



Health Insurance Plans  
for Individuals and Their Families



**HEALTH PLAN OF NEVADA**  
A UnitedHealthcare Company



**SIERRA HEALTH AND LIFE**  
A UnitedHealthcare Company

## ➔ 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 some of the best 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 plan, we're confident that you will find the health coverage that's just right for you.



## Your Key Questions Answered

### ▶ Is urgent care available?

Yes. Consider visiting an urgent care facility when your medical condition requires prompt attention. Urgent care is available at several convenient locations for life's little bumps and bruises (such as those listed). Refer to your provider directory or online for a list of contracted urgent care centers.

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

### ▶ What if there's an emergency?

A true emergency medical condition is when the sudden onset of symptoms is severe enough that you could reasonably expect serious jeopardy to your health. If there's a true emergency, call 911 immediately or go to the nearest hospital emergency room. If you're not sure, call your physician or our Telephone Advice Nurse Service. In an emergency (such as those listed) you don't need to first contact your physician or health plan. Take comfort that you'll have emergency care coverage at any emergency room, day or night. Refer to your provider directory or online for a list of contracted hospitals.

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

### ▶ What's a telephone advice nurse service?

It doesn't matter if it's day or night, a holiday or a weekend, our Telephone Advice Nurse Service is always open to help with medical concerns. Depending on the situation, our Telephone Advice Nurse can help you decide whether to seek urgent care, emergency care or wait until the next day to see a 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, 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 plan provider will coordinate your care if you or enrolled family members should ever need to be admitted to a hospital for non-emergency services. 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 will ensure 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, via telephone with one of the facility's nurses, or by your attending physician.



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.

## Your Key Questions Answered (continued)

### › What happens when I leave the hospital?

Discharge planning usually begins within 24 hours of your admission. We'll help arrange for ongoing care, services and equipment you may need after leaving the hospital. Depending on your situation, these plans may 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.

### › 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) so your out-of-pocket costs are lower. You also 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.



## Health Plan of Nevada

### Individual HMO Plans & POS Plans

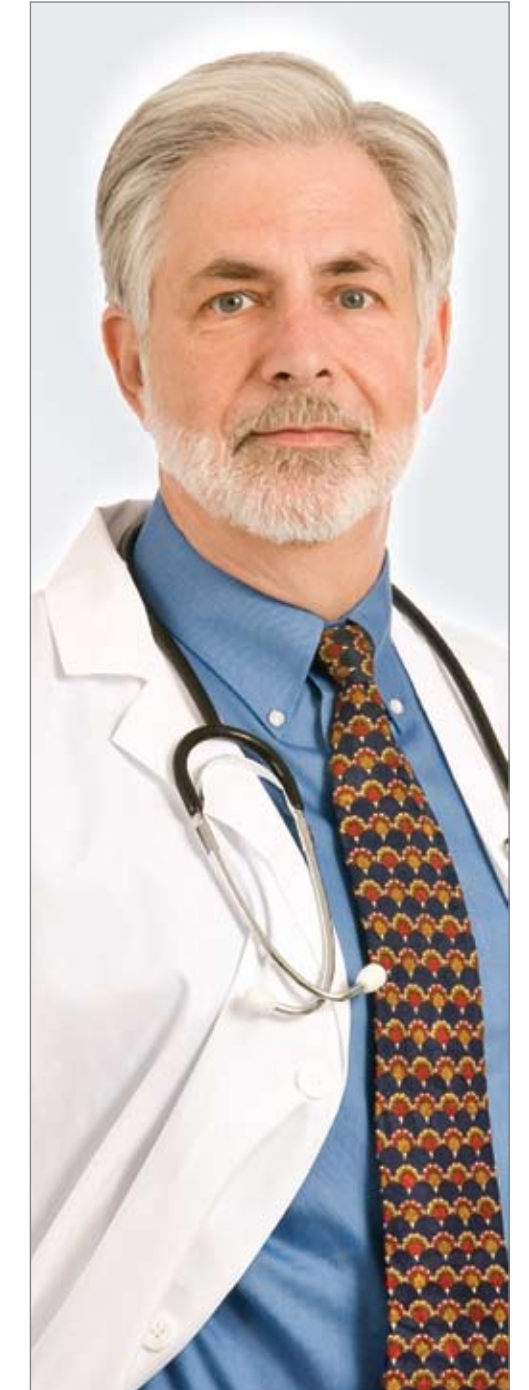
#### ➤ The individual HMO plan

Health Maintenance Organization (HMO) plans are the oldest form of managed care. In fact, Health Plan of Nevada is the state's oldest and most experienced health plan. We've provided Nevadans with quality health care since 1982. 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 plan you can manage your health and your wallet.

Health Plan of Nevada (HPN) offers three individual Health Maintenance Organization (IHMO) 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.

- 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.



HMO PLANS

### ➔ The individual Point of Service (POS) plan

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

#### **Tier I Benefits**

Our Tier I benefit plan 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 plan 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 plan gives you the choice to see any licensed health care provider. This plan 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.



### 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 will also select an OB/GYN primary care provider. Refer to your provider directory or online at [www.healthplanofnevada.com](http://www.healthplanofnevada.com) for a list of contracted physicians.

### About Southwest Medical Associates

Located in the Las Vegas Valley, Southwest Medical Associates (SMA) is Nevada's largest multispecialty medical group. With more than 200 primary and specialty providers, SMA offers same-day appointments, online appointment scheduling, extended office hours and convenient locations. Many facilities have onsite laboratory and radiology services. SMA also has four urgent care locations, one open 24 hours. For more information, visit [www.smalv.com](http://www.smalv.com) or call (702) 877-5199 for an appointment.

### 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.

→ Health Plan of Nevada *Benefits at a Glance*

❖ Distinct Advantage Plans	HMO - Option 1 maternity coverage (12-month wait)	HMO - Option 2 maternity coverage excluded	Point of Service - Option 3 maternity coverage (12-month wait)			HMO - Option 4 maternity coverage excluded
			HMO - Tier I	Expanded Plan Tier II	Non-Plan Tier III	
<b>Lifetime Maximum Benefit</b>	\$1,000,000	\$1,000,000	Unlimited	\$1,000,000		\$1,000,000
<b>Calendar Year Deductible (CYD)</b>	not applicable	not applicable	not applicable	\$500 per Member/\$1,500 per Family		not applicable
<b>Annual Copay/ Coinsurance Maximum</b>	\$2,000 per Member \$4,000 per Family	\$4,000 per Member \$8,000 per Family	not applicable	\$2,000 per Member \$6,000 per Family	\$4,000 per Member \$12,000 per Family	\$5,000 per Member \$10,000 per Family
<b>Physician Services</b> Primary Care Provider Specialist Preventive Healthcare Services*	\$10 per visit \$20 per visit \$10 per visit  *maximum benefit of \$500 per Member per Calendar Year	\$25 per visit \$50 per visit \$10 per visit  *maximum benefit of \$250 per Member per Calendar Year	\$15 per visit \$30 per visit \$15 per visit	\$30 per visit \$45 per visit 20% of EME**	After CYD, you pay 40% of EME and all charges in excess of EME	\$25 per visit \$50 per visit \$10 per visit  *maximum benefit of \$250 per Member per Calendar Year
<b>Diagnostic Services</b> <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 and all charges in excess of EME	\$15 per visit \$15 per visit
<b>Hospitalization - Elective Procedures</b> 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 and all charges in excess of EME	\$300 per day (not to exceed \$900 per admission)  \$200 per admission
<b>Physician Surgical Services</b> Inpatient Hospital Outpatient Facility Physician's Office <i>(in addition to office visit 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 and all charges in excess of EME	\$200 per surgery \$200 per surgery  \$25 per visit \$50 per visit \$100 per surgery
<b>Emergency Services (Plan Provider)</b> Emergency Room  Physician Services Hospital Admission  Ground Ambulance  Urgent Care Southwest Medical Associates Other Plan Provider	\$75 per visit; <i>waived if admitted</i> \$25 per visit \$100 per day (not to exceed \$300 per admission) \$150 per trip  \$45 per visit \$50 per visit	\$75 per visit; <i>waived if admitted</i> \$25 per visit \$300 per day (not to exceed \$900 per admission) \$150 per trip  \$45 per visit \$50 per visit	\$75 per visit  \$25 per visit \$150 per day (not to exceed \$400 per admission) \$150 per trip  \$45 per visit \$50 per visit	Emergency services are covered under the HMO - Tier I benefit	Emergency services are covered under the HMO - Tier I benefit	\$75 per visit; <i>waived if admitted</i> \$25 per visit \$300 per day (not to exceed \$900 per admission) \$150 per trip  \$45 per visit \$50 per visit
<b>Emergency Services (Non-Plan Provider)</b> Emergency Room  Physician Services Hospital Admission  Ground Ambulance  Urgent Care	\$150 per visit; <i>not waived if admitted</i> \$75 per visit \$100 per day (not to exceed \$300 per admission) \$150 per trip \$60 per visit	\$150 per visit; <i>not waived if admitted</i> \$75 per visit \$300 per day (not to exceed \$900 per admission) \$150 per trip \$60 per visit	\$150 per visit  \$75 per visit \$150 per day (not to exceed \$400 per admission) \$150 per trip \$60 per visit	Emergency services are covered under the HMO - Tier I benefit	Emergency services are covered under the HMO - Tier I benefit	\$150 per visit; <i>not waived if admitted</i> \$75 per visit \$300 per day (not to exceed \$900 per admission) \$150 per trip \$60 per visit
<b>Mental Health Services</b> Outpatient Group Therapy	\$10 per visit max 20 visits/calendar year	\$25 per visit max 20 visits/calendar year	\$15 per visit	After CYD, you pay 20% of EME	After CYD, you pay 40% of EME and all charges in excess of EME	\$25 per visit max 20 visits/calendar year
<b>Vision Services</b> 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 Drug Rider	Up to a 30-day therapeutic supply
Options 1, 2, 3, 4	
<b>Preferred Generic Drug</b>	\$10
<b>Preferred Brand Name Drug†</b>	\$35
<b>Non-Preferred Generic or Brand Name Drug†</b>	\$60
<b>Preferred Mail Order Maintenance Drug</b>	Up to a 90-day maintenance supply. Member pays twice the applicable copayment
<p>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 pays the \$10 copay 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.</p> <p>Form No. HPN-NV-Ind-3TierSIO-July2007</p>	

❖ Optional Dental Rider (Available in Southern Nevada Only)	
Calendar Year Deductible	none
Maximum Calendar Year Benefit	\$1,000
<b>Covered Services</b>	<b>You Pay</b>
<b>Preventive and Diagnostic Services</b> (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 \$15 no charge
<b>Basic Services</b> (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)
<b>Major Services</b> (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)
<p>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. We provide an extensive list of dental providers and cover many of the services you and your family may need.</p> <p>Form No. HPN-IND-DENT(Revised98)</p>	

⇒ Maternity Coverage Explained

Health Plan of Nevada's Distinct Advantage Plans HMO Option 1 and POS Option 3 have a 12-month waiting period for maternity coverage. The 12-month waiting period (366 days) begins on the effective date of coverage.

Example: Laura has enrolled in the HMO Option 1 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 not be covered if she delivers on or before January 2 of next year. If Laura delivers her baby after January 2, claims related to the delivery will be paid. Of course, complications of pregnancy are a covered benefit just like any other medical service during the 12-month waiting period.

\*\*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.



## Sierra Health and Life

### Individual PPO Plans

#### The individual PPO plan

Our individual PPO plan offers you the best of both worlds. 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 four 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.

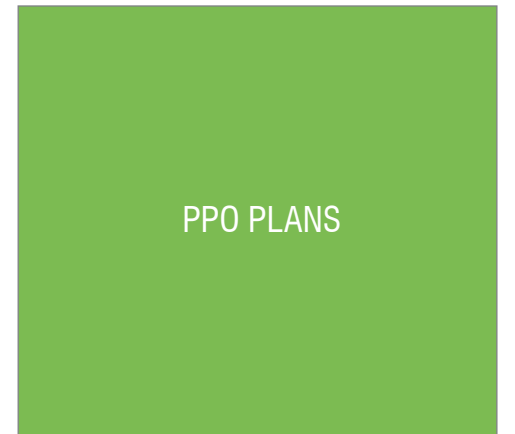
- When seeking care from a plan provider for routine services, copays are predictable for specialist and non-specialist visits, and there is no calendar year deductible.
- The non-plan provider benefit level offers even greater provider choices. When using this benefit level, you are free to choose any 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.



### About our parent company

In February 2008, Sierra Health Services, the former parent company of Health Plan of Nevada (HPN) and Sierra Health and Life (SHL), was acquired by UnitedHealth Group. As a result of this acquisition, HPN and SHL became part of UnitedHealthcare, combining two industry leaders that have a shared heritage of providing consumers access to affordable, quality health care.

UnitedHealth Group ([www.unitedhealthgroup.com](http://www.unitedhealthgroup.com)) is a diversified health and well-being company dedicated to making health care work better. Headquartered in Minneapolis, MN, UnitedHealth Group offers a broad spectrum of products and services through six operating businesses: UnitedHealthcare, Ovation, AmeriChoice, Uniprise, UnitedHealthcare Specialty Benefits, and Ingenix. Through its family of businesses, UnitedHealth Group serves approximately 70 million individuals nationwide.

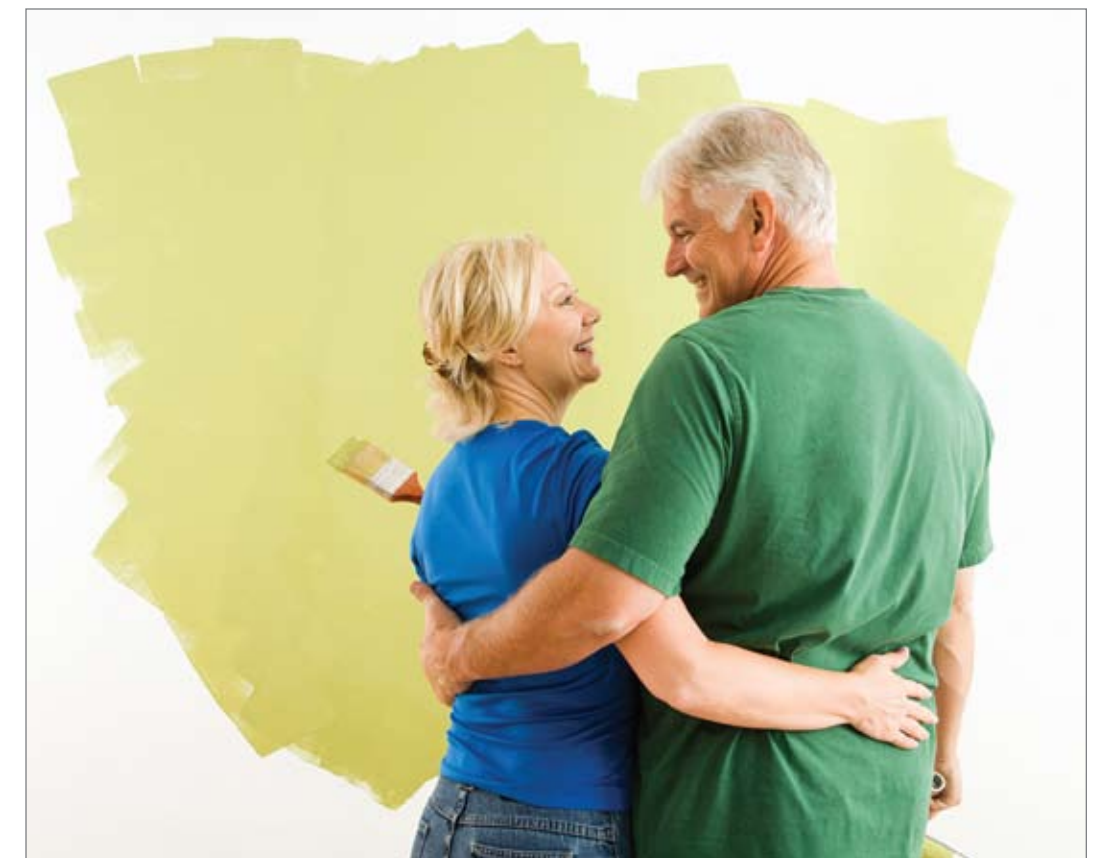


→ Sierra Health and Life *Benefits at a Glance*

❖ Distinct Advantage Plans	PPO Plan 1 maternity coverage excluded		PPO Plan 2 maternity coverage excluded		PPO Plan 3 maternity coverage excluded		PPO Plan 4 maternity coverage excluded	
	Plan Provider	Non-Plan Provider	Plan Provider	Non-Plan Provider	Plan Provider	Non-Plan Provider	Plan Provider	Non-Plan Provider
<b>Lifetime Maximum Benefit</b>	\$2,000,000 of EME*		\$2,000,000 of EME		\$2,000,000 of EME		\$2,000,000 of EME	
<b>Calendar Year Deductible (CYD)</b>	\$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	
<b>Annual Coinsurance Maximum (after CYD)</b>	\$1,000 per Insured \$2,000 per Family	\$2,000 per Insured \$4,000 per Family	\$1,500 per Insured \$3,000 per Family	\$3,000 per Insured \$6,000 per Family	\$2,500 per Insured \$5,000 per Family	\$5,000 per Insured \$10,000 per Family	\$2,500 per Insured \$5,000 per Family	\$5,000 per Insured \$10,000 per Family
<b>Physician Services</b> Office Visit Consultation Preventive Healthcare Services <i>(limited to maximum benefit of \$500 per Insured per Calendar Year.)</i>	\$35 per visit \$35 per visit \$35 per visit	After CYD, you pay 50% of EME and all charges in excess of EME	\$35 per visit \$35 per visit \$35 per visit	After CYD, you pay 40% of EME and all charges in excess of EME	\$40 per visit \$40 per visit \$40 per visit	After CYD, you pay 30% of EME and all charges in excess of EME	\$50 per visit \$50 per visit \$50 per visit	After CYD, you pay 40% of EME and all charges in excess of EME
<b>Diagnostic Services</b> Routine Laboratory Routine X-ray	After CYD, you pay 20% of EME	After CYD, you pay 50% of EME and all charges in excess of EME	After CYD, you pay 20% of EME	After CYD, you pay 40% of EME and all charges in excess of EME	After CYD, you pay 10% of EME	After CYD, you pay 30% of EME and all charges in excess of EME	After CYD, you pay 20% of EME	After CYD, you pay 40% of EME and all charges in excess of EME
<b>Hospitalization</b> Inpatient Outpatient	After CYD, you pay 20% of EME	After CYD, you pay 50% of EME and all charges in excess of EME	After CYD, you pay 20% of EME	After CYD, you pay 40% of EME and all charges in excess of EME	After CYD, you pay 10% of EME	After CYD, you pay 30% of EME and all charges in excess of EME	After CYD, you pay 20% of EME	After CYD, you pay 40% of EME and all charges in excess of EME
<b>Physician Surgical Services</b> Inpatient Hospital Outpatient Facility Anesthesia Physician's Office	After CYD, you pay 20% of EME  \$35 per visit in addition to office visit copay	After CYD, you pay 50% of EME and all charges in excess of EME	After CYD, you pay 20% of EME  \$35 per visit in addition to office visit copay	After CYD, you pay 40% of EME and all charges in excess of EME	After CYD, you pay 10% of EME  \$40 per visit in addition to office visit copay	After CYD, you pay 30% of EME and all charges in excess of EME	After CYD, you pay 20% of EME  \$50 per visit in addition to office visit copay	After CYD, you pay 40% of EME and all charges in excess of EME
<b>Emergency Services</b> Emergency Room Physician Services Hospital Admission Ground Ambulance Urgent Care	After CYD, you pay 20% of EME  \$50 per visit	After CYD, you pay 50% of EME and all charges in excess of EME	After CYD, you pay 20% of EME  \$50 per visit	After CYD, you pay 40% of EME and all charges in excess of EME	After CYD, you pay 10% of EME  \$55 per visit	After CYD, you pay 30% of EME and all charges in excess of EME	After CYD, you pay 20% of EME  \$65 per visit	After CYD, you pay 40% of EME and all charges in excess of EME
<b>Mental Health Services</b> Outpatient Group Therapy <i>(limited to 20 visits per Insured per Calendar Year)</i>	After CYD, you pay 20% of EME	After CYD, you pay 50% of EME and all charges in excess of EME	After CYD, you pay 20% of EME	After CYD, you pay 40% of EME and all charges in excess of EME	After CYD, you pay 10% of EME	After CYD, you pay 30% of EME and all charges in excess of EME	After CYD, you pay 20% of EME	After CYD, you pay 40% of EME and all charges in excess of EME

Form No. SHL-IndDAP-masBS-2007

❖ Prescription Drug Rider	Up to a 30-day therapeutic supply
Options 1, 2, 3, 4	
<b>Preferred Generic Drug</b>	\$10
<b>Preferred Brand Name Drug<sup>†</sup></b>	\$35
<b>Non-Preferred Generic or Brand Name Drug<sup>†</sup></b>	\$60
<b>Preferred Mail Order Maintenance Drug</b>	Up to a 90-day maintenance supply. Member pays twice the applicable copayment
<p><b>Note:</b> Please refer to the Prescription Drug Benefit Rider for a complete list of all copayment amounts and applicable limitations and exclusions.</p> <p><sup>†</sup>If a Generic Covered Drug equivalent is available, member pays the \$10 copay 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.</p> <p>Form No. SHL-IPPO-3TierSIO-2006</p>	



\*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. Plan documents govern in resolving any benefit questions or payments.



## Your Right to Privacy

Health Plan of Nevada and Sierra Health and Life 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.

Health Plan of Nevada and Sierra Health and Life 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. Health Plan of Nevada and Sierra Health and Life do not share your PHI, unrelated to plan administration, 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.

## What if I have a question after I become a member?

Our experienced and friendly customer service team is happy to assist you after you enroll with us. Even more convenient is our online member service center. Simply log on to [www.healthplanofnevada.com](http://www.healthplanofnevada.com) or [www.sierrahealthandlife.com](http://www.sierrahealthandlife.com). Important information on certain benefits, prescription drug coverage, prior authorization and claims status is readily available once you have registered a user name and password.

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 in Southern and Northern Nevada, please visit us online or call Member Services.

**Online Anytime**  
**We're@Your Service**  
[www.healthplanofnevada.com](http://www.healthplanofnevada.com)  
[www.sierrahealthandlife.com](http://www.sierrahealthandlife.com)

**HPN Member Services**  
**(702) 242-7300 or (800) 777-1840**

**SHL Member Services**  
**(702) 242-7700 or (800) 888-2264**

**Sales Office**  
**(702) 821-2200 or (800) 873-0004**