

Benefits and More

In addition to providing coverage for a number of medical services, we offer special services you will enjoy as a valued member.

✓ 24-hour Advice Nurse Service

Day or night, holiday or weekend, our 24-hour advice nurse service can help with medical concerns and assist on whether to seek urgent care, emergency care or wait until the next day to see a provider.

✓ Emergency Services and Urgent Care

If you have a life-threatening emergency, you're covered at any hospital emergency room. If you have a condition that is not an emergency, but requires immediate attention, visit an urgent care facility.

✓ Health Education and Wellness

Our Health Education and Wellness (HEW) Division develops innovative programs and services to address the health issues facing America today, including topics like hypertension, diabetes, smoking cessation and weight management.

✓ Southwest Medical Associates (Southern Nevada only)

Southwest Medical Associates (SMA) is Nevada's largest multispecialty medical group. With over 250 primary and specialty care providers, they offer extended office hours and convenient locations. Many facilities have onsite laboratory, radiology and urgent care services for greater convenience. SMA has five urgent care locations, one open 24 hours. *My SMA Health Online* features 24-hour Internet access to appointment scheduling, medical records, prescription renewals and more.



Looking for a Quality Health Care Plan?

Selecting health care coverage with all the right choices is one of the most important decisions you can make. At Sierra Health and Life (SHL) it is our goal to offer you the type of quality coverage you need and want, with the plan of many choices. Please take a moment to review the four Preferred Provider Organization (PPO) Plan options that we offer.

Why choose an Individual Plan?

Are you self-employed, between jobs or retiring early? These are just a few of the reasons why you might need an affordable health plan. Individual health plans provide easy access to quality care and other health care services at a price that won't break the bank!

Our plans include:

- ✓ Extensive provider networks
- ✓ Comprehensive benefits for health care provider office visits, hospitalization, prescription drugs and preventive care
- ✓ 24-hour telephone advice nurse service
- ✓ Online member center, We're@YourService

A representative from our Individual Sales Division will be happy to address any questions you might have. Please call 702-821-2200 or 800-873-0004.



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

Online. Anytime.
We're@YourServiceSM
www.sierrahealthandlife.com

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Individual PPO Health Plans for You and Your Family



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Sierra Health and Life Benefits at a Glance

SHL PPO DISTINCT ADVANTAGE PLANS		PPO PLAN 1 <small>Maternity coverage excluded</small>	
		PLAN PROVIDER	NON-PLAN PROVIDER
Lifetime Maximum Benefit		\$2,000,000 of EME*	
Calendar Year Deductible (CYD)		\$1,000 of EME per insured / \$2,000 of EME per family	
Calendar Year Coinsurance Maximum (after CYD)		\$1,000 of EME per insured	\$2,000 of EME per insured
		\$2,000 of EME per family	\$4,000 of EME per family
Physician Services	Office Visit	\$35 per visit	After CYD, insured pays 50% of EME plus all charges in excess of EME
	Specialist Visit	\$35 per visit	
Hospital Services	Inpatient	After CYD, insured pays 20% of EME	
	Outpatient		
Emergency Services	Physician Services	After CYD, insured pays 20% of EME	
	Emergency Room		
	Urgent Care	\$50 per visit	
Diagnostic Services	Routine Laboratory	After CYD, insured pays 20% of EME	
	Routine X-ray		

Form No. SHL-IndDAP-masBS-2007

SHL PPO DISTINCT ADVANTAGE PLANS		PPO PLAN 2 <small>Maternity coverage excluded</small>	
		PLAN PROVIDER	NON-PLAN PROVIDER
Lifetime Maximum Benefit		\$2,000,000 of EME*	
Calendar Year Deductible (CYD)		\$1,500 of EME per insured / \$3,000 of EME per family	
Calendar Year Coinsurance Maximum (after CYD)		\$1,500 of EME per insured	\$3,000 of EME per insured
		\$3,000 of EME per family	\$6,000 of EME per family
Physician Services	Office Visit	\$35 per visit	After CYD, insured pays 40% of EME plus all charges in excess of EME
	Specialist Visit	\$35 per visit	
Hospital Services	Inpatient	After CYD, insured pays 20% of EME	
	Outpatient		
Emergency Services	Physician Services	After CYD, insured pays 20% of EME	
	Emergency Room		
	Urgent Care	\$50 per visit	
Diagnostic Services	Routine Laboratory	After CYD, insured pays 20% of EME	
	Routine X-ray		

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SHL PPO DISTINCT ADVANTAGE PLANS		PPO PLAN 3 <small>Maternity coverage excluded</small>	
		PLAN PROVIDER	NON-PLAN PROVIDER
Lifetime Maximum Benefit		\$2,000,000 of EME*	
Calendar Year Deductible (CYD)		\$2,500 of EME per insured / \$5,000 of EME per family	
Calendar Year Coinsurance Maximum (after CYD)		\$2,500 of EME per insured	\$5,000 of EME per insured
		\$5,000 of EME per family	\$10,000 of EME per family
Physician Services	Office Visit	\$40 per visit	After CYD, insured pays 30% of EME plus all charges in excess of EME
	Specialist Visit	\$40 per visit	
Hospital Services	Inpatient	After CYD, insured pays 10% of EME	
	Outpatient		
Emergency Services	Physician Services	After CYD, insured pays 10% of EME	
	Emergency Room		
	Urgent Care	\$55 per visit	
Diagnostic Services	Routine Laboratory	After CYD, insured pays 10% of EME	
	Routine X-ray		

Form No. SHL-IndDAP-masBS-2007

SHL PPO DISTINCT ADVANTAGE PLANS		PPO PLAN 4 <small>Maternity coverage excluded</small>	
		PLAN PROVIDER	NON-PLAN PROVIDER
Lifetime Maximum Benefit		\$2,000,000 of EME*	
Calendar Year Deductible (CYD)		\$5,000 of EME per insured / \$10,000 of EME per family	
Calendar Year Coinsurance Maximum (after CYD)		\$2,500 of EME per insured	\$5,000 of EME per insured
		\$5,000 of EME per family	\$10,000 of EME per family
Physician Services	Office Visit	\$50 per visit	After CYD, insured pays 40% of EME plus all charges in excess of EME
	Specialist Visit	\$50 per visit	
Hospital Services	Inpatient	After CYD, insured pays 20% of EME	
	Outpatient		
Emergency Services	Physician Services	After CYD, insured pays 20% of EME	
	Emergency Room		
	Urgent Care	\$65 per visit	
Diagnostic Services	Routine Laboratory	After CYD, insured pays 20% of EME	
	Routine X-ray		

Form No. SHL-IndDAP-masBS-2007

*EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule. The Plan Provider and Non-Plan Provider Calendar Year Coinsurance Maximums are separate and do not accumulate to one another. Non-Plan Provider charges in excess of EME may be substantial and do not accrue toward the Calendar Year Coinsurance Maximum. These Plans include additional Benefits, Exclusions and Limitations which are shown in the SHL Agreement of Coverage, Attachment A Benefit Schedule, Form No. SHL-IndDAP-masBS-2007, any other applicable Riders and the Disclosure Summary. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

Prescription Drug Rider

SHL DISTINCT ADVANTAGE RX	\$10/\$35/\$60 PRESCRIPTION DRUG BENEFIT SUMMARY
Preferred generic covered drug (Tier I)	\$10 drug fee - up to 30-day therapeutic supply
Preferred brand name covered drug without generic equivalent (Tier II)	\$35 drug fee - up to 30-day therapeutic supply
Preferred brand name covered drug with generic equivalent	\$10 drug fee - plus the difference between the EME of the generic covered drug and the EME of the brand name covered drug - up to a 30-day therapeutic supply
Preferred mail order maintenance covered drug	The insured pays two of the applicable drug fees as outlined above, up to a 90-day maintenance supply for preferred generic or brand name covered drugs
Non-preferred generic or brand name covered drug (Tier III)	\$60 drug fee - up to 30-day therapeutic supply
Non-plan pharmacy	Submit claim to Sierra Health and Life (SHL) for reimbursement. SHL pays 70% of EME for covered drugs less the applicable drug fee.

Form No. SHL-IPPO-3TierSIO-2006

*EME (Eligible Medical Expenses) means the network pharmacy contracted cost of the Covered Drug to the Plan. Prescription drug benefits are subject to Exclusions and Limitations which are shown in the Prescription Drug Benefit Rider, Form No. SHL-IPPO-3TierSIO-2006. SHL Agreement of Coverage, Attachment A Benefit Schedule, and any other applicable Riders. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments. This is a summary of covered prescription drugs.