

Plan facts	Member services Member services hours Web address Product name	(800) 777-1840 Annual enrollment information: (800) 777-1840 Mon-Fri: 8:00 AM-5:00 PM PT www.healthplanofnevada.com Health Plan of Nevada, Inc.
Your medical expenses	Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$15 (PCP) or \$30 (specialist) copay per visit \$15 copay per visit \$300 copay per admission \$75 copay for hospital care. Office visit copay applies in physician's office \$15 copay per visit \$75 copay/visit. Out-of-area: \$125 copay/visit (waived if admitted) \$20 copay/visit. Out-of-area: \$40 copay/visit
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$40 copay (non-preferred brand) per prescription up to 30-day supply
	Mail order	\$20 copay (generic), \$40 copay (preferred brand) per prescription up to 90-day supply. Non-preferred brand drugs not covered
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	\$15 copay per visit. Limit 1 exam per calendar year \$10 copay per visit. Limit 1 exam per calendar year \$15 copay per visit \$15 copay per visit. One baseline at age 35; Limit 1 exam/yr age 40+
Mental health	Inpatient Outpatient	\$300 copay per admission. Limit 30 days per calendar year \$20 (individual) or \$15 (group) copay per visit. Limit 20 visits per calendar year (individual), unlimited (group)
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	\$300 copay per admission \$300 copay per admission. Limit \$9,000 per calendar year \$15 copay per visit. Unlimited visits \$20 (individual) or \$15 (group) copay per visit. Limit \$2,500 per calendar year
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care	\$15 copay per visit. Limit 60 non-consecutive calendar days per calendar year* \$30 copay per visit. Limit 60 non-consecutive calendar days per calendar year*
Out-of-network coverage	Out-of-network non-emergency care	Not covered
Key facts	NCQA status: Commendable PCP referral required for specialist: Yes Lifetime Maximum Benefit: NA Provider Network: See website for details	Domestic partner coverage available: Yes Domestic partner children coverage avail.: Yes

* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.