# Understand your pharmacy benefits.

## Find out if your prescriptions are covered.



### **Pharmacy network**

A group of pharmacies contracted with Health Plan of Nevada to offer you greater savings.



### Preferred drug list

A list of covered medications, organized into cost levels, called tiers. Some restrictions may apply. Visit **HealthPlanofNevada.com** to view our drug list.

### Fill your prescriptions.



**Retail pharmacy** 

Show your health plan ID card at any Health Plan of Nevada network retail pharmacy.





### Mail order\* or specialty pharmacy

Order certain medications and get them delivered to your door.

# Your plan may require one or more of the following before you can fill your prescription:



#### **Prior authorization**

Approval to get a medication to ensure it's the most appropriate, medically necessary option.



### **Step therapy**

Trying one medication before another will be approved.



### **Quantity limits**

For safety reasons, get a certain amount of each prescription.

Want to learn more? Visit HealthPlanofNevada.com.



A UnitedHealthcare Company

\*May not be available with all health plans.

Health plan coverage provided by Health Plan of Nevada.

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.







