

## 2017 ADAP Approved Health Plans- Clark, Nye, & Washoe Counties (Area 1)

On Marketplace Plan Options						
<b>HIOS Plan ID</b>	95865NV0030018	95865NV0030014	95865NV0030019	95865NV0030047	95865NV0030048	95865NV0030045
<b>Health Insurance Company</b>	Health Plan of Nevada	Health Plan of Nevada				
<b>Plan Marketing Name</b>	<b>MyHPN Silver 1.1</b>	<b>MyHPN Silver 3.1</b>	<b>MyHPN Silver 4.1</b>	<b>MyHPN Silver 5</b>	<b>MyHPN Silver 6/ Medicaid Transition Plan</b>	<b>MyHPN Gold 5</b>
<b>Plan Type</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>
<b>Level of Coverage</b>	<b>Silver</b>	<b>Silver</b>	<b>Silver</b>	<b>Silver</b>	<b>Silver</b>	<b>Gold</b>
<b>QHP On or Off the Marketplace</b>	On	On	On	On	On	On
<b>Is a Referral Required for Specialist?</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Combined Medical &amp; Drug Maximum Out of Pocket?</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Maximum Out of Pocket for Medical and Drug (Total)</b>	\$7,000	\$6,250	\$6,250	\$6,600	\$6,850	\$4,000
<b>Combined Medical &amp; Drug Deductibles?</b>	No	No	No	No	No	No
<b>Medical Deductible</b>	\$3,000	\$4,000	\$3,000	\$5,000	\$4,500	\$3,000
<b>Drug Deductible</b>	\$250	\$250	\$250	\$250	\$250	\$0
<b>Primary Visit</b>	\$20	\$35	\$40	\$15	\$10	\$10
<b>Specialist Visit</b>	\$40	\$70	\$80	\$85	\$30	\$15
<b>Medication Tier 1 Retail</b>	\$25	\$25	\$25	\$25	\$25	\$25
<b>Medication Tier 2 Retail</b>	\$50	\$50	\$50	\$50	\$50	\$50
<b>Medication Tier 3 Retail</b>	\$100 after Drug Ded is met	\$75				
<b>Medication Tier 4 Retail</b>	30% after Drug Ded is met	20%				

\*\* HPN plans have a separate medical and drug deductible.

HMO Tier 1, 2: No Drug Deductible Applies

HMO Tier 3, 4: Drug Deductible Applies

\* Ded= Deductible

During Open Enrollment, please contact Access to Healthcare to enroll in a health plan. **Phone Number (844) 609-4623**

## 2017 ADAP Approved Health Plans- Carson City, Storey, Douglas, & Lyon Counties (Area 2)

On Marketplace Plan Options										
HIOS Plan ID	60156NV0230027	60156NV0230035	60156NV0230038	33670NV1050003-01	33670NV1050010	16698NV0450013	16698NV0450041	60156NV0390004	33670NV1050011-01	16698NV0450044
Health Insurance Company	Anthem BCBS	Anthem BCBS	Anthem BCBS	Anthem BCBS	Anthem BCBS	Prominence Health	Prominence Health	Anthem BCBS	Anthem BCBS	Prominence Health
Plan Marketing Name	Anthem Pathway X HMO 2250/20%	Anthem Pathway X HMO 2500	Anthem Core Pathway X HMO 5300	Anthem Pathway X PPO 2250	Anthem Pathway X PPO 4000	Silver 50 Premier	Silver 70 Premier	Anthem Direct Access, Multi-State	Anthem Pathway X PPO 700	Gold 2 Premier
Plan Type	HMO	HMO	HMO	PPO	PPO	HMO	HMO	HMO	PPO	HMO
Level of Coverage	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold
QHP On or Off the Marketplace	On	On	On	On	On	On	On	On	On	On
Is a Referral Required for Specialist?	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes
Combined Medical & Drug Maximum Out of Pocket?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Maximum Out of Pocket for Medical and Drug (Total)	\$6,850	\$5,000	\$6,450	\$7,150	\$7,150	\$6,000	\$6,850	\$6,000	\$7,150	\$6,100
Combined Medical & Drug Deductibles?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Combined Medical and Drug Deductible (Total)	\$2,250	\$2,500	\$5,300	\$2,250	\$4,000	\$5,000	\$4,000	\$1,100	\$700	\$0
Primary Visit	\$35	\$35	\$35	\$35	\$40	\$40	\$40 after Ded is met	\$35	\$25	\$50
Specialist Visit	20% after Ded is met	40% after Ded is met	25% after Ded is met	20% after Ded is met	15% after Ded is met	\$100	15% after Ded is met	25% after Ded is met	15% after Ded is met	\$100
Medication Tier 1 Retail	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20	\$15	\$15	\$10/\$20	\$10/\$20	\$15
Medication Tier 2 Retail	\$40/\$50	40%/50% after Ded is met	\$40/\$50	\$40/\$50	\$40/\$50	\$75	\$40	\$40/\$50	\$30/\$40	\$55
Medication Tier 3 Retail	40%/50% after Ded is met	50% after Ded is met	35%/50% after Ded is met	40%/50% after Ded is met	30%/50% after Ded is met	\$150	15% after Ded is met	35%/50% after Ded is met	30%/50% after Ded is met	\$100
Medication Tier 4 Retail	40%/50% after Ded is met	50% after Ded is met	50% after Ded is met	40%/50% after Ded is met	30%/50% after Ded is met	20% after Ded is met	15% after Ded is met	50% after Ded is met	30%/50% after Ded is met	30%

\*\* Anthem plans have a 2 level pharmacy network. Level 1/Level 2 Pharmacy

Tier 1, 2: No Deductible Applies

Tier 3, 4: Combined Medical Deductible Applies

\* Ded= Deductible

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## 2017 ADAP Approved Health Plans- Remaining/Rural Counties (Area 3)

On Marketplace Plan Options							
<b>HIOS Plan ID</b>	60156NV0230027	60156NV0230035	60156NV0230038	33670NV1050003-01	33670NV1050010-01	33670NV1050011-01	60156NV0390004
<b>Health Insurance Company</b>	Anthem BCBS	Anthem BCBS	Anthem BCBS	Anthem BCBS	Anthem BCBS	Anthem BCBS	Anthem BCBS
<b>Plan Marketing Name</b>	<b>Anthem Pathway X HMO 2250/20%</b>	<b>Anthem Pathway X HMO 2500</b>	<b>Anthem Core Pathway X HMO 5300</b>	<b>Anthem Pathway X PPO 2250</b>	<b>Anthem Pathway X PPO 4000</b>	<b>Anthem Pathway X PPO 700</b>	<b>Anthem DirectAccess, Multi-State</b>
<b>Plan Type</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>PPO</b>	<b>PPO</b>	<b>PPO</b>	<b>HMO</b>
<b>Level of Coverage</b>	<b>Silver</b>	<b>Silver</b>	<b>Silver</b>	<b>Silver</b>	<b>Silver</b>	<b>Gold</b>	<b>Gold</b>
<b>QHP On or Off the Marketplace</b>	On	On	On	On	On	On	On
<b>Is a Referral Required for Specialist?</b>	Yes	Yes	Yes	No	No	No	Yes
<b>Combined Medical &amp; Drug Maximum Out of Pocket?</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Maximum Out of Pocket for Medical and Drug (Total)</b>	\$6,850	\$5,000	\$6,450	\$7,150	\$7,150	\$7,150	\$6,000
<b>Combined Medical &amp; Drug Deductibles?</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Combined Medical and Drug Deductible (Total)</b>	\$2,250	\$2,500	\$5,300	\$2,250	\$4,000	\$700	\$1,100
<b>Primary Visit</b>	\$35	\$35	\$35	\$35	\$40	\$25	\$35
<b>Specialist Visit</b>	20% after Ded is met	40% after Ded is met	25% after Ded is met	20% after Ded is met	15% after Ded is met	15% after Ded is met	25% after Ded is met
<b>Medication Tier 1 Retail</b>	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20
<b>Medication Tier 2 Retail</b>	\$40/\$50	40%/50% after Ded is met	\$40/\$50	\$40/\$50	\$40/\$50	\$30/\$40	\$40/\$50
<b>Medication Tier 3 Retail</b>	40%/50% after Ded is met	50% after Ded is met	35%/50% after Ded is met	40%/50% after Ded is met	30%/50% after Ded is met	30%/50% after Ded is met	35%/50% after Ded is met
<b>Medication Tier 4 Retail</b>	40%/50% after Ded is met	50% after Ded is met	50% after Ded is met	40%/50% after Ded is met	30%/50% after Ded is met	30%/50% after Ded is met	50% after Ded is met

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Tier 1, 2: No Deductible Applies

Tier 3, 4: Combined Medical Deductible Applies

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