

2023 Broker Guide

Get the information you need in this easy-to-use broker guide to write new individual policies and renewals.



Encourage
your clients to
download the
MyHPN or
MySHL app
to find care
locations.



Easily manage health plan information on the go and get turn-by-turn directions to contracted urgent care and hospital locations.



Personal medical information is confidential and is only available to members and their provider.
Must be a Health Plan of Nevada or Sierra Health and Life member to use the app.

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Contact Us

We're here for you. Our office hours are Monday through Friday, 8 a.m. to 5 p.m.

Individual Sales

If you have a question about an application for a new client or need assistance with an existing member:

- **New member (within 30 days of effective date):** Call **702-821-2200 (option 2)** or your assigned sales rep
- **Existing member:** Call **702-821-2200 (option 2)**, contact your renewal executive or email **indrenewal@uhc.com**

Group Services (Individual Services Team)

If you have a question about a member's billing, payments or to request a reinstatement, call **702-242-7764 (option 1)** or toll-free **1-800-234-9486**, TTY **711**. You can also send an email to **IndividualServices@uhc.com** or fax **702-838-1441**.

Member Services Dedicated Broker Line

If you have a question about eligibility, prior authorization or covered benefits, call **702-242-3070**, TTY **711**. Please identify yourself as a broker.

Commissions

If you have a question about your commission statement, call **702-242-7575 (option 4)** or toll-free **1-800-274-1573**, TTY **711**. You can also email **groupservicescommissions@uhc.com**.

Health Plan of Nevada and Sierra Health and Life Websites

Visit **HealthPlanofNevada.com** or **SierraHealthandLife.com**. Our websites feature an **I NEED HELP WITH** menu with frequently asked questions and health plan forms. Members can also find a doctor/provider and view our drug lists.

Online Center

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

Brokers can use the online broker center to:













- Access the broker portal and online broker center using your Optum ID. Simply visit **myAYSonline.com**. First-time users will need to register for an Optum ID. To request access, email Rhea Wilcox at **Rhea.Wilcox@uhc.com**.
- Search for a subscriber (individually or by group number) and his/her dependents.
- View client contact information, 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.

- Look up client Summaries of Benefits and Coverage (SBC).
- 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)

COVID-19 Return to Worksite Information

*** Menu Options Enabled Once Member Has Been Selected.



 Important! 2020 Plan Year Notification	 Member Search
 Member Benefits	 Member Pharmacy Copays
 Member Copay	 Summary of Benefits and Coverage
 Membership Roster	 My Plan Documents
 View Invoices	 Billing and Payment History
 View Contracts	 Book of business

Members can use the online member center to:

- **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, please contact Member Services.
- **Renew their Off Exchange individual plan during Open Enrollment.**
- **Set up online invoicing and automatic payments.** Set communication preferences and invoice notifications. They can also view billing information, invoices and payment history.
- **Print their health plan ID card.** View, email and print a temporary health plan ID card or request a replacement card. Off Exchange members can also update their address.
- **Review or update Primary care provider (PCP).** Members enrolled in an HMO who did not initially select a PCP have been matched with a doctor in their service area. Members can review or update their PCP selection.
- **Track claim history and expenses.** View the amount billed, the plan discount, how much their plan paid and what they may owe. They can also check the status of a claim or prior authorization.
- **Understand their pharmacy benefits.** View their account, locate a network pharmacy, look up pharmacy copays and see filled medications.
- **Review their plan documents.** Verify their coverage for medical, dental or vision services. If they opt-in and are a Southwest Medical patient, they can review their electronic medical records.
- **Log on to a healthier lifestyle.** Access wellness and online instructor-led classes and take the health risk assessment (HRA) through Rally. Once members complete their HRA, they'll receive personalized recommendations to help them improve their health.
- **View or download a member guide.** Learn more about their plan and find out how to best use the tools and resources available to them.

► Broker Portal

“Select the Get a Quote or Renewal button.



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

- Obtain product information, forms and literature
- Create a quote for an individual policy
- Submit an individual application
- Check the status of an individual application
- Renew individual members

Non-administrators will not see the **View Invoices** or **View Commission Statements** buttons.

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

► On Exchange (Nevada Health Link)

If your clients are enrolled through Nevada Health Link, they must contact Nevada Health Link directly at **NevadaHealthLink.com** or toll-free at **1-800-547-2927**, TTY **711**, to make any changes to their policy. For billing and payment questions, please have them call Individual Services at **702-242-7764 (option 1)**, TTY **711**.

What to report to Nevada Health Link:

- Changes in income
- Plan changes during SEP or Open Enrollment
- Terminations
- MANDATORY Renewal during Open Enrollment or they may be terminated by Nevada Health Link.
- Dependent add/terminations (includes newborns)
- Address changes
- Name changes
- Broker of record changes (member must request)

Service Area

The service areas for individual plans offered are:

- **Health Plan of Nevada:** Clark, Nye and Washoe counties
- **Sierra Health and Life:** Clark County only

Members must physically live in Nevada to be covered. Acceptable supporting documents include two utility bills in the member's name and a valid Nevada ID number or driver's license. A post office box or business address is not sufficient to support that a member resides in the service area. Providing incorrect documentation may result in coverage being terminated.

► Submit a New Sale

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

- Visit **myAYSONline.com** and sign in.
- Mail the completed application to **2720 N. Tenaya Way, Las Vegas NV 89128, Attn: Individual Sales**
- **Initial premium payment is required and must be paid prior to the plan's effective date. Initial payment must be paid by credit card (Visa, MasterCard or Amex) debit card, ACH, prepaid debit, personal check, money order or cashier's check.**

► Eligibility

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

- Live in the service area.
- 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 Drivers License number.

An individual who is eligible and/or enrolled for coverage 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 plans during the open enrollment period or when there is a qualifying life event.

► Correct an Error on a New Application

If a member is newly effective and has made a plan selection error, please contact your sales representative. The written request must be made by the member and must state the reason for the change request (i.e. error in selection, etc.) with any supporting information. Requests must be made within 30 days of the original effective date and 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. Once we receive their payment, it will show in our system within two to three business days.

- **Pay online:** Visit **HealthPlanofNevada.com** or **SierraHealthandLife.com** and sign in. Members can make a one-time payment or pay automatically each month by credit card, debit card or from a checking or savings account.

- **Pay by phone:** Call toll-free **1-855-697-9512**, TTY **711**. Members should have their member ID number ready. If a member goes through reinstatement and attempts to make a payment through the IVR (by phone) and is quoted \$0 due, they can select “other” to enter the amount they would like to pay.
- **Pay by mail:** Members should detach the form on the bottom of their billing statement and include it with their payment. Then, write the member ID on their check. Make checks payable to:
 - **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**

Returned checks or checks that can’t be cashed will not be considered payment.

Health Plan of Nevada and Sierra Health and Life does not accept payment from third parties except from the following: State/local government programs, Ryan White HIV/AIDS Program, Indian tribes, tribal organizations, urban Indian organizations, employers, and family members.

If we receive an impermissible third party payment, payment may be rejected and coverage may be terminated.

▶ Recurring Payment Schedules

To set up/amend/delete a recurring payment schedule, the member signs in to the online member center at **HealthPlanofNevada.com** or **SierraHealthandLife.com**. Once they reach the main menu, follow the instructions below:

- Make a one-time payment by checking, savings, credit or debit card.
- Set up a recurring payment plan by ACH or credit card (no debit card).
- Manage existing payment accounts (cancel/update payment date/update payment method).
- View payment history.

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

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

▶ Recurring Payment Setup in the Online Center

To create or delete a recurring payment schedule, the member signs in to the online member center at **HealthPlanofNevada.com** or **SierraHealthandLife.com**. Then selects Payments button. This will redirect the member to the RevSpring application.



On 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:** 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:** 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.

Your AutoPay will process on the selected day each month.

- 1st
- 2nd
- 3rd

[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.

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](#)

► Automatic Payments

- Automatic payments are disabled if the member's policy is terminated by their request (via Individual Change form or by calling Member Services). Once the termination is processed, a file goes to the vendor to stop the automatic payment. This file is transmitted after the termination date (i.e. member terminates effective March 31, the file is sent April 1).
- Automatic payments are automatically disabled if the account/card is expired, invalid or closed.
- 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.

▶ Open Enrollment Periods

2023 Open Enrollment

- 2023 open enrollment begins November 1, 2022 and ends January 15, 2023.
- Applications and changes received by December 31, 2022 will be effective January 1, 2023. Applications and changes received between January 1, 2023 and January 15, 2023 will be effective February 1, 2023.
- Changes to renewal plans submitted before December 8, 2022 will receive new health plan ID cards prior to January 1, 2023. Billing statements will be adjusted accordingly.

Renew Off Exchange Plans

- Sign in to the broker portal at **myAYSONline.com**.
- Email **indrenewal@uhc.com**.
- Contact your assigned renewal executive.
- Our renewal call center is also available (for renewals only) October 1, 2022 through December 15, 2022. Call toll-free **1-866-868-8679**, TTY **711**, Monday through Friday, 8 a.m. to 6 p.m.

▶ Coverage Effective Dates

Applications received outside of open enrollment must be for a qualifying life event or the applicant will need to wait until the next open enrollment period.

▶ 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**.
It is Mandatory that On Exchange members contact Nevada Health Link to renew for 2023.
- **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, 2022 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, 2022 (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 health plan ID number when moving from HMO to EPO or vice versa.

Qualifying Life Events

Individuals who experience a qualifying event may be eligible to enroll in a plan outside of open enrollment. Documentation/proof of the qualifying event is required prior to enrollment. If the necessary documentation is not received or is unacceptable proof, 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 number.

Common Life/Family Events

- Marriage or commencement of domestic partnership
- Divorce, legal separation or termination of 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

Newborn 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.

Termination of Pediatric Ancillary Products

Pediatric vision and dental coverage will end the last day of the month 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.

Individual Services

If the subscriber has Nevada Pacific Dental (DHMO), no action is necessary as the child is already receiving these benefits.

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

Off Exchange members may make changes to their existing policies.

Medical Plan

- Plan changes are limited to one time per year outside of open enrollment and require a 90 day wait (unless there is a qualifying event).
 - Submit an individual change form to your renewal executive.
 - The plan change will be effective on the first day of the month following the 90 day waiting period. The waiting period begins when we receive the completed form.

Dental and Vision Plans

- Submit an individual change form to your renewal executive.
- Dental and/or vision will be added on the first day of the month following receipt of the completed change form.
- 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.

Update Contact Information

Off Exchange:

- Member can visit **HealthPlanofNevada.com** or **SierraHealthandLife.com** and sign in.
- Submit an individual change form or email to your renewal executive.

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.**

Add a Dependent

- Submit an individual change form to your sales rep, along with proper documentation/ proof of the qualifying life event (QLE). Dependent additions without a QLE are not accepted, and the member will need to wait until the next open enrollment period to add the dependent.
 - During open enrollment, submit signed change form to your assigned sales representative.
 - Outside of open enrollment, submit signed change form within 60 days along with proof of qualifying life event (per QLE grid) to your assigned sales representative.

► Termination of Coverage

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.

On Exchange

Termination requests must be reported directly to Nevada Health Link. To report a termination request, call toll-free **1-800-547-2927**, TTY **711**. If the On Exchange member had auto pay/EFT/recurring payments, the member can go to **HealthPlanofNevada.com** or **SierraHealthandLife.com** and sign in to cancel the automatic withdrawal.

Termination for Nonpayment of Premium

When premiums are not paid, policies will terminate due to non-payment according to the Agreement of Coverage (AOC).

Termination Process Talking Points

Q. Why was my health plan terminated for nonpayment?

A. If you do not pay your premium in full by the end of the grace period, your coverage will be terminated.

- Off Exchange 30 day grace period
- On Exchange non-advance premium tax credit (APTC) 30 day grace period
- On Exchange APTC 90 day grace period

Q. I paid late before and my plan wasn't terminated. Why now?

A. APTC Member: Your plan should have been terminated per the federal guidelines (regulation 45CFR 156.270 & 155.430). Your extended grace period begins the first month your payment is late. If you don't pay your premium in full for all three months by the end of your 90-day grace period, your plan will be terminated the last day of the first month your payment was late.

Example:

- If your October 1, premium is paid after October 31, you'll be in the 90-day extended grace period.
- You must pay all premiums due in full by December 31, or your coverage will end October 31.

Q. I paid November and December payment, will those be refunded?

A. Yes, all overpaid premium payments applied **after your termination date** will be refunded to you.

▶ 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, 2023 the refund request cannot be submitted until March 27, 2023).
- There is a weekly extract every Wednesday that is sent to corporate. Refund checks are processed and mailed from corporate by the following Monday.
- 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.
- If the termination is greater than 90 days, we cannot return funds back to account or credit card. This must be submitted as 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 members account within 3-5 days after being submitted.

Thank you for partnering with us!

HealthPlanofNevada.com
SierraHealthandLife.com

Health Plan of Nevada
A UnitedHealthcare Company 

Sierra Health and Life[®]
A UnitedHealthcare Company 

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