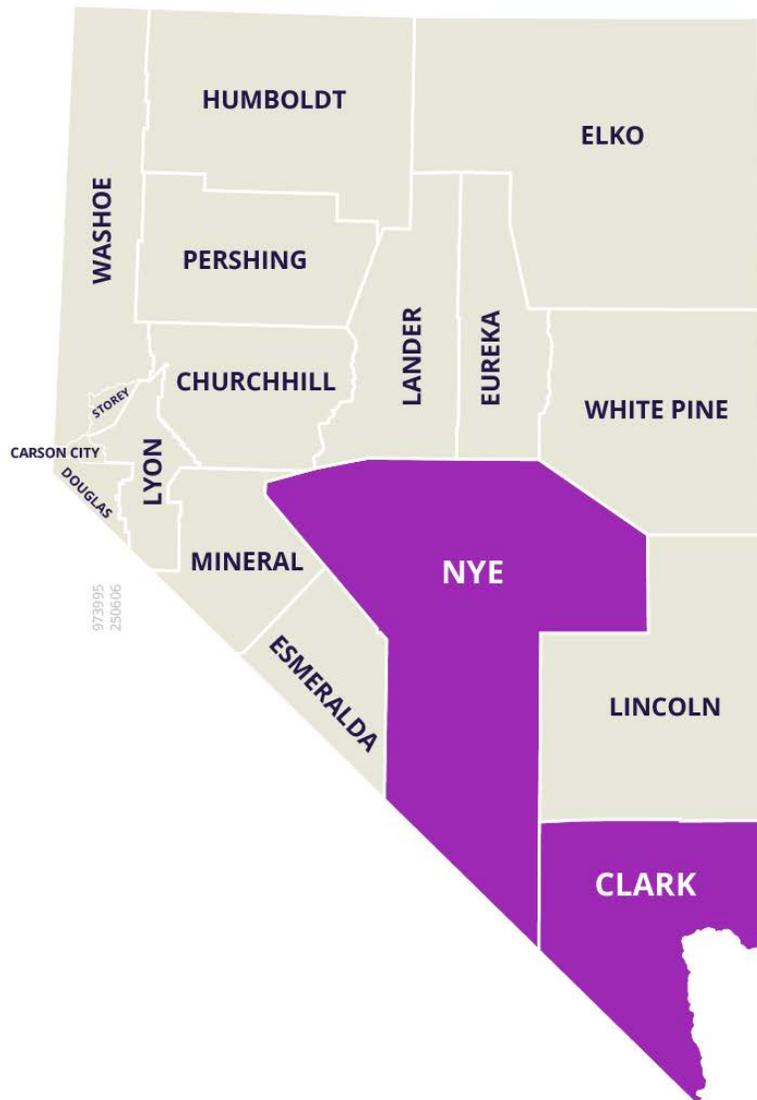




Plans by State: West

Nevada

2026 Overview



LAS VEGAS

■ The following plan are offered in these counties:

- H4513-095 HealthSpring Preferred Savings (HMO)**
- H4513-096 HealthSpring Premier (HMO-POS)**

Clark, Nye

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.



Featured Plans: West

Market: Mountain States

Submarket: Nevada



Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H4513-095
Counties	Clark, Nye
Total Premium	\$0.00
Part B Premium Giveback	\$110.00
Max Out-of-Pocket	\$3,700
Cost Share - PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$250 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$75
Medical Deductible	No deductible
Part D Deductible	\$250 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$1,000 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Not included
Transportation	Not included	Fitness	Included
OTC	\$45/quarter	Caregiver Support	Included



Featured Plans: West

Market: Mountain States

Submarket: Nevada



Plan Name/Plan ID	HealthSpring Premier (HMO-POS)/H4513-096	
Counties	Clark, Nye	
Network	In-Network	Out-of-Network
Total Premium	\$0.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$2,000	There is no maximum out of pocket cost for out-of-network benefits
Cost Share - PCP/Specialist	\$0/\$0	Not included/40%
Inpatient Acute Care Hospital	\$75 per day for days 1-4; \$0 per day for days 5-90	Not included
Ambulatory Surgical Center	\$0	Not included
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	N/A
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	N/A

Supplemental Benefits					
Network	In-Network	Out-of-Network	Network	In-Network	Out-of-Network
Dental	\$3,500 allowance		Hearing Aids	Included	Not included
Eyewear	\$350 allow.	Not included	Meals	Included	Not included
Transport.	30 one-way	Not included	Fitness	Included	Not included
OTC	\$110/quarter	Not included	Caregiver	Included	Not included