

With Health Plan of Nevada, you're covered with many services and benefits at no or low cost.

Covered services	You pay	Covered services	You pay
Lifetime maximum benefit Calendar year deductible	Unlimited Not applicable	Emergency services Emergency room visit (waived if admitted through hospital emergency room facility) Urgent care facility Ground ambulance Air ambulance	\$150 per visit \$30 per visit \$50 per trip \$250 per trip
Physician services Physician extender NowClinic® telemedicine svcs Office visit Specialist office visit with referral Preventive care	\$5 per visit \$0 per visit \$10 per visit \$25 per visit No charge	Outpatient mental health and substance use (substance-related and addictive) services Mental Health (per therapy session) Group therapy Individual, family, and partial care Substance use (substance-related and addictive) and detoxification (per therapy session) Group therapy Individual, family, and partial care	\$10 per visit \$10 per visit \$10 per visit \$10 per visit
Hospital services Inpatient hospital Outpatient facility Anesthesia	\$300 per admission \$50 per visit \$50 per surgery	Prescription drugs (30-day therapeutic supply)	Retail Order (30 Day Supply) Mail Order (90 Day Supply)
Physician surgical services Inpatient hospital Outpatient facility In physician's office Specialist	\$25 per surgery \$25 per surgery \$25 per surgery \$25 per surgery	Tier 1 Tier 2 Tier 3 Tier 4	\$7 \$35 \$55 \$100
Diagnostic services Routine laboratory Routine X-ray Complex diagnostic services	\$10 per visit \$10 per visit \$20 per test or procedure	Vision (from participating providers) Exam - once annually Lenses and frames	\$14 \$70 \$110 \$200
Other services Allergy injections Outpatient short-term physical therapy (maximum of 60 days/visits per member per calendar year) Durable medical equipment	\$10 per visit \$10 per visit No charge		\$10 per visit Discounts available at any participating provider location

This is a summary of covered services provided by Health Plan of Nevada. Before making a final decision, please read Health Plan of Nevada's federal brochure (RI73-129) which outlines the benefits in detail. All benefits are subject to the definitions, limitations and exclusions set forth in the federal brochure. If you use the services of non-plan providers, you will receive no benefit payments or reimbursement for charges for the service, except in the case of emergency services, urgently needed services, or other covered services provided by a non-plan provider that are prior authorized by the plan. In no event will the plan pay more than the applicable plan reimbursement schedule amount for such services.

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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Health Plan of Nevada
A UnitedHealthcare Company 

 **CARRY**
your health plan
ID card with you

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1-800-777-1840,
TTY 711



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