



# YOUR HMO PLAN

Keeping it simple – Nevada

Health Plan of Nevada

State of Nevada  
PEBP Participants



Health Plan of Nevada has been serving Nevadans for over 35 years. We have a special connection to the community.



# CONTENTS

What is an HMO plan?	4
What are the benefits of an HMO plan?	4
Is Health Plan of Nevada's HMO plan right for you?	5
Frequently Asked Questions	6
What programs and services come with Health Plan of Nevada's HMO plan?	10
Where can I go for help understanding my HMO plan?	13

# What is an HMO plan?

**It's personal care made simple.** Easier on the wallet, HMO plans are designed to save you money while providing you more support along the way. For medical services, there's no deductible or coinsurance and only **copays apply**.

HMO's, **or patient-centered health plans**, are great for PEBP participants who want a doctor dedicated to coordinating their care. Here's how it works.

You choose an **in-network** primary care provider (PCP) from Health Plan of Nevada's HMO provider directory. Your PCP is the leader of your health care team. **You and your PCP work together.** Your relationship is important and helps you throughout your health and wellness journey.

**You see your PCP for routine care, yearly checkups, and other general health concerns.** Your PCP keeps a record of your health history to make informed decisions about your care.

# What are the benefits of an HMO plan?

**Greater savings and predictable costs.** You pay set copays for services and know the cost of services before you access care. And, because your HMO plan doesn't have deductibles or coinsurance for medical services, you enjoy "first dollar coverage." **Copays apply to all medical services, including doctor visits, hospital stays, urgent care visits, emergency room visits and more.** And, since there's **no guess work** with your HMO plan, you don't need to use an estimator tool.

**You get a team of health care professionals.** With our patient-centered care model, we have a whole team of health care professionals working together to keep you healthy. PCPs, along with other providers, will coordinate your care.

**Preventive care available at no cost.** Your plan covers preventive care screenings at no cost when you see a network provider. During the visit, your doctor will do a health history review and may recommend preventive screenings, depending on your age and risk factors.

**Access to Southwest Medical.** Your plan includes access to Southwest Medical, one of Nevada's largest multi-specialty medical groups. Southwest Medical has 30 health care centers across the Las Vegas Valley, including six urgent care centers and one 24/7 urgent care. Southwest Medical's Urgent Care Home Waiting Room is also a convenient service available from your mobile device.



# Is Health Plan of Nevada's HMO plan right for you?

A benefit snapshot of the HMO plan

Health Plan of Nevada	HMO Plan
Primary Care Provider Visit	\$25
Specialist Visit	\$25 (with a referral) \$40 (without a referral)
Urgent Care Visit	\$50
Emergency Room Visit	\$750
Hospital Admission	\$750
Outpatient Surgery (Ambulatory Surgical Facility)	\$50
Pharmacy (Tier 4 Deductible: \$150 Member/\$300 Family)	\$10/\$40/\$75/30%

- **A primary care provider (PCP) is required** and takes the lead of your health care team. He/she will help with referrals and prior authorizations. If you do not choose a PCP, one will be assigned to you based on your address. You can change your PCP at any time. Females 14 years and older may select an OB/GYN in addition to their PCP.
- **No out-of-network benefits**, except for emergency services, urgent care, services available under student coverage (see below) and certain covered services while traveling (see below). If you visit a non-contracted urgent care, you will need to pay for the visit up front and file a claim for reimbursement.
- **Student coverage** is offered for eligible dependents enrolled in an accredited college, university or vocational school anywhere in the United States.
- **Travel coverage** is offered for members and their dependents for certain covered services while traveling for business or pleasure in the United States.
- **24/7 virtual visits** virtual visits let you see a provider for common care needs from your mobile device or desktop computer.
- **Specialty referrals are optional with the HMO plan.** If you don't have a referral to see a specialist, your out-of-pocket cost is higher.
- **Prior authorization** is needed for certain non-preventive services.
- Access to the **Health Plan of Nevada provider network.** Visit [MyHPNStateofNevada.com](http://MyHPNStateofNevada.com) to see our provider directory.



# Frequently Asked Questions

## How does my HMO medical plan work?

You are required to choose a primary care provider (PCP). Specialty referrals are optional with this type of HMO plan. If you don't have a referral to see a specialist, your out-of-pocket cost is higher. All providers you see must be in the **Health Plan of Nevada** provider network, with the exception of emergency and urgent care services.

## Am I eligible to enroll in a Health Plan of Nevada HMO plan?

Health Plan of Nevada's HMO plan is only available for PEBP participants that reside or work in the HMO service area in Southern Nevada. Please contact your Benefits Service Center if you are unsure if you are eligible for the HMO plan.

## What is the role of a primary care provider (PCP) in my care?

PCPs are family practice, internal medicine, OB/GYN and pediatrics. Your PCP will work with you to help you manage your medical care.

## Do I need to pick a PCP today?

No, however, if you do not pick a PCP today, you will be assigned to a PCP. You will need to contact Member Services or go to **MyHPNStateofNevada.com** to select or change a PCP. You can change your PCP at any time and the change is immediate.

## How can I find a PCP or check to see if my current provider is contracted?

You can search for a PCP and other contracted providers by using the online provider directory at **MyHPNStateofNevada.com** or by calling Member Services toll-free at **1-877-545-7378**, TTY **711**. Member Services can assist with finding a PCP and/or changing a PCP, as well as looking up other contracted providers.

## Do I need a referral to see a specialist?

Specialty referrals are optional with this type of HMO plan. If you don't have a referral to see a specialist, your out-of-pocket cost is higher. If you need to see the specialist continually, your PCP can write you a referral to cover a specific time period or number of visits.

## Is an OB/GYN a specialist?

No, an OB/GYN is considered a PCP. All females over the age of 14 can select two primary physicians, their regular PCP and their OB/GYN.

## What if my PCP does not have an available appointment for a few weeks and I need to get care?

If your primary care provider is with Southwest Medical, you can see a Southwest Medical provider at any Southwest Medical location with available appointments. As a **Health Plan of Nevada** member, you can also visit a Southwest Medical convenient care or urgent care.

If you want to change your PCP, you can visit the online member center at **MyHPNStateofNevada.com** or call Member Services toll-free at **1-877-545-7378**, TTY **711**. If you only want to see your assigned PCP, you may have to contact them directly to see if you can get an expedited appointment.











### Do I have access to HMO providers outside of NV?

When outside the Health Plan of Nevada service area, you only have coverage for urgent care and emergency services unless using your travel or student coverage. Student coverage is for eligible dependents enrolled in an accredited college, university or vocational school anywhere in the United States. Travel coverage is for members and their dependents for certain covered services while traveling for business or pleasure in the United States. You also have access to 24/7 virtual visits for common care needs (not for urgent or emergency care).

Please make sure to notify Member Services toll-free at **1-877-545-7378**, TTY **711** if you go to an urgent care or emergency room outside of the service area as soon as possible, or when you are medically able. Member Services' phone number is located on the back of your health plan ID card.

You are also required to notify Member Services prior to receiving services, if you want to access your student or travel coverage. Member Services representatives will guide you to the appropriate Health Plan of Nevada contracted provider.

### Do I have a deductible on the HMO plan?

No, this HMO plan doesn't have a deductible. It's a copay-based plan design, so you know the cost of the medical service in advance. Each medical service is subject to a specific copay amount you pay at the time of service. Please refer to the HMO Schedule of Benefits for copay amounts.

### Should I go to the emergency room or urgent care if I am having a medical emergency?

In an emergency, call 911 or go to the nearest hospital emergency room. If you are not sure where to go, you can call our **24/7 advice nurse** toll-free at **1-800-288-2264**, TTY **711**. The nurse will advise you on where to go for medical care, and then document the conversation in our systems to make sure the claims are paid if you choose to follow the advised course of action. You can also find this number on the back of your health plan ID card.

### I have a question about my plan/benefits? Who can help me?

You can call Member Services toll-free at **1-877-545-7378**, TTY **711** with questions about your Health Plan of Nevada HMO plan. Business hours are Monday through Friday from 8 a.m. to 5 p.m. You can also access your plan information through the online member center. Create an account or sign in at **MyHPNStateofNevada.com**. Once you create an account, you can view your benefit information, claims history, pharmacy information, and more. This is a great way to manage your health care and get your plan information on the go.

### I'm having a claims issue. Who do I contact?

You can call Member Services toll-free at **1-877-545-7378**, TTY **711** with questions regarding your claims. Business hours are Monday through Friday from 8 a.m. to 5 p.m. Member Services can review your claims data, send it back for reprocessing, and request additional information from your provider, if needed. All correspondence is documented and every call to Member Services is recorded in order to track accuracy.

# What programs and services come with Health Plan of Nevada's HMO plan?



24/7 virtual visits



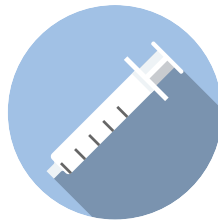
24/7 advice nurse



Health education and wellness



Family doctors and specialists



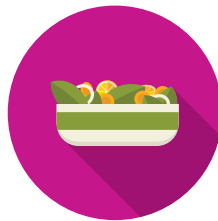
Preventive care and immunizations



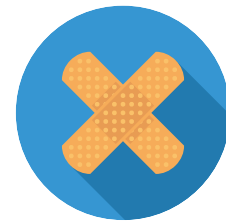
24/7 online member center



Weight loss program



Healthy recipes



Convenient care centers



24/7 urgent care centers\*



24/7 hospital care



24/7 emergency care

For more information on these services and to find more resources, visit [myHPNStateOfNevada.com](http://myHPNStateOfNevada.com).

\*Hours of operation may vary by location.









# Where can I go for help understanding my HMO plan?

- You can visit **MyHPNStateofNevada.com** for information about the services and programs available to you. The easy "I Need Help With" drop down menu includes topics most members have questions about.
- You can sign in to the online member center to view your plan documents, request a new health plan ID card, see the status of a prior authorization and more.
- If the information needed is not available online, you can call Member Services toll-free at **1-877-545-7378**, TTY **711**, Monday through Friday from 8 a.m. to 5 p.m. local time.
- You can also **visit us in person** at our Tenaya business office. Located in the northwest part of the Las Vegas Valley, Member Services is available to assist walk-in members with their questions. Our business office address is 2720 North Tenaya Way. Hours are Monday through Friday from 8 a.m. to 5 p.m. local time.
- We have **language services** available for PEBP participants, so you can communicate in the language you're most comfortable with. Member Services has Spanish-speaking staff members, as well as access to a language line.



We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card or plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

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.

**English:** You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card or plan documents.

This letter is also available in other formats like large print. To request the document in another format, please call the toll-free member 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.

**繁體中文 (Chinese):**

您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥打您健保計劃會員卡或計劃文件上的免付費會員電話號碼。

**한국어(Korean):** 귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID카드 혹은 플랜 문서에 기재된 무료 회원 전화번호로 전화하십시오.

**Tiếng Việt (Vietnamese):** Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID hoặc trên các tài liệu chương trình bảo hiểm y tế của quý vị.

**አማርኛ (Amharic):** በምትፈልጉት ቋንቋ እርዳታና መረጃ የማግኘት መብት አለዎት። አስተርጓሚ ለመጠየቅ፣ በጤና ካርድዎ ወይም የጤና ሰነድች የተዘረዘረውን የማያስከፍል ቴሌፎን ይደውሉ። ጥያቄዎች ካሉዎት፣ አባክዎ ያስታውቁኝ። አመሰግናለሁ! አናሂ

**ภาษาไทย (Thai):**

คุณมีสิทธิขอความช่วยเหลือหรือขอข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายใด ๆ เมื่อต้องการถาม กรุณาโทรฟรีมาที่หมายเลขโทรศัพท์สำหรับสมาชิก ที่อยู่บนบัตรแผนสุขภาพหรือเอกสารแผนสุขภาพของคุณ

**日本語 (Japanese):**

ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をご希望の場合は、医療プランのIDカードまたはプランの資料に記載されているメンバー用のフリーダイヤルまでお電話ください。

**العربية (Arabic):**

لديك الحق في الحصول على المساعدة والمعلومات بلغتك وبدون تكلفة. لطلب مترجم، اتصل بالرقم المجاني المدرج على بطاقة عضويتك في البرنامج الصحي أو وثائق البرنامج.

**Русский (Russian):** Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты или документах о вашем плане.

**Français (French):** Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé ou dans la documentation relative à votre régime.

**فارسی (Persian):**

کنید دریافت رایگان صورت به خودتان زبان به را اطلاعات و راهنمایی تا هسیتید برخوردار حق این از شما مربوط اسناد یا سلامت طرح شناسایی کارت در موجود رایگان تلفن شماره با، شفاهی مترجم درخواست برای بگیرید تماس طرحتان به.

**Gagana fa'a Sāmoa (Samoan):** E iai lau aia tatau e maua ai faamatalaga i lau gagana e aunoa ma se totogi. Ina ia talosaga mo se tasi e faaliliu, telefoni mai le numera o le telefoni e le totogia o lisi atu i lau pepa ID o le peleni tausofua maloloina poo pepa mo le peleni.

**Deutsch (German):** Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um einen Dolmetscher anzufordern, rufen Sie die gebührenfreie Nummer auf Ihrer Krankenversicherungskarte oder in den Versicherungspapieren.

**Ilokano (Ilocano):** Addaan ka ti karbengan a maala iti daytoy nga tulong ken impormasion para ti lenguahem nga awan ti bayadna. Tapno agkiddaw iti maysa nga tagapataros, awagan iti toll-free nga numero ti telepono para kadagiti kameng nga nakalista ayan iti ID card mo para ti plano iti salun-at mo wenno ayan dagiti dokumento ti planom.

Form No. 19H\_KN\_SOL\_HMO\_25\_DA\_SON,19H\_KA\_4T\_Rx104075\_20SP\_2\_5X. Plans include additional benefits, exclusions and limitations which are shown in the Health Plan of Nevada Evidence of Coverage, Attachment A Benefit Schedule, any other applicable Riders and the Summary of Benefits and Coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

**[MyHPNStateofNevada.com](http://MyHPNStateofNevada.com)**



**HEALTH PLAN OF NEVADA**  
A UnitedHealthcare Company

Health plan coverage provided by Health Plan of Nevada.

