

Sierra Health and Life<sup>®</sup> A UnitedHealthcare Company

# **Online Broker Center**

User Guide

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#### **Table of Contents**

Welcome User Roles Dashboard Unpaid Member Information Membership Roster **Members Summary Eligibility Summary** Deductible/Accumulators Cost Share Health Plan ID Card Plan Documents **Billing & Payment Information** View Invoices **Contract Documents** 

**Commission Statements** Summary of Benefits & Coverage **Book of Business Renewal Center Eligibility Maintenance** Quoting, Renewals & Marketing Materials Quoting ACR (New Groups) Renewals (Group) Renewals (Individual) Quoting (Association Health Plans) Quoting AHP Groups Applications/Quoting (Individual) Marketing Materials Additional Information

## **Online Broker Center (OBC)**

#### Welcome to OBC!

Visit **Broker.HealthPlanofNevada.com** and sign in with your existing **OneHealthcare ID**. First time users will need to register for a **OneHealthcare ID** to create an OBC account.

For the best user experience, use **Microsoft Edge**, **Mozilla FireFox**, **Google Chrome** or **Apple Safari** as your browser.

We also recommend you bookmark **Broker.HealthPlanofNevada.com** for quick access.







Certain user roles require additional access or paperwork.

To request invoice access or obtain the required paperwork for commission statement access, please contact your HPN/SHL broker/agency services specialist or email **hpnshlbrokerportal@uhc.com**.

#### Dashboard

After you sign in, you'll see the **Dashboard** on the left side of your screen. This will serve as your starting point, where you can access all the resources available to you.

If we post a priority alert or action item, it will be displayed at the top of the page.

We added a **News** section for important communications.



#### **Unpaid Member Information**

View **Unpaid Member Information**. Select **Bill Due Date** and a list of your unpaid members\* will display.

\*individual members only



#### **Membership Roster**

Access your clients individually or collectively.

To look up a specific member, enter the **Member ID**. Select the **Group Name** and **Subgroup**. Then click **Search**.

To download your complete **Membership Roster**, select the **Group Name** and **Subgroup**. Then click **Search**.

To save and print a copy of your membership roster, select **Download Spreadsheet**. If you selected a specific member, only that member's information will display. If you left the member ID field blank, all members within the selected subgroup will display.

	Dashboard	Membership Roster 🖶
)	Members ~	
1	Membership Roster	Last Name
J	Billing Information and Payment History	First Name
I	View Invoices ~	
ľ	Contract Documents	Date of Birth
	Commission Statements	Member Effective Date
I	Summary of Benefits and Coverage	Member Id
•	Book of Business	Show Dependents Group Name *
	Renewal Center	
1	Eligibility Maintenance	Subgroup *
}	Quoting, Renewals & Marketing Materials	Search Reset
		O Download Spreadsheet
We	/S	Member Id ↑ Name Last 4 of SSN DOB Relation Subgroup Class Actions
ell ok e h	ter Center! have a new look and feel. Please s know what you think!	

#### **Membership Roster**

To search for a **Subscriber**, enter the **9-digit member ID plus the suffix 00**.

To search for a **Dependent**, enter the **9-digit member ID plus the suffix 01**, **02**, etc.

To display the **Subscriber** and all of their **Dependents**, only enter the **9-digit member ID (without the suffix)** or check the **Show Dependents** box.

To view a specific member's plan information, click on their **Member ID**.



#### **Member Summary**

After you do a **Member Search**, the following tabs will appear:

- Member Summary
- Eligibility Summary
- Deductible/Accumulators
- Cost Share
- ID Card
- Plan Documents

The **Member Summary** will display the member's information, coverage type and other insurance if applicable.

Name	Member Number	As of Date	Gender	Date of Birth	Group Name
Dashboard	Meml	per Summary 🖶			
Members	Mem	ber Information			
lember Summary	Name Date of Gender	Birth		Effective Date Line of Business Product	
ligibility Summary eductible/Accumulators	Product	ts		РСР	
ost Share	Cont	act Information			
) Card Ian Documents	Address Address Home F Fax	s Line 1 5 Line 2 Phone		City State Zip Email Address	
Membership Roster	Mem	ber Other Insurance		La	
Billing Information and Payment History	Y	other insurance found.			
View Invoices	~				
Contract Documents					
Commission Statements					
Summary of Benefits and					

## **Eligibility Summary**

Search for a member under the **Membership Roster** tab. Once the member's information appears, select **Eligibility Summary**.

This will populate the member's eligibility summary at the time of service and accountable to the terms and conditions in their Evidence of Coverage. Limitations and maximums may apply.

Name	Member Number	As of Date	Gender	Date of Birth	Group Name
Dashboard	Eligibi	ility Summary 🖶			
e Members	Mem	ber Information			
Member Search	Name			Subgroup	
Member Summary	Date of Gender	Birth		Effective Date Line of Business	
Eligibility Summary	Member	r Number s		Product	
Deductible/Accumulators	Dept. Co Group	ode		PCP	
Cost Share				l⊋	
ID Card	MEDI	ICAL - S21PS300		10	
Plan Documents	Member Benefit	r # Code		Benefit Group Benefit Description	
Membership Roster	Effective Group #	e Date		Term Date Subgroup #	
Billing Information and Payment History	~ PHAR	RMACY - PS21PS01			
View Invoices	<ul> <li>✓</li> <li>Member</li> </ul>	r #		Benefit Group	
Contract Documents	Benefit	Code		Benefit Description	
\$ Commission Statement	ts Effective Group #	e Date		Term Date Subgroup #	
<ul> <li>Summary of Benefits an Coverage</li> </ul>	nd DENT	TAL - DLVPP290			

#### **Deductible/Accumulators**

Search for a member under the **Membership Roster** tab. Once the member's information appears, select the **Deductible/Accumulators** tab. This will populate their calendar year deductible, manual manipulation maximum and out-of-pocket maximum.



#### **Cost Share**

Search for a member under the **Membership Roster** tab. Once the member's information appears, select **Cost Share**. This will populate their **Medical**, **Dental** and **Pharmacy Copay** information.\*

Under the **Pharmacy Copay** tab, depending on the date you enter, the member's copay for preferred generic, preferred brand, and non-preferred medications will display.

\*This is a benefit overview and will not display all aspects of coverage.



#### **Health Plan ID Card**

Search for a member under the **Membership Roster** tab. Once the member's information appears, select **ID Card** to view, print and/or a member's health plan ID card.

Enter the **Date** and click **Retrieve**. The member's health plan ID card will appear. Select **Print ID Card** to send to your printer or save as a PDF file.



#### **Plan Documents**

Search for a member or group under the **Membership Roster** tab. Once their information appears, select **Plan Documents**. Enter the **Date** of the document you are looking for and click **Submit**. Then save or print the document.

This will populate the member's eligibility at the time of service and accountable to the terms and conditions in their Evidence of Coverage. Limitations and maximums may apply. The effective date of coverage is determined by the specific plan.

Name	Member Number	As of Date	Gender	Date of Birth	Group Name
Dashboard Members	Plan D	ocuments 🖶		1	
ember Search ember Summary igibility Summary eductible/Accumulators	Memb Name Date of E Gender Member Products Dept. Co Group	per Information wirth Number		Subgroup Effective Date Line of Business Product PCP	
an Documents	Member	As Of Date *     1/6/2023  Submit Reset	Ē	Left	
Membership Roster Billing Information and Payment History	~				
View Invoices Contract Documents	~				
Commission Statements					
Summary of Benefits and Coverage	I				

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## **Billing & Payment Information**

Access member or group billing information, payment history and unpaid invoices. Under the **Billing Information and Payment History** tab, select one of the following options:

- Select Member Billing & Payment Information and enter the date range (cannot be greater than six months). Then click Search.
- Select Group Billing & Payment Information and enter the date range (cannot be greater than six months). Then click Search.



#### **View Invoices**

View individual member or group invoices for the last six months. Remember, only administrators have permission to view invoices.

Under the **View Invoices** tab, select **Member Invoices** or **Group Invoices**.

Then select the required information from the dropdown menus, including date of invoice and file format. Click **View Invoice**. You can save and print an invoice as a PDF or CSV (Excel) file.

Dashboard	Group Invoices 🖶
e Members v	
Membership Roster	Group Name *
Billing Information and Payment History	Subgroup *
View Invoices ^	Invoices * 01/01/2023
Member Invoices	Invoice Format *
Group Invoices	View Invoice Reset
Contract Documents	L3
\$ Commission Statements	
<ul> <li>Summary of Benefits and Coverage</li> </ul>	
Book of Business	
C Renewal Center	
Eligibility Maintenance	
Quoting, Renewals & Marketing Materials	

#### **Contract Documents**

Select the **Contract Documents** tab from the **Dashboard**. Select the **Group Name** and **Contract**. Then click **View Document** to display the PDF.



#### **Commission Statements**

Select the **Commission Statements** tab from the **Dashboard**. Remember, this option is only available to administrators.

Select the date of the statement and file format. Then click **View Commission Statement** to display the statement. You can print and save a statement as a PDF or CSV (Excel) file.

	HEALTH PLAN OF NEVADA SIERRA HEALTH AND LIFE	8
5	Dashboard	Commission Statements 🖶
θ	Members ~	
ę	Membership Roster	Commission Statement * 9/2/2022
8	Billing Information and Payment History	Commission Statement Format * PDF
	View Invoices ~	View Commission Statement Reset
Ê	Contract Documents	
\$	Commission Statements	
Ð	Summary of Benefits and Coverage	
Ê	Book of Business	13
\$	Renewal Center	
Ø	Eligibility Maintenance	
±,	Quoting, Renewals & Marketing Materials	
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Wel Broi We let t	Icome to the refreshed Online ker Center! have a new look and feel. Please us know what you think! Read More	
to Tabl	a of Contonta	

### **Summary of Benefits & Coverage**

Select Summary of Benefits and Coverage (commonly known as SBC) from the Dashboard. Enter the Group Name and Subgroup. Then enter the Date and click Submit.

NOTE: If there is no membership displayed for a specific plan, the SBC is not available. Please contact your sales representative if you have any questions.

<i>~</i> >	HEALTH PLAN OF NEVADA SIERRA HEALTH AND LIFE	θ
8	Dashboard	Summary of Benefits and Coverage 🖶
Θ	Members ~	,
ę	Membership Roster	Group Name *
8	Billing Information and Payment History	Subgroup *
	View Invoices v	As Of Date *
8	Contract Documents	1/6/2023
\$	Commission Statements	Submit Reset
+	Summary of Benefits and Coverage	
Ô	Book of Business	L3
¢	Renewal Center	
Ø	Eligibility Maintenance	
±,	Quoting, Renewals & Marketing Materials	
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Weld Broke We h let us	come to the refreshed Online er Center! have a new look and feel. Please s know what you think! Read More	
Takt	of Contonto	

#### **Book of Business**

Select **Book of Business** from the **Dashboard**. A grid displaying the groups you manage with their anniversary dates will appear. Click the **Group Number** to **Subgroup** information.

Click **Download** to print and save as a PDF or CSV (Excel) file.

To view a specific group, enter **Group Name** and **Date** range. Then click **Search**.



#### **Renewal Center**

The **Renewal Center** is only for small groups 2-50, adjusted community rate (ACR) and association health plans (AHP).

You can renew plans **as is** or **make plan changes** on behalf of your clients.

- Click **Renew** to view current, proposed alternate plans and renew.
- Click View Confirmation to check renewal status.

ł	Dashboard		Renewal Dash	ooard 👼			
9	Members	~					
P	Membership Roster			30 Days Out		60 Days Out	
8	Billing Information and Payment History	~	Total Complete	Outstanding	Total Complete	Outstanding	
	View Invoices	~					
ė	Contract Documents						
\$	Commission Statements		Group Name 🕇	Renewal Date	Renewal Status	Action	
÷	Summary of Benefits and Coverage				items per	page: 10 - 0 of 0 <	>
ĉ	Book of Business						
Φ	Renewal Center						
ß	Eligibility Maintenance	_					
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Wel Brol We let u	come to the refreshed Onlin ker Center! have a new look and feel. Ple is know what you think! Read More	i <b>e</b> ase					

### **Eligibility Maintenance**

If you select **Eligibility Maintenance** from the **Dashboard**, it will open a new window. The OEM portal hasn't changed yet. It's still the same experience. A rewrite is in progress, and a future update will align with the look and feel of the broker portal.

Eligibility Maintenance will only appear if a group has given you online employee maintenance (OEM) access. You can go between any groups you have access to and process new adds, terminations and demographic changes.



### **Eligibility Maintenance**

Add Subscriber/Family. Select the Group from the dropdown list and enter the required information. Make sure all the required fields marked with an asterisk (\*) are filled out. When each page is complete, click Next to continue. On the final page, select Submit Changes.

Add Dependent. Select the Group from the dropdown list. Search for the employee you are adding the dependent to and enter the required information. When each page is complete, click **Next** to continue. On the final page, select **Submit Changes**.



HEALTH PLAN OF NEVADA		Add Dependent	
	Instructions: Enter	r search criteria for the Subscriber/Employee into any of the fields below, and then click "Search"	
SIERRA HEALTH AND LIFE	Last Name:		
UnitedHealthcare Company	First Name:		
Add Subscriber/Family	Birth Date:		
Add Dependent	SSN:		
Term Nember	Group:	Select One	
Change	Subgroup: Subscriber ID:	AI V Search	
Log Out			

#### **Eligibility Maintenance**

**Term Member.** Select the **Group** from the dropdown list. Then complete a search to locate the member (dependent or subscriber). Enter the **Termination Date** and choose the **Termination Reason** from the dropdown menu. When each page is complete, click **Next** to continue. On the final page, select **Submit Changes**.

**Change Information.** Select the **Group** from the dropdown list. Then edit the **Subgroup**, **Class**, **Employee Demographic**, **Dependent Demographic** and/or **Coverage Selection** information as needed. When each page is complete, click **Next** to continue. On the final page, select **Submit Changes**. Class changes are only available during open enrollment.

HEALTH PLAN OF NEVADA	Term Member
UnitedHealthcare Company	Instructions: Enter search criteria for the Subscriber/Employee into any of the fields below, and then click "Search"
SIERRA HEALTH AND LIFE	Last Name:
UnitedHealthcare Company	First Name:
Add Subscriber/Family	Birth Date:
Add Dependent	SSN:
Term Member	Group: Select One
Change	Subgroup: All V Subscriber ID: Search
Log Out	

~~	
HEALTH PLAN OF NEVADA	Change
	Instructions: Enter search criteria for the Subscriber/Employee into any of the fields below, and then click "Search"
SIERRA HEALTH AND LIFE	Last Name:
United Healthcare Company	First Name:
Add Subscriber/Family	Birth Date:
Add Dependent	SSN:
Term Member	Group: Select One
Change	Subgroup: All V
Log Out	

#### Quoting, Renewals and Marketing Materials

You'll still access **Quoting, Renewals** and **Marketing Materials** in the broker portal. Click on this tab and it will open a new window.

In the broker portal, you can:

- Enroll new off exchange individual and family plans on behalf of your clients.
- Get a quote, download renewal proposals and enroll new small groups, adjusted community rate (ACR) and association health plans (AHP).
- You can also renew individual and family plans during open enrollment.
- Access most frequently requested HPN and SHL marketing materials.



#### Quoting, Renewals and Marketing Materials

#### After you sign in, you'll see a list of **Quick Links**.





Click **Small Group.** In the toolbox, you can process a new quote, view marketing materials or add a new group (new applications).

HPN/SHL BROKER	PORTAL	Health P A UnitedHealt	Sierra Hea A UnitedHealthca	Life 🌮		
🔁 Partner Home Page	👌 Individual & Family	👌 Small Group ACR	👌 Renewals	le Associations		
Quotes New Applications ols ew Quote oup Enrollment & Marketing Ma	Group Enrollment & Marl	keting Materials				
ubmitted Quotes						
Ise the Action field below to CopyQuote - to create a new NewApplication - to create ViewProposal - to view you	do the following: / quote with new census or effeo a new group application r proposal	ctive date.				
Quotes 🗸				C	\$	Enter Query.
ote # Group Name	Requested Effect Broker	Created Dt # of	Employees #Quoted I	Membs Action	Continue	
		▼ ▲ ▼	T			

From the **Small Group** homepage, select **Quotes**.

Fill in the required fields on the **Group Information** page and select **Save & Continue**.

Group ACR 👌 Renewals	Associations
*Street Address: Requested Eff Date:	★Zip:
	*Street Address: *Requested Eff Date:



Enter the required census information for the group manually or import the census. See instructions and census template links. Then click **Continue**,

HPN/SHL BROKER PORTAL	Health Plan of Nevada A UnitedHealthcare Company 🛷	Sierra Health and Life A UnitedHealthcare Company		
Partner Home Page         Individual & Family           Quotes         New Applications         Group Enrollment & Mark           Quote Info         Outle Info         Outle Info	😌 Small Group ACR 🛛 😢 Renewals 😪	Associations		
Group Name:	TEST GROUP			
* Quote Id:	1-1E8GYAD			
* Eligible EE:	2			
Eligible Employee: An employee working a regular work week of if coverage for part-time employees is requested by the employee and their dependents should not make up more than 20% of the	at least 30 hours per week or 130 hours of service per mo r and the part-time employee works a minimum of twenty enrolled population of the group.	onth. Part-time employees are considered eligible v-four (24) hours per week. Part-time employees	Adobe Acrobat Document	Census Import Instructions
Group Census				
Census Import instructions - Census Import exam	Delete All Records	Import	X	Census Template.c
Group Census		😨 1-2 of 2	Microsoft Ex	cel
Remove # Name/Initials Zip	DOB Age Spouse DOI	B Spouse Age # Children Chi	ma Separated	Valu
□ 1 C0 89128		0 0		
w 2 CI 09120		U U		
	X A V Y			
Add Employee		Continue 🏓		
		Poturo	o Table of Contents	

Health Plan of Nevada

Sierra Health and Life

Select **View Products** to review and select the products. Scroll down the page to view **Available Medical Products**.

🕑 Partner Home Page 🛛 👌 🛛	ndividual & Family 👌 Small Group ACR 👌 Renewals	Associations
uotes New Applications Gro	up Enrollment & Marketing Materials	
Medical Plan Selection	Quote Info	• =requ
<ol> <li>Click View Products to view the products available to select.</li> </ol>	Group Name:	TEST GROUP
NOTE	Quote Id:	1-1E7F2GM
Quotes with more then 15 products selected may take longer	Eligible EE:	2
Continue box under Available Medical Products to continue with	time employee works a minimum of twenty-four (24) hours per week. make up more than 20% of the enrolled population of the group.	Part-time employees and their dependents should no
he quote.		
he quote.	Standard Medical Templates	
he quote.	Standard Medical Templates Standard Medical Templates	
he quote.	Standard Medical Templates          Standard Medical Templates <ul> <li>1-1 of 1</li> <li>Name</li> <li>View Products</li> </ul>	
he quote.	Standard Medical Templates Standard Medical Templates  1-1 of 1 Name View Products 2024 Eff Dates View Products	

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Click the **Select** hyperlink to add products to your quote. The products will move to the Selected Medical Products.



#### Available Products

To add a product, first click on the product description, then click on the SELECT to add it. Associated dental and vision products will be shown and can be removed as desired.

				Add	All Products	
Select	Product Description	Rx Benefit	Metallic Level	Product Line	PCP OV	D
Select	HPN Solutions HMO Bronze 30/6	\$25/CYD-40%	Bronze	HMO	\$30	S
Select	HPN Solutions HMO Bronze 40/8	\$30/125/RxD 3	Bronze	HMO	\$40	Ş
Select	HPN Solutions HMO Bronze 45/8	\$30/CYD-0%	Bronze	HMO	\$45	S
Select	HPN Solutions HMO Bronze 8250	CYD/\$0	Bronze	HMO	CYD/0%	S
Select	HPN Solutions HMO Gold 10/100	\$20/40/80/500	Gold	HMO	\$10	S
Select	HPN Solutions HMO Gold 20/100	\$15/40/70/300	Gold	HMO	\$20	Ş
Select	HPN Solutions HMO Gold 25/100	\$15/40/70/300	Gold	HMO	\$25	S
Select	HPN Solutions HMO Gold 25/200	\$15/40/70/300	Gold	HMO	\$25	S
Select	HPN Solutions HMO Gold 30/500	\$5/50/75/50%	Gold	HMO	\$30	S
Select	HPN Solutions HMO Platinum 15/	\$10/30/60/350	Platinum	HMO	\$15	S
Select	HPN Solutions HMO Silver 10/30	\$15/50/75/350	Silver	HMO	\$10	S:
Select	HPN Solutions HMO Silver 35/35	\$25/50/75/350	Silver	HMO	\$35	Ş
Select	HPN Solutions HMO Silver 40/60	\$25/50/100/350	Silver	HMO	\$40	S
Select	HPN Solutions POS Gold 15/0/10	\$15/40/70/300	Gold	POS	\$15	S
Select	HPN Solutions POS Gold 25/0/15	\$15/40/70/300	Gold	POS	\$25	S
Select	HPN Solutions POS Gold 25/0/50	\$15/40/70/300	Gold	POS	\$25	S

# Click Add Selected & Continue in the Selected Medical Products.



		Remove
IPN Solutions HMO Bronze 30/	HMO	Remove
PO 27 w/o Ortho Adult - So. NV	PPO	a Remove
HL Dental PPO Plan 28 - SB Ad	PPO	a Remove
HL Dental PPO Plan 29 - SB Ad	PPO	a Remove
HL PPO EyeMed 13: 12/12/24/	PPO	a Remove
HL PPO EyeMed 14: 12/12/12	PPO	a Remove
HL PPO EyeMed 15: 12/12/24	PPO	a Remove
IPN Solutions HMO Gold 25/10	HMO	a Remove
IPN Solutions HMO Gold 30/50	HMO	a Remove
IPN Solutions POS Silver 35/0/	POS	a Remove
HL Solutions HSA PPO Gold 32	HSA	🛱 Remove



You'll see a list of **Estimated Monthly Premiums** for each product selected. Click **Continue**.

HPN/SHL BROKER PORTAL		Health P A UnitedHealt!	lan of Nevada ncare Company 🛷	Sierra Health and Life A UnitedHealthcare Company	
👌 Partner Home Page 🛛 👌 I	ndividual & Family	👌 Small Group ACR	👌 Renewals	Associations	
SmallGroup Quotes New Appl	ications Group En	rollment & Marketing Mater	rials		
Quote Info					
* Group Name:			TEST GROUP		
* Quote Id:			1-1E7F2GM		
- Flieible FFr			2		
Eligible Employee: An employee working if coverage for part-time employees is re and their dependents should not make u	a regular work week of quested by the employe p more than 20% of the	at least 30 hours per week or 1 er and the part-time employee v enrolled population of the grou	vorks a minimum of tv .p.	wenty-four (24) hours per	week. Part-time employees
Eligible Employee: An employee working if coverage for part-time employees is re and their dependents should not make u Metallic Rates	a regular work week of quested by the employe p more than 20% of the	at least 30 hours per week or 1 r and the part-time employee v enrolled population of the grou	vorks a minimum of tv	wenty-four (24) hours per t	week. Part-time employees
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Eligible Employee: An employee working if coverage for part-time employees is re and their dependents should not make u Metallic Rates lan IPN Solutions HMO Gold 30/500/30% IPN Solutions POS Silver 35/0/2500/20% HL Solutions HSA PPO Gold 3200/10% IPN Solutions HMO Bronze 30/6850/40% IPN Solutions HMO Bronze 30/6850/40%	a regular work week of quested by the employe p more than 20% of the Rx Co-Pay \$5/50/75/50% \$30/85/CYD-2 CYD/0% \$25/CYD-40% \$15/40/70/300	at least 30 hours per week or 1 r and the part-time employee v enrolled population of the grou Estimated Monthly Premium \$968.24 \$843.73 \$876.36 \$614.92 \$965.50	Deductible         Offi           S500         \$30           S00         \$35           S3,200         CYE           \$6,850         \$30           \$1,000         \$25	venty-four (24) hours per t ce Visit ) )/10%	week. Part-time employees
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#### Select Generate Proposal.

Click the link under name to view and print the proposal. Select **Continue** to return to your small group homepage.

HPN/SHL BROKER POR	TAL	Health P A UnitedHealth	lan of Nevada Icare Company 🐟	Sierra Hea A UnitedHealthcar	Ith and Life e Company 🐟
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					🔅 1 - 1 of 1
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# Renewals

Group and Individuals

#### **Group Renewals**

Select the **Renewals** tab. You can view groups that are renewing within 30 days and 60 days.

Click the **Proposal** link to review the renewal proposal. Click on the **SBC** link to review the Summary of Benefits and Coverages.

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Individual Renewals	Home 🗸						🌞 1 - 10 of 10+
<ul> <li><u>Completed Individual Renewals</u></li> </ul>	Group Name G	oup Number	Renewal Date	Tier Structure	Status	Proposal	SBC
	THE DOE COMPAN	IY 60000123	12/1/2024	ACR	Renewal Ready	Proposal	SBC

Click Individual Renewal to see a list of your individual members. Scroll right to **Renew** an Off Exchange member and/or view the Renewal Letter.

Click the **Completed Renewals** option to see all Off Exchange members that have already renewed.









Click the **Associations** tab. Then click **Start AHP Quote**.

Partner Home Page	👌 Individual & Family	👌 Small Group ACR	👌 Renewals	lessociations	
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#### **Quoting AHP**

Complete the **Group Info**. Then click **Save & Continue**.

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Partner Home Page	vidual & Family	👌 Small Group	ACR 🕝 Renewals	Associations	s
AHP Associations					
AHP Quote	1. <u>Group In</u>	fo 2. Census	3. Product Selection	4. Attestation	5. Confirmation
This section is for AHP Groups only.	∗ =Required	Group Legal Name			
Select the applicable Association and corresponding Industry Type		Zip			
specific to the Association.	*	Requested Effective	e Date	~	
Association: NCA, Industry Type must be Construction.		Enrolled Count			
Association: HCC, Industry Type	*	SIC		<b>∼</b>	
- Division C: Construction		Association		<b>∼</b>	
- Division D: Manufacturing - Division G: Retail Trade - Division I: Services		Industry Type		<b>~</b>	
					Save & Continue 🎔





Enter the required census information for the group manually OR import the census. See instructions and census template links. Then click **Continue**,.

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Select the **Generate Proposal** button. To view or download the proposal, click the link under the name.

NOTE: <u>Do not</u> click the **Continue and Select Plans** button until you are sure you want to submit as a new group.

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Click on the magnifying glass to start a **New Query**.

# Search by **Group Name** or **Group Number**.



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ACR Boo	ok of Business for A	ssociation Quoting	•	1 - 10 of 10+	
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Search by **Group Name** or **Group Number**. Select the **Association**, **Industry Type** and **Requested Effective Date** from the drop-down values in each column.

Click the **AHP Option** link which will go to the Proposal Generation page.

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Click the link under name to view and print the proposal.

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### **Actions for Existing ACR Quotes**

To view a quote, go to Action and select Copy Quote, Create AHP Quote, New Application, View Proposal or View Rates. Then select Continue.

Quotes that are not submitted can be completed later by scrolling down to the **Unsubmitted Quotes** section (below the **Submitted Quotes**) and selecting the **Continue** link.



# Applications/ Quoting Individual and Family Plans

Click the **Email URL** link to email your client a link to the individual portal, which includes your credentials.

#### **Qualifying Events**

Open enrollment for 2025 health plans will be November 1, 2024 through January 15, 2025 with effective dates as follows:

Applications received between November 1, 2024 to December 31, 2024 will be effective January 1, 2025. Applications received between January 1, 2025 to January 15, 2025 will be effective February 1, 2025.

If you're applying for coverage due to a qualifying life event (QLE), you must provide proof within 60 days from the date of the qualifying event. Examples of a qualifying event may include:

Birth, Adoption or Placement for Adoption Domestic Partnership or Marriage Change in Family Status Loss of Minimum Essential Coverage Active Duty Military Loss of Medicaid or other Public Assistance Loss of Employer Sponsored Coverage Permanent Change in Residence to Nevada

Your effective date will show the first of the month following the date the application is submitted provided it is within 60 days of the Qualifying Life Event.

The documentation will be reviewed for final determination of eligibility.

If you have any questions regarding choosing a health plan, please call Sales at 702-821-2200.

Information and dates are subject to change.

 As you are going through the enrollment process, you will be prompted to attest to your Qualifying Life Event. Click this link to view a list of acceptable QLE documentation.

HPN/SHL BROKER	PORTAL	Health P A UnitedHealt	lan of Nevad	A Sierra A UnitedHe	Health and Life
Partner Home Page	lndividual & Fami	ily Small Group ACR	renewals	👌 Associati	ons
Tools	Application List -	Applications 60 days from the req	uested effective date	are visible.	(
Email URL	Application #	Requested Effecti Status	Tier Structure	Organization	Subscriber Lastna Subscriber Fi
<u>Create a Quote</u>					
			<b>X A Y</b>	×	
Qualifying Event Documentation Qualifying Event Documentatio may only be submitted if the submission date is less than 60 days of the QLE date.	n )				



Enter information in **Get a Quote** to begin the Application then click on **Continue**.

#### HPN/SHL BROKER PORTAL A UnitedHealthcare Company 🧼 A UnitedHealthcare Company 🧼 🔁 Partner Home Page 🛛 🔁 Individual & Family 🛛 😭 Small Group ACR 🛛 👌 Renewals 🛛 🍃 Associations Individual Application Individual Enrollment & Marketing Materials Click Here to View Get a Quote Language Assistance/Non-Discrimination Notice Asistencia de Idiomas/Aviso de no Discriminacion \* =required Abiso sa Tulong sa Wika/Hindi Pandidiskrimina • What type of coverage are you applying for?: Health Plan of Nevada has helped keep individuals and families strong and healthy for What is your 5 digit Nevada Zip Code?: more than 30 years. I am requesting insurance coverage for: Start Over Continue 🄛

#### One Pass Select™

One Pass Select<sup>™</sup> is a subscription-based fitness and well-being program. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members (18+) can get started with One Pass Select.

#### Understanding ICHRA and QSEHRA

Individual Coverage Health Reimbursement Arrangement (ICHRA) and Qualified Small Employer Reimbursement Arrangement (QSEHRA) are two types of Health Reimbursement Arrangements.

ICHRA is an HRA available to employers of any size to reimburse their employees for some or all the premiums the employee pays for health insurance they purchase on their own. The employer should provide a notice to the employee explaining how the ICHRA works.

QSEHRA is an HRA available to employers with under 50 full time employees, who don't offer a group health insurance plan, to reimburse their employees for health insurance premiums and medical costs. The employer should provide a notice to the employee explaining how the QSEHRA works.

#### **Qualifying Events**

Open enrollment for 2025 health plans will be November 1, 2024 through January 15, 2025 with



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<ul> <li>Effective Date if you sub</li> </ul>	mit this ap	pplication Today: 1/1/2	2025						* =required
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Tobacco use is having u Start Over	ised tobac	co products 4+ times p	per week on av	erage within the pas	t six months	. You may exclud	de if used for rel	igious or ceremo	onial purposes
		-			-				-

#### Review and Select A Medical Plan.

🔁 Partner Home Page 🛛 🔁	Individual & Family	😌 Small Grou	p ACR 👌 Ren	iewals 👌 As	sociations	
ndividual Application Individual	Enrollment & Marketi	ng Materials				
HMO and EPO, Gold, Silver and Bronze Plan Features/Benefits	SELECT A ME	DICAL PLAN				
Prescription drug coverage	MySHL Solut	ions HSA EPO	Bronze 3.1			
included with each plan.	Plan Design	RX	Office Visit	Deductible	Dental/Vision	SBC
<ul> <li>Essential Health Benefits included in all plans.</li> </ul>	MySHL Solutions HSA EPO Bronze	Tier 1-4 \$25/75/150/30%	After CYD, Mbr pays 30% of EME	\$6,500	Dental & Vision are optional	Summary of Benefits and
<ul> <li>Maternity coverage included in all plans.</li> </ul>	3.1	after Med CYD				<u>Coverage</u>
Preventive care with plan providers for \$0 member cost.	Monthly Premium Per Month		I I		1	
Pediatric dental & pediatric vision included in all plans.	\$480.99					
All plans meet requirements of the Affordable Care Act.						
@YourService - 24/7 Online Member Portal.						Selec
<ul> <li>Order duplicate member ID cards</li> </ul>	Details					
<ul> <li>Pay your premium</li> </ul>	Compare					
<ul> <li>View claims &amp; prior</li> </ul>						
authorizations	MySHL Solut	ions EPO Bron	ze 11			
View plan documents	Dian Design	RX	Office Visit	Deductible	Dental/Vision	SBC
<ul> <li>View plan documents</li> </ul>	Plan Design		I	\$9.700	Dental & Vision	Summary of
View plan documents	MySHL Solutions EPO Bronze 11	Tier 1-4 0% after Med CYD	After CYD, Mbr pays 0% of EME	50,700	are optional	Benefits and
View plan documents      HMO Plan Features/Benefits	MySHL Solutions EPO Bronze 11	Tier 1-4 0% after Med CYD	After CYD, Mbr pays 0% of EME	\$5,755	are optional	Benefits and Coverage
View plan documents      MO Plan      Features/Benefits      Network primary care physicians     for each member of your family.	MySHL Solutions EPO Bronze 11 Monthly Premium	Tier 1-4 0% after Med CYD	After CYD, Mbr pays 0% of EME	<i>33,700</i>	are optional	Benefits and Coverage
View plan documents      MO Plan      eatures/Benefits      Network primary care physicians     for each member of your family.      Internal Medicine / Family     Practice / General Practice	MySHL Solutions EPO Bronze 11 Monthly Premium Per Month \$452.99	Tier 1-4 0% after Med CYD	After CYD, Mbr pays 0% of EME	55,755	are optional	Benefits and Coverage
View plan documents      HO Plan      eatures/Benefits      Network primary care physicians     for each member of your family.      Internal Medicine / Family     Practice / General Practice      OB/GYN for females	MySHL Solutione EPO Bronze 11 Monthly Premium Per Month \$452.99	Tier 1-4 0% after Med CYD	After CYD, Mbr pays 0% of EME	00,700	are optional	Benefits and Coverage
View plan documents      HO Plan      Eatures/Benefits      Network primary care physicians     for each member of your family.      Internal Medicine / Family Practice / General Practice      OB/GVN for females      Pediatricians for children	MySHL Solutione EPO Bronze 11 Monthly Premium Per Month \$452.99	Tier 1-4 0% after Med CYD	After CYD, Mbr pays 0% of EME	62,700	are optional	Benefits and Coverage
View plan documents      HMO Plan      Features/Benefits      Network primary care physicians     for each member of your family.      Internal Medicine / Family     Practice / General Practice      OB/GYN for females      Pediatricians for children      Health education and wellness     programs.	MySHL Solutions EPO Bronze 11 Monthly Premium Per Month \$452.99	Tier 1-4 0% after Med CYD	After CYD, Mbr pays 0% of EME	00,700	are optional	Benefits and Coverage

NOTE: If you are completing an enrollment on behalf of your client/the member, click **Confirm** to finish the enrollment.

Click **Send Email** to send to the member to complete.

Health Plan of Nevada Sierra Health and Life HPN/SHL BROKER PORTAL A UnitedHealthcare Company 🧇 A UnitedHealthcare Company 🧼 aout 🔁 Small Group ACR 🛛 🔁 Renewals 👌 Partner Home Page 🔁 Individual & Family Associations lome SG 30 Days SG 60 Days 51-100 30 Days 51-100 60 Days Ind Renewals Completed Renewals HMO and EPO, Gold, Silver SELECT A MEDICAL PLAN and Bronze Plan Features/Benefits Prescription drug coverage included with each plan. MyHPN Solutions Plus HMO Bronze 3 Essential Health Benefits included in all plans. Plan Type Pharmacy Office Visit Deductible Dental/Vision Monthly Premium Maternity coverage included in Per Month Coverage all plans. MyHPN Solutions After CYD, Mbr \$8,700 Dental & Vision Plus HMO Bronze Tier 1-4 0% after pays 0% of EME are optional \$432.37 Preventive care with plan 3 Med CYD providers for \$0 member cost. Pediatric dental & pediatric vision included in all plans. All plans meet requirements of the Affordable Care Act. @YourService - 24/7 Online Member Portal. Order duplicate member ID Confirm Send Email cards Back to all plans Pay your premium View claims & prior authorizations View plan documents HMO Plan Features/Benefits Network primary care physicians for each member of your family Internal Medicine / Family Practice / General Practice OB/GYN for females Pediatricians for children Health education and wellness programs. Telemedicine available on all plans.



HPN/SHL BRO gout Partner Home Pandividual Application ADULT (OPTIONAL	KER PORTAL	Family 😪 Small G & Marketing Materials To select Dental coverage,	Health Plan of Nevada A UnitedHealthcare Company 🛷 roup ACR 😢 Renewals	Sierra Health and Life A UnitedHealthcare Company &	Click cove	<b>Contin</b> rage op	ue to wa tion.	aive the a	ancillary
Individual UHC H	MO Dental				HPN/SHL BRO	(ER PORTAL		Health Plan of Ne A UnitedHealthcare Company	vada Sierra Health and Life A UnitedHealthcare Company
Plan Design Individual UHC HMO Dental Back Continue	No Charge	None	Monthly Premium \$13.00 per month	( Select	Partner Home Pa Individual Application	ge 🕑 Individual & Individual Enrollment VISION COVERAGE)	k Family 👌 Small G & Marketing Materials To elect Vision coverage, pl	Broup ACR Renew	wals 🔁 Associations
					HMO Adult Vision	Ever /Erequency	Frames Fragmanay		Monthly Dransium
PO Adult Dental Plan Design PPO Adult Dental	Exame/Cleaning Type I \$0 Type II CYD 20% Type III CYD 50%	Deductible Type I \$0 Type II & III \$50 (In Plan)	Monthly Premium \$25.70		HMO Adult Vision	Exam/Frequency 12 mos	24 mos	12 mos	\$7.70 per month
Back Continue	₩		V	Select	Heack Continue	*			set

Click **Select** to choose a specific benefit.

Enter applicant information for the subscriber and family member.

must enter at least one phone			
ber.	You must enter at least one p	phone number.	
u currently have an individual	★First Name:	Middle Name:	*Last Name:
would like to change your			
ent coverage, please contact insurance agent or our Sales			
at 702-821-2200.	*Email:	*Personal Address:	★City:
			Las Vegas
	*State:	★Zip Code:	Home / Mobile Phone #:
	NV	89108	
	Work Phone #	+SSN(Required if over age 5)	)-
		(Demined if and 10 an older). Marinel (	
	*Driver's License/State iD	(Required if age 19 or older). Marital S	status:
			•
	Would you like to go paper	less for Required Communications, such	as benefit and plan information, claims, billing and
	payments, regulatory notic	es and tax documents?	
	When you go paperless, yo	ou will receive an email notification to let	you know a document is available to view online.
	By selecting paperless, you receive Required Plan Com	agree that you have reviewed the Requinnunications electronically.	ired Plan Communications Notice. You also agree to
		٢	No. I Profer Mail
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Click the **link** to download a copy of the application for your records.



# Scroll down under **Acknowledgments and Application** to sign.

applicable Attachment A Benefit Schedule and any applicable Endorsements, Riders and Attachments thereto.

2. Applicant attests they are not eligible and/or enrolled in Medicare Part A and/or Part B at the time of this application.

3. Applicant understands they are entitled to a copy of this form.

4. Applicant understands if they are not satisfied for any reason or if the premium rates are not acceptable, within ten (10) days of receiving the AOC, they may return the AOC materials and request a full refund of the premium paid, less any claims paid, if applicable.

5. Applicant understands that if they perform an act or practice that constitutes fraud or make any intentional misrepresentation of material fact, HPN has the right to rescind coverage and declare coverage under the Plan null and void as of the original Effective Date of coverage and refund any applicable premium.

6. Applicant understands that the payment submitted with this application will be processed at the time of approval and policy issuance.

Applicant represents that all statements and answers in this application are true and complete to the best of their knowledge. Applicant agrees that this shall be the basis of the acceptance of membership. Applicant understands when information provided to HPN in this application is determined to be untrue, inaccurate, or incomplete, in lieu of termination of coverage, HPN shall have the right to retroactively adjust past premium payments to the maximum rate allowed that would have been billed if such untrue, inaccurate, or incomplete information had properly been provided. If the revised premium rate is not received by HPN within thirty (30) days of the letter of notification, coverage will be terminated as of the paid-to date.

Applicant understands that Nevada requires specific authorization from the applicant agreeing to arbitration. If Applicant is dissatisfied with the findings of an Independent Medical Review, Applicant shall have the right to have the dispute submitted to binding arbitration before an arbiter under the commercial arbitration rules applied by the American Arbitration Association.

If an Authorized Representative is completing this application on behalf of a client, the Authorized Representative understands and hereby attests that they have written authorization from their client to apply for health insurance coverage on behalf of their client. The Authorized Representative further attests that such written documentation will be made available to HPN upon request.

#### Applicant/Authorized Representative:

\*=required

 \*Broker Signature:
 Broker

 Signature Date:
 11/5/2024

 Date of Birth:
 1/1/1976

WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Division of Insurance.

By clicking "I Agree" and signing above I am indicating my intent to electronically sign this application and warrant that all of the information provided is true, complete and accurate.



After you sign in, you will be redirected to the **Payment** page.

Follow the directions to complete payment.

HPN/SHL BROKER PORTAL	Heal A United	th Plan of Nevada Healthcare Company 🛷	Sierra Health and Life A UnitedHealthcare Company
😌 Partner Home Page 🛛 👌 Individual & Family	Associations	Pended QLE Apps	
Individual Application			
Your application is complete with Effective Date:1/1/2025Your Member ID:240076255			
Recurring Payment         Start new application           Click the Recurring Payment	: button to setup autopa	y on your account and never m	iss a payment.
Once you have your Member ID you can enroll in <b>One Pass</b> . Go to the	ne online member cente	r, sign in and select, Additional	Benefits. Then click on One Pass Select.
View ID Card			
Click the link below to View your ID card now	1		
1-1E33B8L_11052024111829AM.pdf	٩		



Off Exchange Qualifying Life Event/Special Enrollment Period					
Qualifying Life Event	Supporting Documentation	Effective Date			
Loss of coverage	<ul> <li>Copy of document showing loss of coverage from prior insurance carrier or former employer on business letterhead. Acceptable documents include but are not limited to the following:</li> <li>Recent billing statement</li> <li>Health plan ID cards</li> <li>Certificate of Credible Coverage</li> <li>COBRA termination letter</li> <li>Death certificate (if applicable)</li> <li>Medicare/social security card (if applicable)</li> <li>Renewal letter</li> <li>Medicaid loss of coverage letter</li> <li>Military Discharge papers indicating last date of coverage</li> </ul>	If application is received up to 60 days prior to date of loss of coverage, effective date will be the date of action of the loss (i.e., LOC is 4/15, effective date will be 4/16). If application is received up to 60 days after date of loss of coverage, effective date will be the first of the month following date of receipt of completed application and supporting documentation. Supporting documentation must be received within 60 days of the qualifying event. If supporting documents are not received within the month of the event, first of the subsequent month following received date applies.			
Birth/adoption/ placement	<ul> <li>Birth certificate</li> <li>Hospital records</li> <li>Pediatrician records</li> <li>Crib card</li> <li>Copy of legal adoption order or court appointed guardianship</li> <li>Marriage/domestic partnership certificate partnership</li> </ul>	Coverage begins on the date of event. Documentation must be received within 60 days of the qualifying life event.			
Marriage/domestic partnership/divorce/ legal separation	<ul> <li>Certificate of marriage</li> <li>Certificate of domestic partnership</li> <li>Divorce decree</li> <li>Legal separation agreement</li> <li>Applicable court documentation</li> </ul>	Coverage begins on the first day of the month following the date of the event. Supporting documentation must be received within 60 days of the qualifying event If supporting documents are not received within the month of the event, first of the subsequent month following received date applies.			
Permanent move to service area	<ul> <li>Proof of prior residency (state ID or driver's license) in addition to the following:</li> <li>Most recent utility bill (i.e., water, gas, electric, phone or internet)</li> <li>Recent school enrollment or report cards</li> <li>State ID, driver's license or vehicle registration</li> <li>Statement from financial institution</li> <li>Deed of ownership from the Recorder's Office</li> <li>Lease agreement, mortgage statement, etc.</li> <li>Copy of old and new passport</li> <li>Moving company contract with old and new address</li> <li>Change of address filed with the post office showing old address and new address</li> </ul>	Coverage begins on the first day of the month following the date of the event. Documentation must be received within 60 days of the qualifying life event. NOTE: This list is not intended to be comprehensive of all qualifying events. Supporting documentation must be received within 60 days of the qualifying life event (unless noted).			

Marketing Materials

#### **Group Marketing Materials**

Click Group Marketing Materials on the Partner page to see marketing materials.

HPN/SHL BROKER PORTAL	HPN/SHL BROKER PORTAL	Health Plan of Nevada Sierra Health and L A UnitedHealthcare Company 🗞 A UnitedHealthcare Company 🐔	ife Individual & Family Small Group AC	Renewals 👌 Associations
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Partner Home Page 2 Individual & Family 2 Sme	Group Enrollment & Marketing	g Materials ✓	♦ 1-3of3 Marketing Materials▲▼	Display Name
Home	Marketing Materials	s Dis closures & Plan Documents	<ul> <li>Disclosures &amp; Plan Documents</li> </ul>	Disclosures & Plan Documents
Information Center	► Naterials	Materials	▶ 2022 Lg Grp Benefit Summaries	2022 Lg Grp Benefit Summaries
Quick Links	Spanis rivers	Spinish riyets	▶ 2023 tg Grp Benefit Summaries	2023 Lg Grp Benefit Summaries
→ Get Individual Quote			▶ 2024 Lg Grp benefit Summaries	2024 Lg Grp Benefit Summaries
→ Individual Marketing Materials	For Spanish Version, please onte	act your account representative	► 2024 Sm Grp Benefit Summaries	2024 Sm Grp Benefit Summaries
→ Group Renewals			▶ 2025 Lg Grp Benefit Summaries	2025 Lg Grp Benefit Summaries
	Document	File Type Modified Date/Time	▶ 2025 Sm Grp Benefit Summaries	2025 Sm Grp Benefit Summaries
		× • ×	ACR Ancillary Offerings	ACR Ancillary Offerings

Click on the left arrow next to the **folder** you want to see. Then click the left arrow next to the **sub-folder**. Scroll down to view and download the documents within that sub-folder.

#### **Individual Marketing Materials**



Click Individual Marketing Materials on the Partner page to see marketing materials.

HPN/SHL BROKER PORTAL	HPN/SHL BROKER PORTAL A UnitedHealthcare Company & Sierra Health and Life A UnitedHealthcare Company & A UnitedHealthcare Company &
egout	Partner Home Page     Page     Page
Home	Marketing Materials
Information Center	<ul> <li>Materials</li> <li>Plan Documents</li> </ul>
Quick Links → Get Individual Quote	
→ Individual Marketing Materials → Group Marketing Materials → Group Renewals	No Records
	Document File Type Modified Date/Time

# Additional Information

#### **Contact Us**



#### **Individual Sales**

If you have questions about a new client or existing member, call us at **702-821-2200**, option **2**.

#### **Group Services (Individual Services team)**

For questions about a member's billing, payments or to request a reinstatement, call **702-242-7764**, option **1**, or email **IndividualServices@uhc.com**.

#### Member Services Dedicated Broker Line

If you have questions about a member's eligibility or covered benefits, call **702-242-3070** for questions.

#### Commissions

If you have questions about your commissions, call **702-242-7575**, option **4**, or email **GroupServicesCommissions@uhc.com**.

#### Health Plan of Nevada and Sierra Health and Life Websites

Our websites feature an **I NEED HELP WITH** menu with frequently asked questions and health plan forms. Members can also find our online provider directory and drug lists at **HealthPlanofNevada.com** or **SierraHealthandLife.com**.

#### **Online Member Center**



Visit HealthPlanofNevada.com or SierraHealthandlife.com and sign in. All subscribers and their dependents age 14 and older may register for an account. If the member is under 13, contact Member Services for assistance.

Members can use the online member center to:

- Find a doctor/provider. Select **Care Options** and then select **Find a Doctor**.
- Renew their Off Exchange individual plan during open enrollment.
- Set up online invoicing and automatic payments.
- Print their health plan ID card.
- Review or update primary care provider (PCP).
- Track claim history and expenses.
- Understand their pharmacy benefits.
- Review their plan documents.
- Access wellness and online instructor-led classes.
- View or download a member guide.



#### On Exchange (Nevada Health Link)

On Exchange members must contact Nevada Health Link directly to renew or make changes to their policy, either by visiting **NevadaHealthLink.com** or by calling toll-free **1-800-547-2927**.

What to report to Nevada Health Link:

- Changes in income
- Plan changes during a special enrollment period or open enrollment
- Terminations
- Dependent add/terminations (includes newborns) (Dependent children can remain on the parent's policy until the end of the plan year in which they turn 26)
- Address changes
- Name changes
- Broker of record changes (member must request)

For billing and payment questions, please have them call Individual Services at **702-242-7764**, option **1**.



Sierra Health and Life<sup>®</sup> A UnitedHealthcare Company

# Thank you!

If you have questions, please contact your HPN/SHL sales representative.

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