OUT ENROLL TRANSGENDER HEALTH INSURANCE GUIDE TO THE MARKETPLACE

NEVADA 2018

Looking for health insurance for 2018 through <u>HealthCare.gov</u>? We've created new state-specific Transgender Health Insurance Guides to help you better understand your options and select a plan that meets your needs and fits your budget.

- To see our analysis of **transgender exclusions** in silver plans sold through HealthCare.gov, check out: **Transgender Health Insurance Guide for** 2018: Nevada. These ratings were compiled by Out2Enroll through a review of silver marketplace plans only. Out2Enroll did not contact insurance companies to verify this information. In addition, plans may have other exclusions (such as cosmetic exclusions) that may impact your coverage so you should carefully review each plan to ensure it meets your needs. Not all insurers offer coverage in all areas of the state so carefully review the options in your area.
- To see more **detailed information about each silver plan**, check out the documents below. Insurance companies are listed in **bold** and we have included links to each plan's specific **Summary of Benefits & Coverage** (a summary of plan features and out-of-pocket costs) and **Evidence of Coverage** (detailed plan information that includes coverage exclusions and limitations). Transgender and cosmetic exclusions will only be found in the Evidence of Coverage documents. We strongly recommend that you review both of these documents before selecting a 2018 marketplace plan.

If you still have questions about choosing a plan, we can help. Make an appointment with an <u>LGBT-friendly expert</u> who can help you consider your options and enroll for free.

Ambetter

Ambetter Balanced Care 4 (2018)	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 1 (2018)	Summary of Benefits & Coverage	Evidence of Coverage

Health Plan of Nevada				
MyHPN Silver 3 \$25/\$50/30%/50%	Summary of Benefits & Coverage	Evidence of Coverage		
MyHPN Silver 4 \$25/\$50/30%/50%	Summary of Benefits & Coverage	Evidence of Coverage		

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area. If you have questions or concerns about this information, please email <u>info@Out2Enroll.org</u>. If your coverage is denied, appeal with your health insurer – visit <u>http://bit.ly/2hGFuWn</u>. If you face discrimination by an insurer or health provider, file a complaint with your state insurance department or contact a legal organization at http://bit.ly/2hGFuWn. If you face discrimination by an insurer or health provider, file a complaint with your state insurance department or contact a legal organization at http://bit.ly/2hHkLxi.

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MyHPN Silver 5 \$25/\$50/30%/50%	Summary of Benefits & Coverage	Evidence of Coverage
MyHPN Silver 6 \$25/\$50/30%/50%	Summary of Benefits & Coverage	Evidence of Coverage
MyHPN Silver 1 \$25/\$50/30%/50%	Summary of Benefits & Coverage	Evidence of Coverage

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