

2025 Online Broker Guide

**Health Plan
of Nevada** 
A UnitedHealthcare Company

**Sierra Health
and Life** 
A UnitedHealthcare Company





40+

years of experience

Health Plan of Nevada (HPN) and Sierra Health and Life (SHL) have been in the health care industry for a long time. It's our purpose and our passion. And the best part, **we're local.**

Our approach is simple. We offer competitive rates and help your clients navigate the complex world of health care. Find the right plan the first time to keep your clients – and your business – healthy.

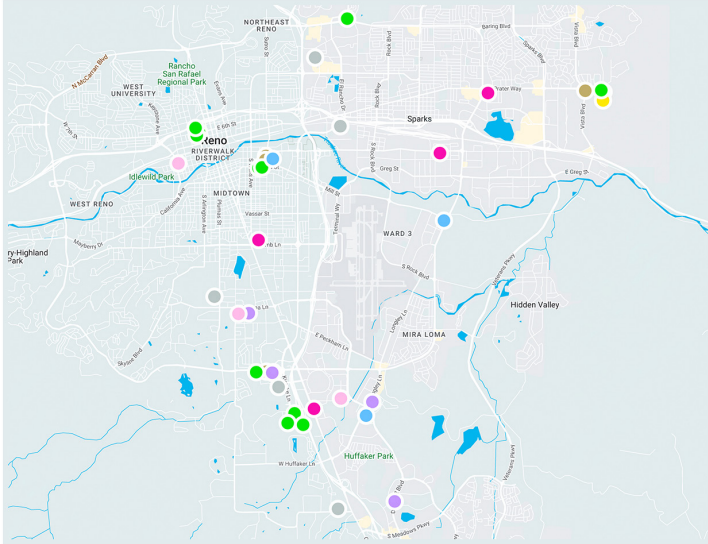
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We hope you find this guide helpful. If you have any questions, please reach out to your assigned account representative.

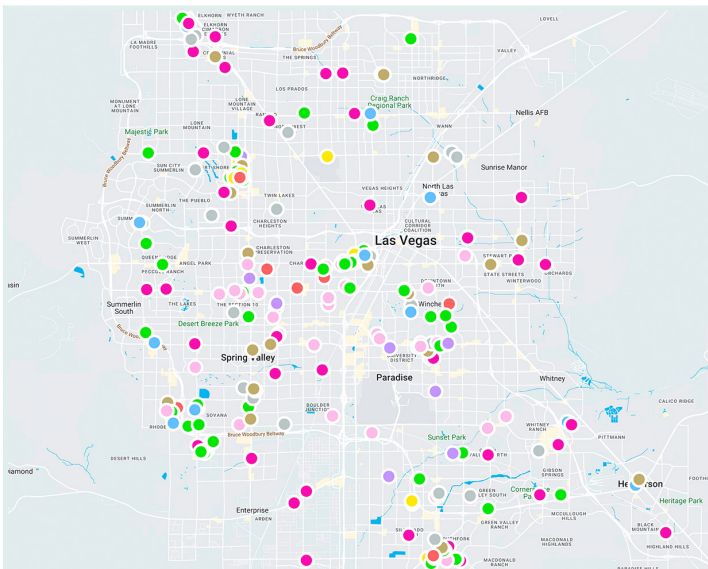
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Large provider network. For your clients and their families.

We have your clients covered with 9,500+ providers and 240+ locations in Nevada. Scan the QR code to view our online provider directories.



Reno-Tahoe Area



Las Vegas Valley Area



Ambulatory Surgery Center	Home Health	Personal Care Assistant
Hospital	Hospital - Rehabilitation	Laboratory
Radiology Facility	Skilled Nursing Facility	Hospice Care
	Urgent Care	

*Information subject to change. Network map includes Health Plan of Nevada and Sierra Health and Life contracted providers. Provider network may vary by plan type (HMO or EPO).

Contact Us

We're here for you and we're local. Office hours are Monday through Friday, 8 a.m. to 5 p.m.

Individual Sales

Call us if you have questions about a new client or need assistance with an existing member. Our number is **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

As one of our broker partners, you can call our Member Services broker line at **702-242-3070** for questions about a member's eligibility or covered benefits.

Commissions

Do you need assistance with commissions? Please 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

To access the online member center, members can visit HealthPlanofNevada.com or SierraHealthandlife.com and sign in.

First-time users will need to create an account. 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.

Once the member is logged in, they have access 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.

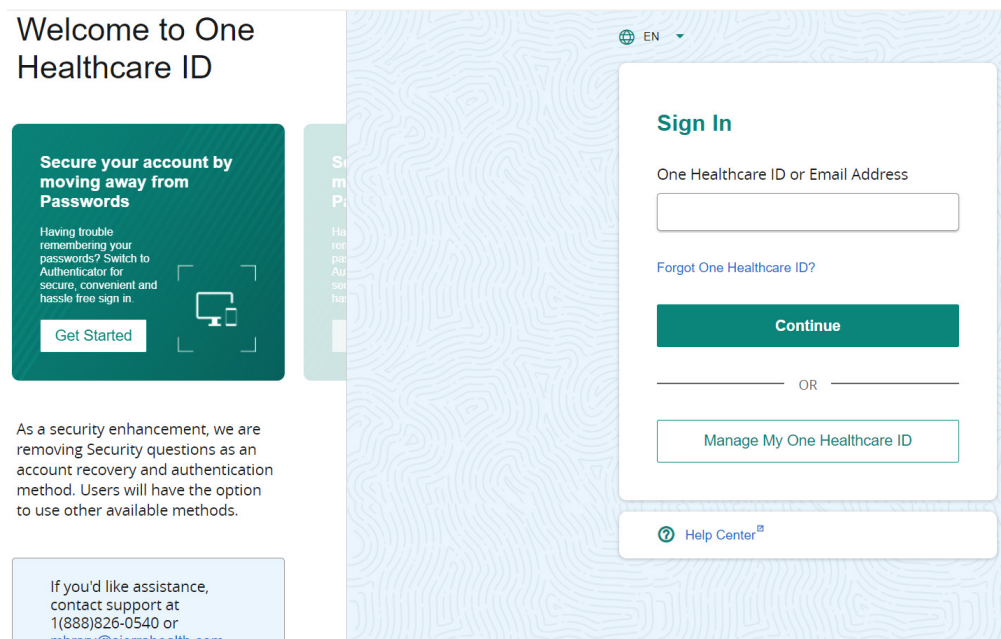
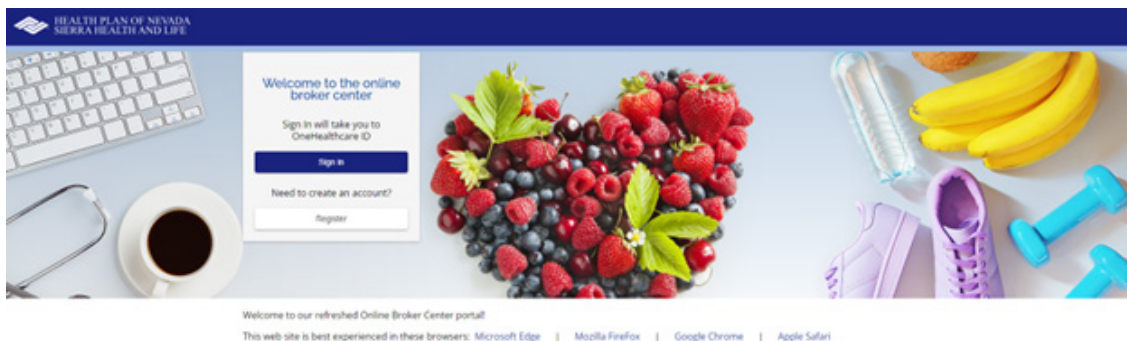
► Online Broker Center and Quoting Portal

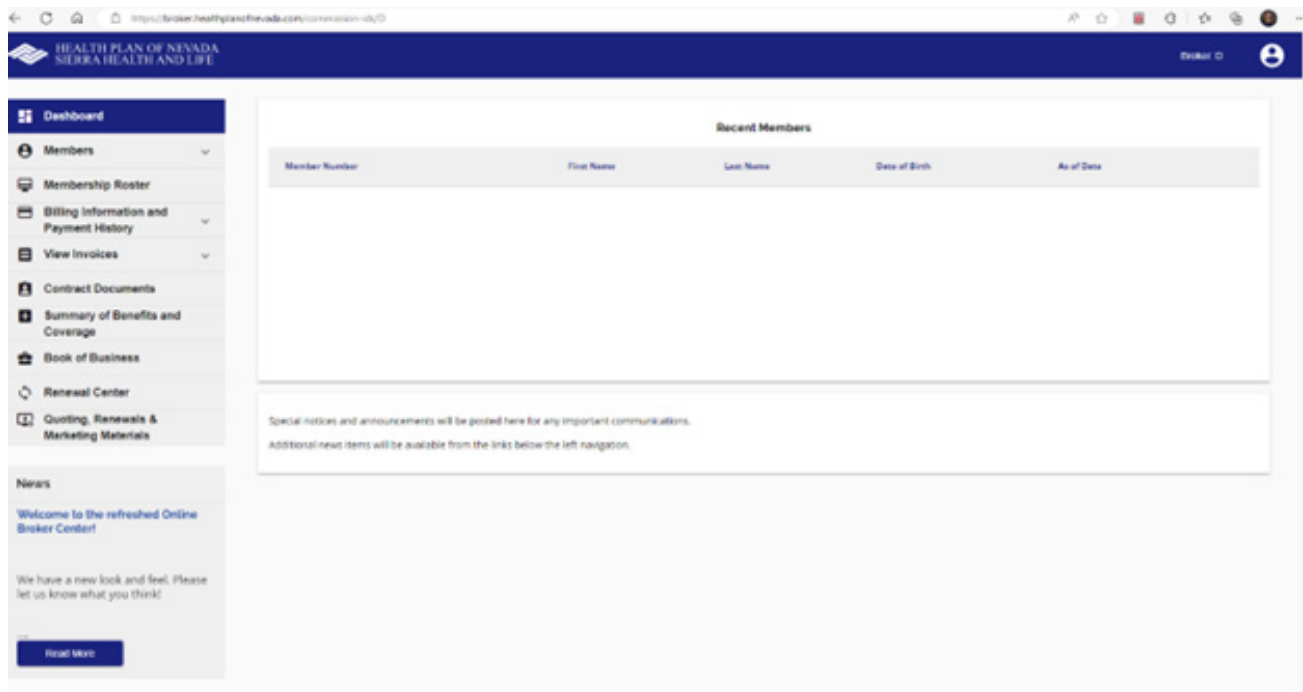
Our online broker center brings health information together in one place. With a separate interface for health plan members and brokers, our online centers provide secure, 24/7 access to important tools and information.

Use the online broker center to:

- Access the broker portal using your One Healthcare ID. Visit **broker.healthplanofnevada.com**.
- Search for a subscriber and dependents (individually or by group number).
- View client contact information, SBCs, pharmacy copays and plan benefits by category or list.
- Access client billing information, invoices (for the last 18 months) and payment history.
- Request, view and print health plan ID cards for your clients.
- Download a roster of your active clients.
- View and download a list of your clients who haven't paid their premium for the previous or current month.
- Retrieve, print and save your commission statements (administrators only).

First-time users will need to register for a One Healthcare ID. To request access, email Rhea Wilcox at **Rhea.Wilcox@uhc.com**.





To access the quoting portal, click on the **Quoting, Renewals & Marketing Materials** button.



The online broker portal is your one-stop shop to:

- Obtain product information, forms and literature.
- Create a quote for an individual policy.
- Email URL of the individual portal link to a prospective member.
- Submit an individual application.
- Check the status of an individual application.
- Renew Off Exchange individual members during open enrollment.

You can download a copy of our easy-to-use broker portal and online broker center guides at **broker.healthplanofnevada.com**.

► 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**.

► Submit an Off Exchange Application for a New Sale

Applications and initial binder payments can be submitted online, by mail or drop off.

- Visit **broker.healthplanofnevada.com** and sign in.
- Mail the completed application to **2720 N. Tenaya Way, Las Vegas NV 89128, Attn: Individual Sales**
- Initial binder payment is required at the time of application. Acceptable payment methods: credit card (Visa, MasterCard or Amex), debit card, ACH, prepaid debit, personal check, money order or cashier's check.

► Paperless Communications

New members can choose to provide their email address to be automatically enrolled in paperless delivery for some plan communications. Or they can choose to receive paper copies of required materials. Members can change their delivery preferences by signing in to the online member center.

► Eligibility

To be eligible to enroll as an Off Exchange subscriber, an individual must:

- Live in the service area. (Health Plan of Nevada's service areas are Clark, Nye and Washoe counties. Sierra Health and Life serves Clark County only.)
- Be a United States citizen or national.
- Meet the guidelines established on the enrollment application.
- Complete and submit an enrollment application and additional forms (if required).

All individual plan applicants ages 5 and older must provide a social security number. Additionally, those 19 and older must also provide a valid Nevada ID or driver's license number.

An individual who is enrolled under Medicare Part A and/or B at the time of application is NOT eligible for coverage.

Subscriber

The individual applying for the policy is the subscriber. Child-only policy applications must have a parent/guardian signature as the responsible party.

Dependents

A dependent may be a spouse and/or child(ren) of the applicant. Children are defined as a natural child, adopted child, step child, minor child for whom a court has ordered coverage; child being placed for adoption with the subscriber or a child for whom a court has appointed the subscriber or the subscriber's spouse as the legal guardian. Foster children and grandchildren are not eligible to be dependents.

Dependents can only be added to an existing policy during the open enrollment period or when there is a qualifying life event.

► Correct an Error on a New Application

If a new member selected the incorrect plan when they applied, please have them complete a change form with an explanation and submit it to your sales representative within the first 30 days of the original effective date. The request will be reviewed by management on a case-by-case basis. If approved, the new plan selection will be effective the first of the following month.

► Make a Monthly Premium Payment

Members can pay their premium online, by mail or by phone. Premiums are due the first day of each month.

- **Pay online:** Visit **HealthPlanofNevada.com** or **SierraHealthandLife.com** and sign in to the online member center. Members can make a one-time payment or set up automatic payments using a credit card, debit card, checking or savings account.
- **Pay by phone:** Call toll free **1-855-697-9512**, TTY **711**.
- **Pay by mail:**
 - **Health Plan of Nevada, P.O. Box 749546 Los Angeles, CA 90074-9546**
 - **Sierra Health and Life, P.O. Box 749542 Los Angeles, CA 90074-9542**

Check should have the member ID number and include remittance with your payment. Returned checks or checks that can't be cashed will not be considered payment.

► Recurring Payment Setup in the Online Center

To create, amend or delete a recurring payment schedule, the member will sign into the online member center at **HealthPlanofNevada.com** or **SierraHealthandLife.com**, then select the Payments button.



Payments

On the homepage, select **AutoPay**. Click on **Setup automatic payments** and follow the onscreen instructions.

Welcome

Your current balance is \$0.00

Save time, worry less

Autopay

Automatically pay my bill every month

Setup automatic payments

Set up AutoPay

AutoPay Setup

Choose Payment

Payment Confirmation

Online Automatic Payments

Use online automatic payments to pay your bill each month based on the payment schedule you select. Since payments are automatically deducted from your bank account, please remember to update or delete any bank information when it is no longer valid.

Payment Amount



Total amount due on my account

The total amount due on your account will be paid automatically. This total may not match your most recent billing statement due to premium payments or adjustments processed after your invoice date.

Payment Date



Pay on the same day:

1st



of every month

Please ensure the monthly date you have selected to pay your bill is on or before the due date. Selecting a date after the due date may cause your account to become past due.

Payment Date



Pay on the same day:

1st



of every month

Please ensure the monthly date you have selected to pay your bill is on or before the due date. Selecting a date after the due date may cause your account to become past due.

✓ 1st

2nd

3rd

selected to pay your bill is on or before the due date may cause your

Your AutoPay will process the selected day each month.

the selected day each month.

Back

Next

Set up AutoPay

AutoPay Setup

Choose Payment

Payment Confirmation

Choose your payment method

 Credit or Debit Card

 E-Check

Check one or both boxes to receive your receipt.

Review your preferences for payment receipt & reminders.

Choose how to receive your receipt for this payment and notifications for upcoming payments. Providing the contact information would be treated as consent to communicate.

Your preferences will be updated according to your selection.

Email

Phone

Check the terms agreement box. The agreement will display.

[Review payment terms agreement >](#)

I signify that I have read, understand, and agree to the terms of the pre-authorized recurring payments terms and conditions

Set up AutoPay

Payment Amount

Total amount due on my account

Payment Date

Pay on the same day: 2nd of every month

Back

Next

Scroll all the way down and click on **Agree**.

Terms and Conditions

 Print



THIS PAYMENT SERVICE IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS

Do not use or access this Website or Service if You do not agree to be bound by these Terms and Conditions

These Terms and Conditions ("**Terms and Conditions**") are in effect for all transactions processed through this payments website ("**Website**") on or after May 1st, 2022 and apply to and govern Your access to and use of this Website, the Service and all Alternative Channels. This payment processing service is offered to You on behalf of your Biller **Health Plan of Nevada, Inc. (HPN)** and **Sierra Health and Life Insurance Company, Inc. (SHL)**.

If you have any questions, please call Member Services at the number on the back of your health plan ID card.

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.

Cancel

Agree

[Review payment terms agreement >](#)



I signify that I have read, understand, and agree to the terms of the pre-authorized recurring payments terms and conditions

Set up AutoPay

Payment Amount

Total amount due on my account

Payment Date

Pay on the same day: 2nd of every month

Back

Next

New Credit or Debit Card



Name on card

Credit/debit card number

Expiration date (MM/YY)

Billing address

Country/Region



ZIP/Postal code

State/Province



City

Address line 1

Scroll all the way down and click on **Agree**.

Save this card for future use

[Back](#) [Confirm payment](#)

Your autopay is confirmed. Thank you!

Your account will be charged on the scheduled date.

Current Balance Agreement Type: **CurrentBalance**

Payment Amount: **Total amount due on my account**

Starting Date: **Pay on the same day: 2nd of every month**

Your receipt

 Email  Text  Print

► Recurring Payments (continued)

- Recurring payments established with expired, invalid, or closed accounts or payment card numbers may not fully process, or could be disabled, Members should maintain accurate automatic payment info through the online member center.
- If a payment is attempted by ACH and returned for NSF, the member will be terminated on the next cycle of non-payment and automatic payments will be disabled.

We do not accept recurring payment forms for existing members via email or fax. To set up, amend or delete a recurring payment, please use one of the following methods:

- Go to **HealthPlanofNevada.com** or **SierraHealthandLife.com** and sign in to the online member center.
- Mail the completed payment form to
Individual Services, PO Box 18407, Las Vegas NV 89114

▶ Open Enrollment Period

2025 Open Enrollment

- 2025 open enrollment begins November 1, 2024 and ends January 15, 2025.
- Applications and changes received by December 31, 2024 will be effective January 1, 2025. Applications and changes received between January 1, 2025 and January 15, 2025 will be effective February 1, 2025.

Renew Off Exchange Plans

- Sign in to the broker portal at **broker.healthplanofnevada.com**.
- Email **indrenewal@uhc.com**.
- Contact your assigned renewal executive.
- Our renewal call center is also available (for renewals only) October 1, 2024 through December 31, 2024. Call toll-free **1-866-868-8679**, TTY **711**, Monday through Friday, 8 a.m. to 5 p.m.

▶ Renewal Tips

- **On Exchange members wishing to make a plan change** must call Nevada Health Link toll-free at **1-800-547-2927**, TTY **711**.
- **On Exchange members moving to an Off Exchange policy:** Complete and submit an application. Additionally, the member must contact Nevada Health Link toll-free at **1-800-547-2927** or **NevadaHealthLink.com** by December 31, 2024 to terminate their existing policy.
- **Off Exchange members moving to an On Exchange policy:** The Off Exchange policy must be terminated in writing with an effective date of December 31, 2024 (or as appropriate). See page 18 for termination instructions.
- **Off Exchange HMO members moving to EPO or EPO members moving to HMO: Do NOT submit a new application. This is a plan change.** Your client will retain his/her current member ID number when moving from HMO to EPO or vice versa.

► Qualifying Life Events/ Special Enrollment Period

Outside of open enrollment, individuals who experience a qualifying event within the last 60 days may be eligible to enroll in a plan. Documentation/proof of the qualifying event is required. If the necessary documentation is not received or is unacceptable, the individual's application will be denied, and they will need to wait until the next open enrollment period to reapply.

All individuals being added to an existing plan age 5 and older must provide a social security number, and those 19 and older must also provide a valid Nevada ID or Nevada driver's license number.

Common Qualifying Life Events

- Marriage or commencement of registered domestic partnership
- Divorce, legal separation or termination of registered domestic partnership
- Addition of a child via birth or adoption
- Death of the health plan member or his/her dependent(s)
- Change of home address outside the plan's service area
- Subscriber or a dependent lost job-based coverage
- Gain United States citizenship
- Dependent turns 26 (with loss of coverage)**

***Newborns and Adoption Rules**

Newborns and adopted children can be added to their parent's existing coverage (using an individual change form) or enrolled in a separate plan as of the date of birth or placement, provided it is within 60 days from the date of birth/placement.

Newborn child-only policies (children whose parents are not existing members) will be effective as of the date of birth or placement (unless otherwise requested), provided it is within 60 days of the date of birth/placement. This separate enrollment requires a paper application.

****Dependent Children Aging Off Plan**

Dependent medical coverage will end on the last day of the month the child reaches age 26. The dependent may apply for individual coverage. **(For On Exchange members, dependent children can remain on the policy until the end of the plan year in which they turned 26.)**

Off Exchange Qualifying Life Event/Special Enrollment Period

Qualifying Life Event	Supporting Documentation	Effective Date
Loss of coverage	<p>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:</p> <ul style="list-style-type: none"> • Recent billing statement • Health plan ID cards • Certificate of Credible Coverage • COBRA termination letter • Death certificate (if applicable) • Medicare/social security card (if applicable) • Renewal letter • Medicaid loss of coverage letter • Military Discharge papers indicating last date of coverage 	<p>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.</p> <p>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.</p>
Birth/adoption/ placement	<ul style="list-style-type: none"> • Birth certificate • Hospital records • Pediatrician records • Crib card • Copy of legal adoption order or court appointed guardianship • Marriage/domestic partnership certificate required for children of spouse/domestic partnership 	<p>Coverage begins on the date of event.</p> <p>Documentation must be received within 60 days of the qualifying life event.</p>
Marriage/domestic partnership/divorce/ legal separation	<ul style="list-style-type: none"> • Certificate of marriage • Certificate of domestic partnership • Divorce decree • Legal separation agreement • Applicable court documentation 	<p>Coverage begins on the first day of the month following the date of the event.</p> <p>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.</p>
Permanent move to service area	<p>Proof of prior residency (state ID or driver's license) in addition to the following:</p> <ul style="list-style-type: none"> • Most recent utility bill (i.e., water, gas, electric, phone or internet) • Recent school enrollment or report cards • State ID, driver's license or vehicle registration • Statement from financial institution • Deed of ownership from the Recorder's Office • Lease agreement, mortgage statement, etc. • Copy of old and new passport • Moving company contract with old and new address • Change of address filed with the post office showing old address and new address 	<p>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.</p>

The above 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).

► Changes to Existing Policies

On Exchange:

- Members must contact Nevada Health Link toll-free at **1-800-547-2927** if they wish to make changes to their existing policies.

Off Exchange:

- Medical plan changes are limited to one time per year outside of open enrollment. An individual change form is required. The plan change will be effective on the first day of the month following a 90-day waiting period. The waiting period begins when we receive the completed change form.

Adult Dental and Vision Plans

- Ancillary adult dental and/or vision will be added on the first day of the month following receipt of the completed individual change form. Member must be enrolled in a medical plan to add ancillary dental and/or vision.
- A member who currently has DHMO dental can change to the PPO dental (or vice versa) one time per year outside of open enrollment.
- A member who terminates dental and/or vision during the plan year cannot re-elect until the next open enrollment period.
- Termination of Pediatric Ancillary Products. Pediatric vision and dental coverage will end on the last day of the month when the child turns 19. If the subscriber is enrolled in adult dental and/or vision, the member will receive notification that their dependent has attained age 19 and will be added to ancillary products with billing update.
- If the subscriber has Nevada Pacific Dental (DHMO), no action is necessary as the child is already receiving these benefits.

Tobacco Attestation

- If the member originally enrolled as a tobacco user and has been tobacco free for at least six months, have them complete a change form and submit to us.
- If the member originally enrolled as a non-tobacco user and has recently started using tobacco products, have them complete a change form and submit to us.
- Upon submission of this attestation, the member's premium will be adjusted to reflect the tobacco or non-tobacco rate effective the first day of the month following receipt of the completed change form.

Adding a Dependent

- During open enrollment, submit an individual change form.
- Outside of open enrollment, submit an individual change form within 60 days along with proof of qualifying life event.

Removing a Dependent

- Submit an individual change form. Dependent removals are effective on the last day of the month to which the form is submitted.

► Termination of Coverage

On Exchange

Termination requests must be reported directly to Nevada Health Link. To report a termination, call toll-free **1-800-547-2927**. If the On Exchange member had recurring payments, the member can go to **HealthPlanofNevada.com**, and sign in to cancel the recurring payment.

Off Exchange

The subscriber has the right to terminate coverage by written notice to Health Plan of Nevada or Sierra Health and Life. Once the notice is received, coverage will end the last day of the month (unless coverage is terminated by Health Plan of Nevada or Sierra Health and Life prior to such date). There are no retroactive terminations. To disable auto pay, the member can go to **HealthPlanofNevada.com** or **SierraHealthandLife.com** and sign in to their online member center.

Termination for Nonpayment of Premium

Policies will terminate due to non-payment according to the Agreement of Coverage (AOC).

Grace Period

If the member does not pay the premium in full by the end of the grace period, coverage will be terminated.

- **Off Exchange:** 30-day grace period. Payment in full is due by the last day of the month. If payment in full is not received, termination is effective as of the end of the prior month.
- **On Exchange non-advance premium tax credit (APTC):** 30-day grace period. Payment in full is due by the last day of the month. If payment in full is not received, termination is effective as of the end of the prior month.
- **On Exchange with an APTC:** 90-day grace period. If payment in full is not received by the end of the grace period, the termination date will be the last day of the first month the member was delinquent.

► Refund Process/Guidelines

- There is an 8-business day wait from the payment received date for check requests or ACH returns (example: member made a payment on March 15 the refund request cannot be submitted until March 27).
- There is a weekly extract every Wednesday that is sent to our corporate office. Refund checks are processed and mailed from our corporate office.
- If a credit is being refunded, only the amount paid by credit card will be returned to that credit card. The remainder of the credit will be refunded by check request. For example, if the member made a payment of \$250 via credit card and has a total refund balance of \$300, the \$250 would be returned to the credit card and the remaining \$50 would be refunded by check request.
- Credit card refunds cannot be returned to an expired credit card. This must be submitted as a check request.
- Credit card/ACH refunds should appear on member's account within 3-5 days after being submitted.

Everything your client needs



is in
their
wallet.

THANK YOU

for partnering with us!

Health plan coverage provided by Health Plan of Nevada.
Insurance coverage provided by Sierra Health and Life.