Health Plan of Nevada
A UnitedHealthcare Company

HPN G V Medical Plan - HCR

Attachment A Benefit Schedule

Amounts which the Member is required to pay as shown below in the Benefit Schedule are based on Eligible Medical Expenses (EME) or the Recognized Amount, if applicable, as defined in the Evidence of Coverage.

Please note: For all Inpatient and Outpatient admissions, including those for Emergency or Urgent Care, in addition to specified surgical Copayment/Cost-share amounts, the Member is also responsible for all other applicable facility and professional Copayments/Cost-share as outlined in this Attachment A Benefit Schedule to the Evidence of Coverage (EOC).

The Member is responsible for any/all amounts exceeding any stated maximum benefit amounts and/or any/all amounts exceeding the Plan's payment to Non-Plan Providers under this Plan.

IMPORTANT NOTE: This plan does not provide any services received from a Non-Plan Provider except for Emergency Services or Medically Necessary services that are not available through a Plan Provider.

Covered Services and Limitations	Referral or Prior Auth. Required[1]	Tier I HMO Benefit*
Medical Office Visits/Consultations and Visits in an Outpatient Setting (including Telemedicine Services)		
• Primary Care Provider	No	Member pays $3 per visit.
• **Specialist**	No	Member pays $3 per visit.
Preventive Healthcare Services - For a complete list of Preventive Services, including all FDA approved contraceptives, go to http://doi.nv.gov/Healthcare-Reform/Individuals-Families/Preventive-Care/. If you have a question about whether or not a service is "Preventive", please contact the HPN Member Services Department (1-800-777-1840).	No	No charge
Diagnostic Breast Cancer Imaging	Yes	No charge
Routine Outpatient Laboratory, Non-Radiological and Radiological Diagnostic Imaging Services The Copayment/Cost-share is in addition to the Physician office visit Copayment/Cost-share and applies to services rendered in a Physician's office or at an independent facility.	Yes	
• Lab		No charge
• X-Ray		No charge

Benefit Schedule

Covered Services and Limitations	Referral or Prior Auth. Required[1]	Tier I HMO Benefit*
Urgent Care Facility	No	Member pays $15 per visit.
Emergency Services		
• Emergency Room Facility (includes Physician Services)	No	Member pays $75 per visit; waived if admitted through a Hospital Emergency Room Facility.
• Hospital Admission - Emergency Stabilization (includes Physician Services) Applies until patient is stabilized and safe for transfer as determined by the attending Physician.	No	No charge
• Office Visit	No	Member pays $25 per visit.
Ambulance Services		
• Emergency – Ground Transport	No	Member pays $50 per trip.
• Emergency – Air Transport	No	Member pays 50% of EME per trip.
• Non-Emergency - HPN Arranged Transfers	Yes	No charge
Inpatient Hospital Facility Services (Elective and Emergency Post-Stabilization Admissions and Inpatient Visit/Consultation)	Yes	No charge
Outpatient Hospital Facility Services	Yes	No charge
Ambulatory Surgical Facility Services	Yes	No charge
Assistant Surgical Services	Yes	No charge
Anesthesia Services	Yes	Member pays $100 per surgery.
Physician Surgical Services - Inpatient and Outpatient		
• Inpatient Hospital Facility	Yes	No charge
• Outpatient Hospital Facility	Yes	No charge
• Ambulatory Surgical Facility	Yes	No charge
• Physician's Office		
Primary Care Physician (Includes all physician services related to the surgical procedure)	No	Member pays $3 per visit.
Specialist (Includes all physician services related to the surgical procedure)	Yes	Member pays $3 per visit.

**Refer to the Limitations Section of the EOC for information regarding EME and benefit maximums.*

Covered Services and Limitations	Referral or Prior Auth. Required[1]	Tier I HMO Benefit*
Gastric Restrictive Surgery Services The maximum lifetime benefit for all Gastric Restrictive Surgery Services is $5,000 per Member.		
• Physician Surgical Services	Yes	Member pays 50% of EME. Subject to maximum benefit.
• Complications The maximum lifetime benefit for all complications in connection with Gastric Restrictive Surgery Services is $5,000 per Member.	Yes	Member pays 50% of EME. Subject to maximum benefit.
Mastectomy Reconstructive Surgical Services		
• Physician Surgical Services	Yes	No charge
• Prosthetic Devices for Mastectomy Reconstruction Unlimited	Yes	Member pays $200 per device.
Oral Physician Surgical Services		
• Office Visit	Yes	Member pays $3 per visit.
• Physician Surgical and Diagnostic Services	Yes	
• Inpatient Hospital Facility		No charge
• Outpatient Hospital Facility		No charge
Organ and Tissue Transplant Surgical Services		
• Inpatient Hospital Facility	Yes	No charge
• Physician Surgical Services - Inpatient Hospital Facility	Yes	No charge
• Transportation, Lodging and Meals The maximum benefit per Member per Transplant Benefit Period for transportation, lodging and meals is $10,000. The maximum daily limit for lodging and meals is $200.	Yes	No charge. Subject to maximum benefit.
Post-Cataract Surgical Services		
• Frames and Lenses Maximum frame allowance of $100.	Yes	Member pays $10 per pair of glasses. Subject to maximum benefit.
• Contact Lenses Maximum contact lenses allowance of $100.	Yes	Member pays $10 per set of contact lenses. Subject to maximum benefit.
Benefit is limited to one (1) pair of Medically Necessary glasses or set of contact lenses as applicable per Member per surgery.		

**Refer to the Limitations Section of the EOC for information regarding EME and benefit maximums.*

Benefit Schedule

Covered Services and Limitations	Referral or Prior Auth. Required[1]	Tier I HMO Benefit*
Home Healthcare Services (does not include Specialty Prescription Drugs)	Yes	No charge
Hospice Care Services		
• Inpatient Hospice Facility	Yes	No charge
• Outpatient Hospice Services	Yes	No charge
• Inpatient Respite Services Limited to a maximum benefit of $1,500 per Member per Calendar Year.	Yes	No charge. Subject to maximum benefit.
• Outpatient Respite Services Limited to a maximum benefit of $1,000 per Member per Calendar Year.	Yes	No charge. Subject to maximum benefit.
• Bereavement Services Limited to a maximum benefit of five (5) therapy sessions or $500, whichever is less. Treatment must be completed within six (6) months of the date of death of the Hospice patient.	Yes	Member pays $20 per visit. Subject to maximum benefit.
Skilled Nursing Facility Subject to a maximum benefit of one hundred (100) days per Member per Calendar Year.	Yes	No charge. Subject to maximum benefit.
Residential Treatment Center	Yes	No charge.
Manual Manipulation Applies to Medical-Physician Services and Chiropractic office visit.	Yes	Member pays $3 per visit.
Short-Term Habilitation Services (including but not limited to Physical, Speech and Occupational Therapy)		
• Inpatient Hospital Facility	Yes	No charge. Subject to maximum benefit.
• Outpatient	Yes	Member pays $3 per visit. Subject to maximum benefit.
All Inpatient and Outpatient Short-Term Habilitation Services are subject to a combined maximum benefit of one hundred twenty (120) days/visits per Member per Calendar Year.		

**Refer to the Limitations Section of the EOC for information regarding EME and benefit maximums.*

Covered Services and Limitations	Referral or Prior Auth. Required[1]	Tier I HMO Benefit*
Short-Term Rehabilitation Services (including but not limited to Physical, Speech and Occupational Therapy)		
• Inpatient Hospital Facility	Yes	No charge. Subject to maximum benefit.
• Outpatient	Yes	Member pays $3 per visit. Subject to maximum benefit.
All Inpatient and Outpatient Short-Term Habilitation Services are subject to a combined maximum benefit of one hundred twenty (120) days/visits per Member per Calendar Year.		
Durable Medical Equipment Monthly rental or purchase at HPN's option.	Yes	Member pays $100 or 50% of EME of purchase or rental price, whichever is less.
Genetic Disease Testing Services Includes Inpatient, Outpatient and independent Laboratory Services.	Yes	Member pays 25% of EME per test.
Infertility Office Visit Evaluation Please refer to applicable surgical procedure Copayment/Cost-share and/or Coinsurance amount herein for any surgical infertility procedures performed.	Yes	Member pays $3 per visit.
Medical Supplies (Obtained outside of a medical office visit)	Yes	No charge
Other Diagnostic and Therapeutic Services The Copayment/Cost-share amounts are in addition to the Physician office visit Copayment/Cost-share and applies to services rendered in a Physician's office or at an independent facility.		
• Anti-cancer drug therapy, non-cancer related drug therapy or other Medically Necessary therapeutic drug services.	Yes	Member pays $20 per day.
• Dialysis	Yes	Member pays $20 per day.
• Therapeutic Radiology	Yes	Member pays $20 per day.
• Complex Allergy Diagnostic Services (including RAST) and Serum Injections	Yes	Member pays $3 per visit.
• Otologic Evaluations	Yes	Member pays $3 per visit.
• Other complex diagnostic imaging services including: CT Scan and MRI; vascular diagnostic and therapeutic services; pulmonary diagnostic services; and complex neurological or psychiatric testing or therapeutic services.	Yes	Member pays $20 per test or procedure.
• Positron Emission Tomography (PET) scans	Yes	Member pays $750 per test or procedure.

**Refer to the Limitations Section of the EOC for information regarding EME and benefit maximums.*

Benefit Schedule

Covered Services and Limitations	Referral or Prior Auth. Required[1]	Tier I HMO Benefit*
Prosthetic and Orthotic Devices Limited to a combined maximum lifetime benefit of $10,000 per Member including: Repairs; and Post-mastectomy external prosthetic device.	Yes	Member pays $200 per device. Subject to maximum benefit.
Self-Management and Treatment of Diabetes		
• Education and Training	No	Member pays $3 per visit.
• Supplies (except for Insulin Pump Supplies)	No	Member pays $5 per therapeutic supply.
Insulin Pump Supplies	Yes	Member pays $10 per therapeutic supply.
• Equipment (except for Insulin Pump)	Yes	Member pays $20 per device.
Insulin Pump	Yes	Member pays $100 per device.
Special Food Products and Enteral Formulas	Yes	No charge.
Temporomandibular Joint Treatment Dental related treatment is limited to $2,500 per Member per Calendar Year and $4,000 maximum lifetime benefit per Member.	Yes	Member pays 50% of EME. Subject to maximum benefit.
Mental Health and Severe Mental Illness Services		
• Inpatient Hospital Facility	Yes	No charge
• Outpatient Treatment (including Telemedicine Services)	Yes	Member pays $3 per visit.
Substance-Related and Addictive Disorder Services		
• Inpatient Hospital Facility	Yes	No charge
• Outpatient Treatment (including Telemedicine Services)	Yes	Member pays $3 per visit.
Hearing Aids Limited to a combined maximum benefit of $5,000 per Member per Calendar Year and further limited to a single purchase. Repairs and Replacement are limited to once every three (3) years.	Yes	Member pays $100 or 50% of EME, whichever is less. Subject to maximum benefit.
Applied Behavioral Analysis (ABA) for the treatment of Autism Limited to a maximum benefit of $72,000 per Member per Calendar Year.	Yes	Member pays $3 per visit. Subject to maximum benefit.

The Calendar Year Copayment Maximum for Tier I HMO basic health services is 200% of the total premium rate the Member would pay if he were enrolled under a Health Benefit Plan without Copayments. A Copayment will not exceed more than 50% of the total cost of providing any single service to a Member, or, in the aggregate, not more than 20% of the total cost of providing all of the basic healthcare services as required by Nevada regulations. Tier I HMO benefits have a Calendar Year Copayment Maximum.

[1]Referral or Prior Auth. Required – Except as otherwise noted and, with the exception of certain Outpatient, non-emergency Mental Health, Severe Mental Illness and Substance-Related and Addictive Disorder Services, all Covered Services not provided by the Member's Primary Care Physician require a Referral or a Prior Authorization in the form of a written referral authorization from HPN. Please refer to your HPN Evidence of Coverage for additional information.

**Refer to the Limitations Section of the EOC for information regarding EME and benefit maximums.*