

## Plan Facts

	Health Plan of NV HMO
Web site	<a href="http://healthplanofnevada.com">healthplanofnevada.com</a>
Member services	1-800-777-1840; out-of-service area; 1-702-242-7300 in-service area
Find a network provider	<a href="#">Find a Doctor or Hospital</a>
Binding arbitration	No

## Cost

	Health Plan of NV HMO
<b>Health Reimbursement Arrangement--Account Information</b>	
Eligible expenses for reimbursement	Not applicable
<b>General Medical Expenses</b>	
Deductible: Individual/Family	\$0 Individual; \$0 Family
Primary doctor office visit	\$15 copay
Specialist office visit	\$30 copay; PCP referral required
Out-of-pocket maximum: Individual/Family	\$6,100 Individual; Family limit not applicable
Lifetime coverage limit	Limit does not apply
<b>Inpatient Hospital Care</b>	
Hospital copay	\$300 copay per admission; must use Plan contracted hospital
Hospital semi-private room	100% covered after inpatient hospital copay
Inpatient lab and X-ray	100% covered after inpatient hospital copay
Inpatient physician and surgeon services	\$50 copay
<b>Outpatient Care</b>	
Outpatient surgery	\$25 copay; surgical services; \$50 copay facility
Outpatient laboratory services	\$15 copay
Outpatient X-ray	\$15 copay
Emergency room (not followed by admission)	\$25 copay; physician's services; \$50 copay facility; must use Plan contracted hospital; \$50 copay physician and \$75 copay facility for out-of-area
Urgent care clinic visit	\$20 copay; in area; \$40 copay out-of-area
<b>Prescription Drug Expenses</b>	
Prescription drug vendor	Same as medical plan
Prescription drug Web site	Same as medical plan
Prescription drug member services	Same as medical plan
Annual prescription deductible	Not applicable
Retail generic	\$7 copay; 30 day supply; at participating pharmacies only
Retail formulary brand	\$15 copay; 30 day supply; at participating pharmacies only; members pay cost difference for preferred brand when generic is available
Retail nonformulary brand	\$40 copay; 30 day supply; at participating pharmacies only; members pay cost difference for preferred brand when generic is available
Mail order generic	\$14 copay; 90 day supply
Mail order formulary brand	\$30 copay; 90 day supply; members pay cost difference for preferred brand when generic is available
Mail order nonformulary brand	Not covered

Oral contraceptives

Retail and mail order available; applicable prescription drug copay applies

## Coverage

	Health Plan of NV HMO
<b>Adult Preventive Care</b>	
Physical exam	\$15 copay
Well-woman exam (includes pap)	\$15 copay
Mammogram	\$15 copay
Cancer screenings	100% covered; included in office visit copay
Cardiovascular screenings	100% covered; included in office visit copay
<b>Family Planning</b>	
Fertility drugs	Applicable prescription drug copay applies; check with Plan for details
Fertility services	\$30 copay; limitations apply; check with Plan for details
Artificial insemination	\$30 copay; per test or procedure; limited to six cycles per lifetime
In vitro fertilization	Not covered
Male vasectomy	\$30 copay; physicians office; applicable copays apply for outpatient surgery centers
<b>Maternity Care</b>	
Office visit: Pre/postnatal	\$15 copay
In-hospital delivery services	\$300 copay
Newborn nursery services	100% covered
Prenatal care management	Yes
<b>Well-Baby/Well-Child Preventive Care</b>	
Well-child exams	\$15 copay
Immunizations (child)	\$15 copay; covered through full-time student status; preauthorization required
<b>Mental Health Care</b>	
Mental Health: Combined with substance abuse	No
Mental Health: Outpatient coverage	\$15 copay; group visit; \$20 copay individual visit; limited to 20 individual visits per calendar year; no visit limit for group visits
Mental Health: Inpatient coverage	\$300 copay per admission; limited to 30 days per calendar year; must use Plan contracted hospital
<b>Substance Abuse Care</b>	
Detox: Outpatient coverage	\$15 copay
Detox: Inpatient coverage	\$300 copay per admission
Rehab: Outpatient coverage	\$15 copay; group visit; \$20 copay individual visit; limited to \$2,500 per calendar year
Rehab: Inpatient coverage	\$300 copay per admission; limited to \$9,000 per calendar year
<b>Dental Care</b>	
Dental implants	Not covered
Accidental injury to teeth	Covered under Medical with applicable copays; limitations apply; check with Plan for details

Surgical removal of tumors, cysts, and impacted teeth	Covered under Medical with applicable copays; limitations apply; check with Plan for details
---	--

**Vision Care**

Routine vision exams	\$10 copay; limited to eye refraction exam at Plan facility; limited to one exam every 12 months
Regular lenses and frames	Not covered
Contact lenses	Not covered

**Other Services**

Ambulance services	\$50 copay
Allergy tests and treatments	\$30 copay
Durable medical equipment	\$100 copay; per device; or 50% of purchase or rental price, whichever is less; preauthorization required

**Hearing Care**

Hearing evaluations	\$15 copay; PCP; \$30 copay specialist; covered only to diagnose illness or injury or to determine the need for hearing correction for children under 18
Hearing aids	Not covered

**Medical Therapy**

Acupuncture	Not covered
Chiropractic	\$30 copay; preauthorization required
Outpatient physical therapy	\$15 copay; limited to 60 calendar days per condition
Outpatient speech therapy	\$15 copay; limited to 60 calendar days per condition
Outpatient occupational therapy	\$15 copay; limited to 60 calendar days per condition

**Care at Alternate Sites**

Noncustodial home health care	\$20 copay; preauthorization required
Prescribed care in noncustodial skilled nursing facility	\$300 copay; limited to 100 days per calendar year
Hospice care	\$300 copay

**Access**

<b>Health Plan of NV HMO</b>	
Out-of-area dependent coverage	Yes; limitations apply; check with Plan for details
Out-of-area participant coverage	Yes; limitations apply; check with Plan for details

**Ease of Use**

<b>Health Plan of NV HMO</b>	
Need to file claims	No; except for non-routine, out-of-network or emergency care
Number of PCP changes allowed/year	12
Ability to self-refer to OB/GYN	Yes
Ability to self-refer to specialists	No

**Care Management: Education and Assistance**

<b>Health Plan of NV HMO</b>	
------------------------------	--

Asthma care management	Yes
Cancer care management	No
Diabetes care management	Yes
Heart disease care management	Yes
Hypertension care management	Yes
Smoking cessation program	Yes
Weight control program	Yes