD, Member pays 20% of EME	\$25		
Ambulance	After CYD, Member pays 10% of EME	After CYD, Member pays 20% of EME		After CYD, Member pays 30% of EME	After CYD, Member pays 30% of EME	After CYD, Member pays 30% of EME		After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME		After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	\$100 per trip
Emergency Room Visit	\$750	\$750		\$400	\$400	\$400		\$300	\$300	\$300		\$150		

Hospital Services (In Network)

In Patient	After CYD, Member pays 10% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME	After CYD, Member pays 30% of EME	After CYD, Member pays 30% of EME	After CYD, Member pays 30% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 10% of EME
Out Patient	After CYD, Member pays 10% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME	After CYD, Member pays 30% of EME	After CYD, Member pays 30% of EME	After CYD, Member pays 30% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 10% of EME

Physician Surgical Services (In Network)

Inpatient or Outpatient Facility	After CYD, Member pays 10% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME	After CYD, Member pays 30% of EME	After CYD, Member pays 30% of EME	After CYD, Member pays 30% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 10% of EME		
Ambulatory Surgical Facility	\$75 per surgery	\$75 per surgery		\$50 per surgery	\$50 per surgery	\$50 per surgery		After CYD, Member pays 20% of EME	\$25 per surgery	\$25 per surgery		\$25 per surgery	After CYD, Member pays 20% of EME	After CYD, Member pays 5% of EME
Anesthesia	After CYD, Member pays 10% of EME	After CYD, Member pays 20% of EME		After CYD, Member pays 30% of EME	After CYD, Member pays 30% of EME	After CYD, Member pays 30% of EME		After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME		After CYD, Member pays 20% of EME	After CYD, Member pays 20% of EME	After CYD, Member pays 10% of EME

Prescription Drugs (In Network)

Rx Deductible ** means after CYD	The combined medical & prescription drug calendar year deductible applies to tiers 2, 3 & 4			Individual: \$250	Individual: \$250	Individual: \$250	Individual: \$250	\$0	\$0	\$0	\$0	\$0
Tier 1	\$25	\$25	\$25	Family: \$500	Family: \$500	Family: \$500	Family: \$500	\$15	\$15	\$15	\$15	\$10
Tier 2	\$50**	\$50**	\$50**	40**	40**	40**	40**	\$35	\$35	\$35	\$35	\$25
Tier 3	\$75**	\$75**	\$75**	70**	70**	70**	70**	\$65	\$65	\$65	\$65	\$60
Tier 4	\$250**	\$250**	\$250**	250**	250**	250**	250**	\$250	\$250	\$250	\$250	\$250
Mail Order	2.5 x Tier Copay subject to any CYD			2.5 x Tier Copay subject to any CYD				2.5 x Tier Copay				2.5 x Tier Copay

*EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule; the Member is responsible for all charges in excess of EME. Non-Plan Provider charges are not covered, other than for 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 Benefit Coverages. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.