



Plan Year 2018 HMO Plan Information

Starting July 1, 2017, the Public Employees' Benefits Program (PEBP), in partnership with Hometown Health and Health Plan of Nevada, will offer multiple Health Maintenance Organization (HMO) plans. These plans will supplement PEBP's Consumer Driven Health Plan (CDHP) to State and Non-State Employees, Retirees, and their dependents. Starting May 1, 2017 through May 31, 2017, PEBP will provide an Open Enrollment time frame where you may change your health plan choices to meet the needs of you and your family. If you are happy with your current plan, you do not need to do anything this Open Enrollment. PEBP will send you a notice in April with your current health plan selection and dependents covered. If everything is satisfactory, you can do nothing and you will be automatically enrolled in the same health plan in July. If changes are desired, please follow the instructions on that notice to either log into the PEBP portal or fill out a paper enrollment form.

Since there will be a second HMO plan available next plan year in many (but not all) areas of the state, Hometown Health and Health Plan of Nevada have developed flyers (see attached) highlighting the designs.

Summary of Plan Differences

Standard HMO	Alternate HMO
No Referrals to See Specialists	Referrals Required to See Specialists
Increased Pharmacy Copays	Lower Primary Care/Specialist Copays
Increased Monthly Premiums	Increased Emergency Room / Outpatient Surgery Copays
	Narrow Network of Providers for Northern Nevada***
	Lower Monthly Premiums

Alternate HMO Northern Nevada Plan Reduced Network of Providers

To reduce monthly premiums for participants and control costs, the HMO plan in Northern Nevada is providing a narrower network. This network is made up of primarily Renown employed providers located in some (but not all) counties in Northern Nevada and therefore your current doctors may not be covered on this plan. Additionally, by selecting this plan you may have to travel out of your current area to seek care through a Renown provider. PEBP recommends you review the Renown Primary Care Provider network linked in the Hometown Health flyer attached.

Once you select this Alternate HMO, if you find out after Open Enrollment your preferred doctor is not on their network, you will be unable to change plans and may have to travel for care until you change plans the next plan year (July 1, 2018).

PEBP will send out additional information on Board approved rates after the March 23, 2017 PEBP Board meeting. We look forward to providing you the highest quality healthcare at prices you can afford.

STATE OF NEVADA

Health Plan Options Plan Year 2018



HEALTH PLAN OF NEVADA

For Plan Year 2018 (beginning July 1, 2017), Health Plan of Nevada has two health plan options for State of Nevada employees in Southern Nevada.

Option #1 is the **Standard HMO (Preferred Plan Benefit Design)** and Option #2 is the **Alternate HMO Plan Benefit Design**.

Although each plan is unique, they do have some things in common.

- Both plans have no deductible for medical or pharmacy
- Both plans have a 4-tier pharmacy benefit
- Both plans are offered in Clark, Nye and Esmeralda counties
- Both plans offer the same provider network. Visit myHPNOnline.com to view the Southern Nevada Provider Directory
- Both plans offer student coverage for eligible dependents enrolled in an accredited college, university or vocational school anywhere in the United States
- Both plans offer travel coverage for members and their dependents for certain covered services while traveling for business or pleasure in the United States

It's also important to know what's different. One important difference to consider when selecting your plan is that the Alternate HMO Plan requires a referral to see a specialist while the Standard HMO Plan does not require a referral. Here's a snapshot of some additional differences to consider.

	Standard HMO Plan	Alternate HMO Plan
Primary Care Provider Visit	\$25	\$5
Specialist Visit	\$25 (with a referral) \$45 (without a referral)	\$25 (referral required)
Urgent Care Visit	\$30	\$25
Emergency Room Visit	\$300	\$1,000
Hospital Admission	\$500	\$1,000 per day not to exceed \$3,000
Outpatient Surgery	\$50	\$1,000
Pharmacy Tiers 1-4	\$7/\$40/\$75/40%	\$25/\$50/\$75/40%

Make sure to review each plan's benefits before you make your selection. Depending on your health and lifestyle, you'll want to choose the plan that best fits the needs of you and your family.

Form Nos. 17H_KN_SOL_HMO_5_SON, 17H_KN_SOL_HMO_25_DA_SON, 17H_KA_4T_RX74075_40SP_2_5X, 17H_KA_4T_RX255075_40SP_2_5X.

These 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.

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

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.

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.



HEALTH PLAN OF NEVADA
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Health plan coverage provided by Health Plan of Nevada.