



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Travel Endorsement

This Endorsement offers Subscribers and their Dependents access to certain Covered Services when, while travelling for business or pleasure in the United States, unanticipated healthcare issues occur. This Endorsement does not provide access to services that a Member could have obtained within the HPN Service Area. Except in the case of Emergency Services and Urgently Needed Services, the Member will be fully responsible for the cost of services not Prior Authorized by the HPN Managed Care Program.

This Endorsement is a supplement to your Evidence of Coverage (EOC) issued by HPN and subject to the applicable terms, conditions, limitations and exclusions stated in the EOC. Nothing in this Endorsement will change the terms of the EOC except as otherwise stated herein. This Endorsement shall terminate upon termination of the Plan and under the same terms and conditions specified therein, and Members shall no longer be entitled to any of the benefits set forth in this Endorsement. Nothing contained in this Endorsement shall vary, waive, alter, or extend any of the terms, conditions or limitations of the EOC, except as specifically stated in this Endorsement.

This Endorsement is governed by the HPN Managed Care Program requirements. HPN's Managed Care Program requires the Member, Plan Providers and HPN to work together. All Plan Providers have agreed to participate in HPN's Managed Care Program. Plan Providers have agreed to accept HPN's Reimbursement Schedule amount as payment in full for Covered Services, less the Member's payment of any applicable Copayment, Deductible or Coinsurance amount, whereas Non-Plan Providers have not. Members enrolled in this Endorsement who use the services of Non-Plan Providers will receive no benefit payments or reimbursement for amounts for any Covered Service, except in the case of Emergency Services or Urgently Needed Services as defined in this Endorsement. In no event will HPN pay more than the maximum payment allowance established in the HPN Reimbursement Schedule.

With the exception of Urgent or Emergently Needed Services, all Covered Services outside the HPN Service Area require Prior Authorization from HPN. It is the Member's responsibility to verify that the Provider selected is a Plan Provider before receiving any non-Emergency Services and to comply with all other rules of HPN's Managed Care Program. Compliance by the Member with HPN's Managed Care Program is mandatory. Failure to comply with the rules of HPN's Managed Care Program means the Member will be responsible for costs of services received. Contact the Member Services Department at the number on your ID card for the list of out of area Plan Providers, prior to obtaining Covered Services.