



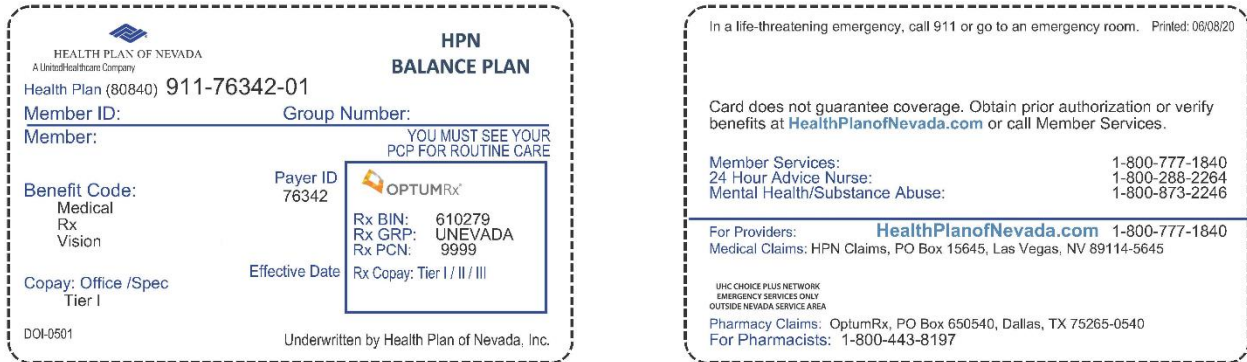
HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Effective July 1, 2020, Health Plan of Nevada is pleased to announce the HMO Balance Plans. These new Balance plans provide more first dollar coverage to simplify the health care experience and give members more predictable cost share.

There are six new HMO Balance plans, which have Calendar Year Deductibles ranging from \$1750 to \$6000 per individual. While the new plans have deductibles, some copays will differ depending on the plan chosen:

- PCP visit: \$10 to \$40 copay
- Specialist visit: \$20 to \$80 copay
- Virtual visit: \$0 copay
- Routine radiology and Lab: \$10 copay

Here is a copy of the new HPN Balance Plan member ID card:



Frequently asked questions:

- How will I identify a member as having the Balance Product? **Their ID card will say “HPN BALANCE PLAN” in the top right corner.**
- Will referrals be required to a specialist, or can the member see the specialist without a referral? **Yes, a referral is required.**
- Is Prior Auth required? **Yes, for anything with a billed amount greater than \$750.**
- Does the member need to select a PCP? **Yes, the member will need to select a PCP.**
- What hospital can the members use? **The member must be sent to an HPN HMO contracted facility.**

If you have questions regarding member benefits, please check the online provider center or call Member Services at (800) 777-1840.

If you have any questions regarding the new HPN Balance Plans, please contact your Provider Advocate directly, or call Provider Services at (702) 242-7088 or (800) 745-7065

You can find this document along with copies of our other Provider updates on our website at <https://healthplanofnevada.com/Provider/Provider-News>