



Covered Services	Member Pays
<b>Medical Services</b>	
Office Visit	\$5 per visit
Consultation/Specialist Visit	\$5 per visit
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<b>Hospital Services - Elective Procedures</b>	
Inpatient	\$100 per day, not to exceed \$200 per admission
Outpatient	\$50 per admission
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<b>Physician Surgical Services</b>	
Inpatient Hospital	\$100 per surgery
Outpatient	\$50 per surgery
Physician's Office	\$5 per visit
Anesthesia	\$150 per surgery
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<b>Emergency Services, Within the Service Area</b>	
Physician's Services	\$25 per visit
Emergency Room	\$50 per visit; waived if admitted
Ambulance	\$50 per trip
Urgent Care Facility	\$15 per visit
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<b>Emergency Services, Outside the Service Area</b>	
Physician's Services	\$50 per visit
Emergency Room	\$75 per visit; waived if admitted
Ambulance	\$50 per trip
Urgent Care Facility	\$15 per visit
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<b>Diagnostic Services</b>	
Routine Laboratory	No charge
Routine X-ray	No charge

This is a summary of Covered Services. Please refer to the HPN Evidence of Coverage, Disclosure Summary, Attachment A Benefit Schedule, Form No. HPNmasBS2000, and any other applicable Endorsements and Riders for additional information, limitations and exclusions of coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

**\$5/\$25/\$45 Prescription Drug Benefit Summary**

This is a summary of your prescription drug benefits and copayments under the Health Plan of Nevada (HPN) Prescription Drug Benefit Rider. A complete list of Preferred Covered Drugs can be obtained by calling HPN's Member Services Department at (702) 242-7300 or 1-800-777-1840. For more information, visit our web site at [www.healthplanofnevada.com](http://www.healthplanofnevada.com). Members will pay the lowest copayment when their Providers prescribe Preferred Generic Covered Drugs.

**Commonly Used Plan Terms***Covered Drugs*

All prescriptions must be written for Covered Drugs in order to be eligible for payment under the Plan. Covered Drugs are those which are obtained with a prescription, approved by the FDA, dispensed by a licensed pharmacist, prescribed by a Plan Provider and not excluded by the Plan. Benefits for certain medically necessary Covered Drugs may require prior authorization from HPN. If such Covered Drugs are provided without prior authorization, there is no benefit coverage.

*Plan Pharmacies*

Members have access to local outlets of nationally recognized pharmacy chains. Plan Pharmacies are listed in the HPN Provider Directory. Prescriptions must be filled at Plan Pharmacies in order for benefits to be payable, unless dispensed in connection with an emergency or urgent condition.

*Maintenance Drugs*

Certain Preferred Maintenance Drugs may be available for up to a 90-day Maintenance Supply. This benefit allows members to take advantage of our money-saving Mail Order prescription program. Examples of Preferred Maintenance Drugs include medications that are used to treat certain chronic, life-threatening or long-term conditions such as diabetes, heart disease, high blood pressure and arthritis.

**Retail Plan Pharmacy**

<b>Tier I: Preferred Generic Covered Drug</b>	\$5	Copayment - up to a 30-day Therapeutic Supply
<b>Tier II: Preferred Brand Name Covered Drug*</b>	\$25	Copayment - up to a 30-day Therapeutic Supply
<b>Tier III: Non-Preferred Generic or Brand Name Covered Drug*</b>	\$45	Copayment - up to a 30-day Therapeutic Supply

\*If a Generic Covered Drug equivalent is available, Member pays the Tier I Covered Drug copayment 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.

**Mail Order Plan Pharmacy****Preferred Maintenance Covered Drugs**

The Member pays two (2) of the applicable copayments as outlined above for up to a 90-day Maintenance Supply for Preferred Maintenance Covered Drugs. Benefits for Mail Order prescriptions are available through the contracted HPN Mail Order Plan Pharmacy.

\*\*EME (Eligible Medical Expenses) means the network pharmacy contracted cost of the Covered Drug to the Plan. Prescription drug benefits are subject to Exclusions and Limitations which are shown in the Prescription Drug Benefit Rider, Form No. HPN-NV-3Tier-mas2006, HPN Evidence of Coverage, Attachment A Benefit Schedule, and any other applicable Riders. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments. This is a summary of covered prescription drugs.