



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, www.healthplanofnevada.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-777-1840 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u> ?	Not Applicable	Not Applicable
Are there other <u>deductibles</u> for specific services?	No	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$6,250 / Member and \$12,500 / Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	Penalties for not obtaining any required <u>prior authorization</u> , <u>premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.healthplanofnevada.com/Member/Doctor-or-Provider or call 1-800-777-1840 for a list of <u>Plan Providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	Yes	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		HMO Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 <u>copay</u> /visit	Not Covered	None
	<u>Specialist</u> visit	\$50 <u>copay</u> /visit	Not Covered	Member pays for cost of services if <u>prior authorization</u> is not obtained.
	<u>Preventive care/ screening/ immunization</u>	No charge	Not Covered	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	X-ray: \$25 <u>copay</u> /service Lab: \$15 <u>copay</u> /service	Not Covered	Member pays for cost of services if <u>prior authorization</u> is not obtained.
	Imaging (CT/PET scans, MRIs)	MRI: \$100 <u>copay</u> /service PET Scan: \$100 <u>copay</u> /service CT: \$100 <u>copay</u> /service	Not Covered	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.healthplanofnevada.com	Tier 1	\$7 <u>copay</u> /prescription (retail) \$17.50 <u>copay</u> /prescription (mail)	Not Covered	You have a 3-Tier pharmacy <u>plan</u> . Covers up to a 30-day retail supply or up to a 90-day mail order supply. Member pays for cost of services if <u>prior authorization</u> or step therapy is not obtained.
	Tier 2	\$30 <u>copay</u> /prescription (retail) \$75 <u>copay</u> /prescription (mail)	Not Covered	
	Tier 3	\$50 <u>copay</u> /prescription (retail) \$125 <u>copay</u> /prescription (mail)	Not Covered	
	Tier 4	Not Applicable	Not Applicable	Not Applicable.

*For more information about limitations and exceptions, see the plan or policy document at www.healthplanofnevada.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		HMO Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Hospital: \$300 <u>copay/surgery</u> Ambulatory Surg Center: \$150 <u>copay/surgery</u>	Not Covered	Member pays for cost of services if <u>prior authorization</u> is not obtained.
	Physician/surgeon fees	Ambulatory Surg Center: \$75 <u>copay/surgery</u> Hospital: \$150 <u>copay/surgery</u>	Not Covered	
If you need immediate medical attention	<u>Emergency room care</u>	ER Facility: \$250 <u>copay/visit</u> ER Physician: No charge	ER Facility: \$250 <u>copay/visit</u> ER Physician: No charge	You may be <u>balance billed</u> from <u>Non-Plan Providers</u> .
	<u>Emergency medical transportation</u>	\$250 <u>copay/trip</u>	\$250 <u>copay/trip</u>	
	<u>Urgent care</u>	\$30 <u>copay/visit</u>	\$30 <u>copay/visit</u>	You may be <u>balance billed</u> from <u>Non-Plan Providers</u> .
If you have a hospital stay	Facility fee (e.g., hospital room)	\$300 <u>copay/day</u> \$900 max/admit	Not Covered	Member pays for cost of services if <u>prior authorization</u> is not obtained.
	Physician/surgeon fees	\$150 <u>copay/surgery</u>	Not Covered	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 <u>copay/visit</u>	Not Covered	Member pays for cost of services if <u>prior authorization</u> is not obtained.
	Inpatient services	\$300 <u>copay/day</u> \$900 max/admit	Not Covered	
If you are pregnant	Office visits	No charge	Not Covered	Routine prenatal care obtained from a <u>Plan Provider</u> is covered at no charge. Maternity care may include tests and services described elsewhere in the SBC (i.e. Lab).
	Childbirth/delivery professional services	Anesthesia: \$150 <u>copay/admit</u> Surgical: \$150 <u>copay/admit</u>	Not Covered	Childbirth/delivery professional services includes Anesthesia and Physician Surgical Services; each service has a separate cost-share. Member pays for cost of services if <u>prior authorization</u> is not obtained.
	Childbirth/delivery facility services	\$300 <u>copay/day</u> \$900 max/admit	Not Covered	Member pays for cost of services if <u>prior authorization</u> is not obtained.

*For more information about limitations and exceptions, see the plan or policy document at www.healthplanofnevada.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		HMO Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	\$35 <u>copay</u> /visit	Not Covered	Does not include <u>Specialty Prescription Drugs</u> . Member pays for cost of services if <u>prior authorization</u> is not obtained.
	<u>Rehabilitation services</u>	\$25 <u>copay</u> /visit	Not Covered	Coverage is limited to a combined Inpatient and Outpatient benefit of 120 days/visits per year. Member pays for cost of services if <u>prior authorization</u> is not obtained.
	<u>Habilitation services</u>	\$25 <u>copay</u> /visit	Not Covered	Coverage is limited to a combined Inpatient and Outpatient benefit of 120 days/visits per year. Member pays for cost of services if <u>prior authorization</u> is not obtained.
	<u>Skilled nursing care</u>	\$400 <u>copay</u> /admit	Not Covered	Coverage is limited to 100 days. Member pays for cost of services if <u>prior authorization</u> is not obtained.
	<u>Durable medical equipment</u>	No charge	Not Covered	For purchase or rental at HPN's option. Purchases are limited to a single type of <u>DME</u> , including repair and replacement, every 3 years. Member pays for cost of services if <u>prior authorization</u> is not obtained.
	<u>Hospice services</u>	\$300 <u>copay</u> /admit	Not Covered	Member pays for cost of services if <u>prior authorization</u> is not obtained.
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Your <u>plan</u> may include certain vision and/or dental services. Please refer to your <u>plan</u> documents for more information.
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> Acupuncture Cosmetic surgery Dental care (Adult) 	<ul style="list-style-type: none"> Long-term care Non-emergency care when traveling outside the U.S. Routine eye care (Adult) 	<ul style="list-style-type: none"> Routine foot care Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"> Bariatric surgery - One (1) per Lifetime Chiropractic care - 20 visits per calendar year 	<ul style="list-style-type: none"> Hearing aids - One (1) every three (3) years (including repair/replace) Limited infertility treatment 	<ul style="list-style-type: none"> Private-duty nursing

*For more information about limitations and exceptions, see the plan or policy document at www.healthplanofnevada.com

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. For group health coverage subject to ERISA, contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Nevada Department of Insurance at 888-872-3234 or www.doi.nv.gov or call 1-800-777-1840

Does this plan provide Minimum Essential Coverage?

Yes. [Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet Minimum Value Standards?

Yes. If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en español, llame al número de teléfono de servicio al cliente que se incluye en este documento.

Tagalog (Tagalog): Para sa tulong sa Tagalog, tawagan ang numero ng serbisyo sa customer na kabilang sa dokumentong ito.

Chinese (中文): 若需要中文协助, 请拨打本文件内的客户服务电话。

Navajo (Dine): Dine k'ehji shich'i' hadoodzih ninizingo, koji' hodiilnih dine yikah 'anidaalwoji ei binumber dii naaltsoos bikaa doo.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$0.00
■ <u>Specialist copayment</u>	\$50.00
■ <u>Hospital (facility) copayment</u>	\$300.00
■ <u>Other copayment</u>	\$150.00

This **EXAMPLE** event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700.00
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In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$0.00
<u>Copayments</u>	\$1,100.00
<u>Coinsurance</u>	\$0.00

What isn't covered	
Limits or exclusions	\$80.00
The total Peg would pay is	\$1,180.00

Managing Joe's type 2 diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$0.00
■ <u>Specialist copayment</u>	\$50.00
■ <u>Hospital (facility) copayment</u>	\$300.00
■ <u>Other copayment</u>	\$15.00

This **EXAMPLE** event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600.00
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In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$0.00
<u>Copayments</u>	\$700.00
<u>Coinsurance</u>	\$0.00

What isn't covered	
Limits or exclusions	\$40.00
The total Joe would pay is	\$740.00

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$0.00
■ <u>Specialist copayment</u>	\$50.00
■ <u>Hospital (facility) copayment</u>	\$300.00
■ <u>Other copayment</u>	\$25.00

This **EXAMPLE** event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800.00
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In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$0.00
<u>Copayments</u>	\$800.00
<u>Coinsurance</u>	\$0.00

What isn't covered	
Limits or exclusions	\$0.00
The total Mia would pay is	\$800.00

The plan would be responsible for the other costs of these **EXAMPLE** covered services.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance, P.O. Box 30608 Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the phone number listed within your Summary of Benefits and Coverage (SBC).

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the phone number listed within your Summary of Benefits and Coverage (SBC).

English: You have the right to get help and information in your language at no cost. To request an interpreter, call the phone number listed within this Summary of Benefits and Coverage (SBC).

This letter is also available in other formats like large print. To request the document in another format, please call the phone number listed within your Summary of Benefits and Coverage (SBC).

Español (Spanish): Usted tiene derecho a recibir ayuda e información en su idioma sin costo. Para pedir un intérprete, llame al número de teléfono que figura en este Resumen de Beneficios y Cobertura.

Tagalog (Tagalog): May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang libre. Upang humiling ng interpreter, tawagan ang numero ng telepono na nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

繁體中文 (Chinese):

您有權利以您的母語免費取得協助和資訊。若需申請口譯服務，請打本福利摘要 (SBC) 內含的電話號碼。

한국어(Korean): 귀하는 무료로 귀하의 언어를 통해 도움 및 정보를 받으실 권리가 있습니다. 통역사를 요청하시려면 본 혜택 및 보장 요약서(Summary of Benefits and Coverage, SBC)에 기재된 전화번호로 전화하십시오.

Tiếng Việt (Vietnamese): Quý vị có quyền nhận hỗ trợ và thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu thông dịch viên, hãy gọi số điện thoại được liệt kê trong Tóm tắt quyền lợi và khoản dài thọ (Summary of Benefits and Coverage, SBC) này.

አማርኛ(Amharic):- የሰላም ወጪ ለርዳታ ወብታ ለሰዎች፡ ለስተርጓሚ ለመጠየቅ፡ በዚህ Summary of Benefits and Coverage/የጥቅምጥቅርና የሕፃን ማጠቃለያ (SBC) ውስጥ የተዘረዘረው የፋልፎን ህጻን ይደውሉ።

ภาษาไทย (Thai):

คุณมีสิทธิรับความช่วยเหลือและข้อมูลเป็นภาษาของตนเองได้โดยไม่เสียค่าใช้จ่ายใด ๆ

ถ้าต้องการล่ามแปล โปรดโทรศัพท์ถึงหมายเลขโทรศัพท์ที่อยู่ในเอกสาร

"สาระสำคัญเกี่ยวกับผลประโยชน์และการคุ้มครอง (Summary of Benefits and Coverage หรือ SBC)" นี้

日本語 (Japanese):

ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をご希望の場合は、本「保障および給付の概要」(Summary of Benefits and Coverage, SBC) に記載されている電話番号にお電話ください。

العربية (Arabic): لديك الحق في الحصول على المساعدة بلسانك دون تكلفة. لطبي مترجم، اتصل برقم الهاتف المدرج في موجز المزايا والتغطية هنا (SBC).

Русский (Russian): Вы вправе получить помощь и информацию на родном языке без дополнительного оплаты. Чтобы заказать услуги переводчика, обращайтесь по номеру, указанному в данном Обзоре льгот и страхового покрытия (Summary of Benefits and Coverage, SBC)

Français (French): Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander l'aide d'un interprète, veuillez appeler le numéro de téléphone figurant dans ce Sommaire des prestations et de la couverture.

فارسی (Persian): شما حق دارید که راهنمایی و اطلاعات را به طور رایگان به زبان خودتان دریافت کنید. برای درخواست مترجم شفاهی، با شماره ای که در این خلاصه مزایا و پوشش (SBC) قید شده تماس بگیرید.

Gagana fa'a Sāmoa (Samoan): E iai lau aia tatau e maua ai le fesoasoani ma faamatalaga i lau gagana e aunoa ma se totogi. Ina ia talosaga mo se tagata faailili, telefoni i le numera o lisi atu i totonu o lenei Ototoaga o Faamanuiaga ma le Kavaina (SBC).

Deutsch (German): Sie haben das Recht, kostenlos Hilfe und Informationen in Ihrer Sprache zu erhalten. Zur Anforderung eines Dolmetschers wenden Sie sich bitte telefonisch an die in dieser Zusammenfassung der Leistungen und des Versicherungsschutzes aufgeführte Rufnummer.

Ilokano (Ilocano): Addaan ka ti karbengan nga makaala iti tulong ken impormasion ayan iti lenguahem nga awan bayad na. Tapno agkidaw iti tagapataros, awagan ti numero ti telepono nga nakalista iti uneg iti Dagup dagiti Benipisyo ken Pannakasakup (SBC).

Flexible, accessible health options

Available to Key Account (100+) employees



Half of U.S. consumers report wellness as a top priority in their daily lives.¹ One Pass Select™ is designed to help make it easier for your employees to prioritize their health and wellness through a low-cost, extensive nationwide gym network and digital fitness classes. Best of all, your employees have the freedom to choose the option that fits their needs and lifestyle.

See the benefit of One Pass Select:



Potential increased productivity

Studies show that healthier employees are typically more productive.²



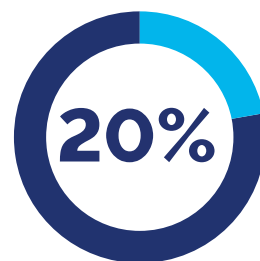
No cost to you, low cost to your employees

Allows you to offer various fitness pricing options and competitive, flexible health options so employees can choose what's best for them.

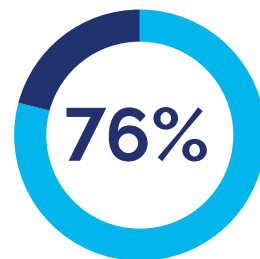


A simple digital experience

Easy access through the **online member center** to browse membership options, a fitness directory and more.



average retail gym membership savings with One Pass Select³



of employees who signed up for One Pass Select were actively engaged in the program⁴

Health Plan of Nevada
A UnitedHealthcare Company 

Sierra Health and Life
A UnitedHealthcare Company 

More advantages for employees

One Pass Select offers employees various membership tiers to choose from based on their unique fitness goals — along with additional benefits, including:

- No long-term contracts or annual gym registration fees.
- Flexible fitness options with the ability to change tiers monthly.
- Multi-location access nationwide with no waiting period.
- The ability to add unlimited family members (ages 18+).

Membership options for employees

Category	Classic	Standard	Premium	Elite
Monthly fee	\$29	\$64	\$99	\$144
Gym network size	11,000+	14,000+	16,000+	19,000+
Premium network		✓	✓	✓
Multi-location access	✓	✓	✓	✓
Upgrade/downgrade monthly	✓	✓	✓	✓
Cancel within 30 days	✓	✓	✓	✓

Or a digital-only tier for \$10/Mo.

Your employees can join live, online fitness classes and explore on-demand workouts from home.

LEARN MORE

For questions or more information about this exciting offering, contact your broker or HPN/SHL sales representative.

¹McKinsey & Company. Still feeling good: The US wellness market continues to boom. mckinsey.com/industries/consumer-packaged-goods/our-insights/still-feeling-good-the-us-wellness-market-continues-to-boom. Sept. 12, 2022.

²Employee Benefit Research Institute. 2021 Workplace Wellness Survey. ebri.org/docs/default-source/wbs/www-2021/2021-workplace-wellness-short-report.pdf. Accessed Feb. 21, 2023.

³Increase Productivity. Centers for Disease Control and Prevention (CDC). cdc.gov/workplacehealthpromotion/model/control-costs/benefits/productivity.html. Accessed February 2023.











⁴One Pass Select Utilization Report, 2023.

⁵One Pass Select Internal Analytics/Book of Business, 2022

One Pass Select is a voluntary program featuring a subscription-based nationwide gym network. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships under this program. This is a non-FEHB benefit and is not disputable through the OPM disputed claims process.

When you need care, call your primary care provider (PCP) first.

If your PCP isn't available, it's important to know you have other options.

Copay ¹	Care options	For needs and symptoms such as:	
 No Cost	24/7 advice nurse Care advice from a registered nurse Call 1-800-288-2264 , TTY 711	<ul style="list-style-type: none"> Choosing where to get medical care Minor illnesses or injuries 	
 No Cost²	24/7 virtual visits Video chat with a doctor on NowClinic® \$0 copays apply with most unscheduled NowClinic virtual visits	<ul style="list-style-type: none"> Allergies Bladder infection Bronchitis Pinkeye Sinus infections Viral illnesses 	
 \$\$\$	24/7 urgent care³ Care for non life-threatening but urgent needs	<ul style="list-style-type: none"> Ear infections Colds and other respiratory problems including coughs and congestion Sprains and strains Most abdominal pain Vomiting and diarrhea Most cuts, burns, fevers and back pain 	
 \$\$\$	Urgent care at home⁴ If appropriate, get urgent care that comes to you	<ul style="list-style-type: none"> Migraine headaches Cuts that need stitches and skin infections Urinary tract infections Flu and pneumonia Asthma attacks, COPD and respiratory infections Dehydration, IV placements and IV fluids 	
 \$\$\$\$	24/7 emergency care⁵ Treatment of the sudden onset of life-threatening needs	<ul style="list-style-type: none"> Serious burns Major trauma Poisoning Serious breathing difficulties Heavy bleeding Severe chest pain Sudden paralysis 	



Your health plan is not contracted with certain freestanding ERs. Ask before you enter.

If you have a life-threatening situation, call 911 or go to the nearest hospital emergency room.
If it's not an emergency, comparing care options could help you save time, money and frustration.

¹Actual payments may vary depending upon benefit coverage. The information and estimates provided are for general informational and illustrative purposes only and are not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you.

²\$0 copays apply with most unscheduled NowClinic virtual visits. Scheduled NowClinic visits may require a copay. Virtual visits may be subject to calendar year deductibles and/or coinsurance according to the member's benefit plan. Copays may also apply for virtual visits with providers not on the NowClinic platform.

³Hours of operation may vary by location.

⁴Restrictions apply. Not available in all areas. To see if urgent care at home is right for you, contact our 24/7 advice nurse toll-free at **1-800-288-2264**, TTY **711**.

⁵IMPORTANT: 1) Your health plan is not contracted with certain freestanding and hospital emergency rooms. Call your health plan for more information. 2) Some neighborhood hospitals may not have specialists on staff, so you could be transported to a hospital emergency room for complex conditions that require a specialist.

NowClinic® virtual visits are not intended to address emergency or life-threatening medical conditions. Please call 911 or go to the emergency room under those circumstances.

NowClinic services may be covered by some health plans; copays and deductibles may apply. Members under the age of 18 must have a guardian. Contact NowClinic customer support for assistance in enrolling for their account. Customer support can be reached at **1-877-550-1515**.

Health plan coverage provided by Health Plan of Nevada.

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your health plan ID card or plan documents.

Español (Spanish)

Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan o los documentos de su plan.

Tagalog (Tagalog)

May karapatan kang makakuha ng tulong at impormasyon sa sinasalita mong wika nang libre. Upang humiling ng interpreter, tawagan ang toll-free na numero ng telepono para sa miyembro na nakalista sa iyong ID card sa planong pangkalusugan o sa mga dokumento ng plano.


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345-5810 (10/23)

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Enjoy **100%** coverage on preventive care¹



Preventive care at every stage of life helps you stay healthy. Your plan covers preventive care visits at no cost when you see a network provider. During your visit, your doctor will review your health history and may recommend preventive screenings, depending on your age and risk factors.

Annual checkups can help doctors spot a health condition before it becomes serious, so don't delay. Complete your wellness visits every year.

Your preventive benefits cover:

- Annual well visit or well-child visit
- Routine labs
- OB/GYN checkup (Pap smear)¹
- Mammogram (starting at age 40)¹
- Colonoscopy (starting at age 45)¹
- Childhood vaccines¹
- Flu and Covid-19 vaccines¹
- Tobacco cessation program
- Health education and wellness support

For examples of what counts as preventive care — and what doesn't — scan this QR code.



Stay one step ahead of disease.

Chronic diseases, such as heart disease, cancer and diabetes, are the leading causes of death and disability in the United States.² But they don't have to be! Schedule your preventive care screenings every year.

**Learn
more**

Visit **HealthPlanofNevada.com** to view our preventive services guidelines or search for a contracted provider. If you need help finding a provider, call Member Services at **1-800-777-1840**, TTY **711**.

¹Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you (subject to change). These services may be based on your age, other health factors and FDA approval. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

²CDC.gov

The content provided is for informational purposes only, and does not constitute medical advice. Always consult your doctor before making any decisions about medical care. The services outlined here do not necessarily reflect the services, vaccines, screenings or tests that will be covered under your benefit plan. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Certain procedures may not be fully covered under some benefit plans.

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HPN8150_23.2
345-40011 (10/23)

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Download the HPN & SHL App and put your benefits at your fingertips.

Then keep track of your health plan information the easy way – together in one place.

STEP

01

Search for **HPN & SHL** in your app store and get the app.

STEP

02

Sign in with your ID. First-time users will need to create an account.

STEP

03

Save your password with Touch ID or Face ID, if desired.



Use the HPN & SHL App to:

- ▶ Find out who is on record as your primary care provider (PCP).
- ▶ Talk with an advice nurse. Available 24/7.
- ▶ Video chat with a provider 24/7. No appointment needed.
- ▶ Search for a doctor, specialist, facility or lab.
- ▶ View, download and email your health plan ID card.
- ▶ Save your health plan ID card to your Apple Wallet.™
- ▶ See your copay, deductible, and out-of-pocket expenses, if applicable.
- ▶ Check the status of a claim, prior authorization or referral.
- ▶ Access your health records.*
- ▶ Update your contact information and address.
- ▶ Select communication preferences.
- ▶ Get turn-by-turn directions to contracted urgent care and hospital locations near you.



We're continuously adding new features and functionality to improve your experience. Visit the App Store® or Google Play™ to update your app regularly.

**No
cost**



**Available
24/7**



**Online
chat**

*Only available to Southwest Medical patients who opt-in to receive electronic medical records.

Your personal medical information is confidential and is only available to you and your provider.

You must be a Health Plan of Nevada member to use the app.

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HPN7567_23.2
345-6405 (09/23)

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