

Broker Portal

Individual Guide



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



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Welcome



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

- Obtain product information
- Submit an individual application
- Check the status of an individual application
- Process an individual renewal

Let's get started.

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Access to the broker portal

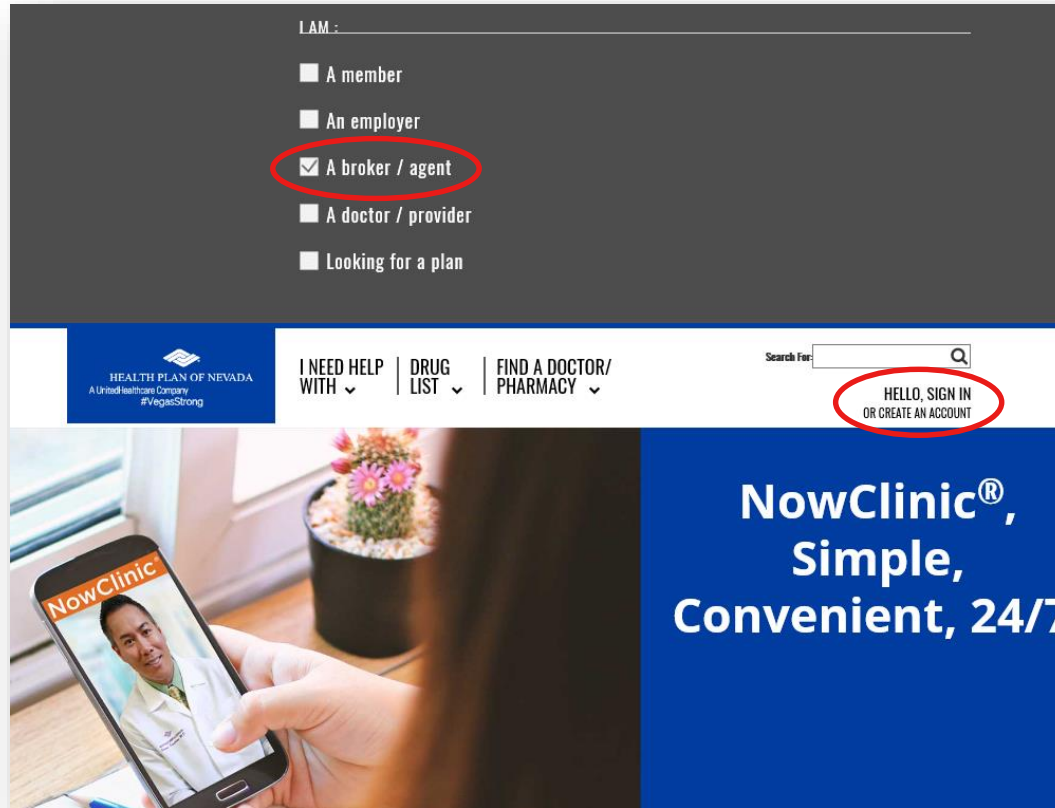


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Visit HealthPlanofNevada.com, select I am **A BROKER** and sign in.



To request access, email Rhea Wilcox at Rhea.Wilcox@uhc.com.

Access to the broker portal



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Sign in to the Online Center.

The screenshot shows the 'ONLINE CENTER' web portal for Health Plan of Nevada and Sierra Health and Life. The page features a blue header with the company name and a navigation bar with links for 'Contact Us', 'News', 'Help', and 'Login'. On the left, there is a 'Sign In' section with an 'Account Type' dropdown menu set to 'Broker', and buttons for 'Sign In' and 'Register'. Below this is a 'First Time Visitor?' section with text about benefit information and a 'Take tour of the site!' link. On the right, there is an 'Information Center' section with 'News Headlines' and 'Related Links'. The news headline is dated 'Jan 01' and titled 'Important Information for ABA Providers!'. The related links include 'Health Plan of Nevada', 'Senior Dimensions', 'Sierra Health and Life', 'Southwest Medical Associates', and 'Behavioral Healthcare Options'. A small portrait of a man in a suit is visible in the bottom right corner of the screenshot.

Access to the broker portal



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Sign in with your Optum ID.

Sign In With Your Optum ID

Optum ID or email address

Password

[Forgot Optum ID](#) | [Forgot Password](#)

Additional options:
[Manage your Optum ID](#)
[What is an Optum ID?](#)

Access to the broker portal

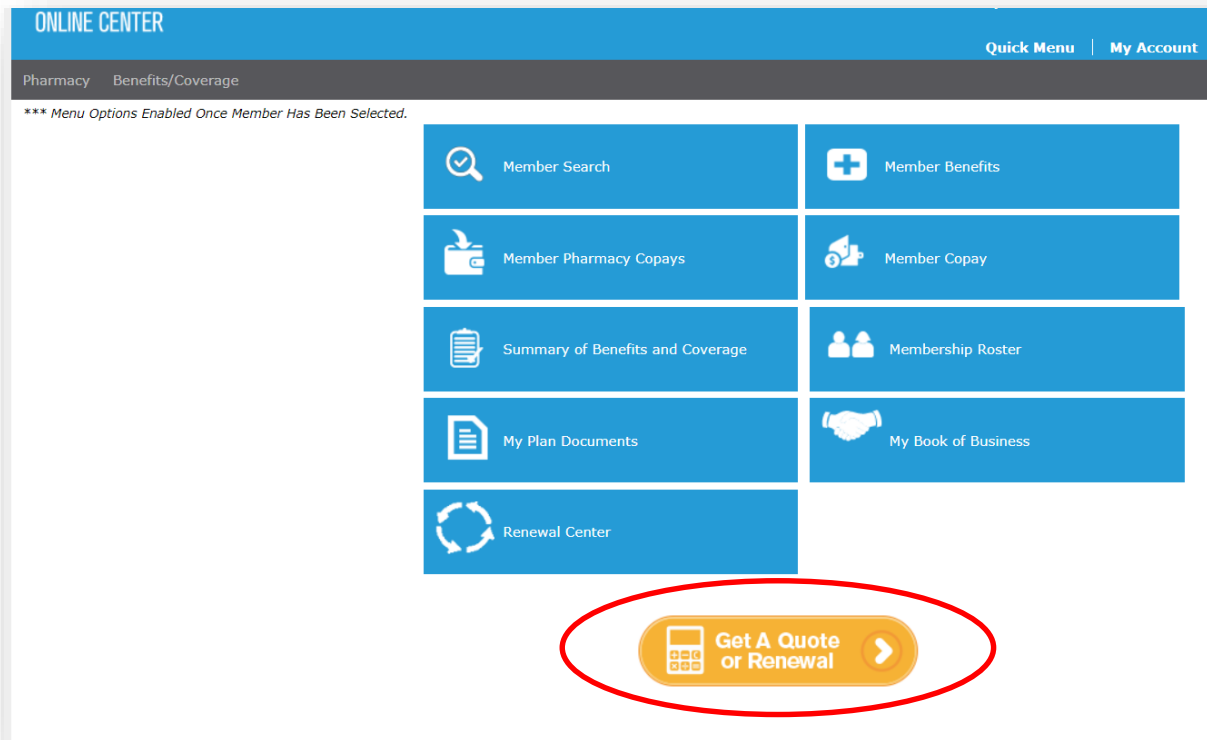


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Once you sign in, select **Get A Quote or Renewal**.



Navigate the broker portal



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

The screenshot displays the HPN/SHL Broker Portal interface. At the top, the header includes the logos for Health Plan of Nevada and Sierra Health and Life, both identified as UnitedHealthcare Company. A navigation bar contains tabs for Partner Home Page, Individual & Family, Small Group, My Templates, Renewals, and Associations. Below this is a 'Home' button. The main content area is divided into two columns. The left column, titled 'Information Center', contains a 'Quick Links' section with the following items: Get Individual Quote, Individual Marketing Materials, Get Sole Prop Quote, and Group Marketing Materials. Below this are 'EXTERNAL LINKS' including Nahu.org, Clark County Association of Health Underwriters, Northern NV Association of Health Underwriters, Healthcare.gov, Hhs.gov, Irs.gov, and Optum Health Bank. Further down are 'HPN/SHL LINKS' such as @YourService, Health Plan of Nevada, Sierra Health and Life, HPN Provider Directory, SHL Provider Directory, 4-Tier Preferred Drug List, and Southwest Medical Assoc. The bottom section of the left column is 'RENEWALS' with links for Group Renewals and Individual Renewals. The right column features a photograph of four smiling professionals. Below the photo is a link to 'Language Assistance/Non-Discrimination Notice' with translations in Spanish and Tagalog. A red 'NOTE' section follows, advising users to refrain from using browser navigation arrows during application completion. At the bottom of the right column, a red notice states that as of 5/6/2019, the organization is no longer accepting quotes/applications for the Clark County Health Plan Association.

Navigate the broker portal



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Click **Individual & Family Individual Home** to view a list of individual applications processed for your agency.

HPN/SHL BROKER PORTAL

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Logout

Partner Home Page **Individual & Family** Small Group My Templates Renewals Associations

Home

Information Center

Quick Links

- Get Individual Quote
- Individual Marketing Materials
- Get Sole Prop Quote
- Group Marketing Materials

EXTERNAL LINKS

- Nahu.org
- Clark County Association of Health Underwriters
- Northern NV Association of Health Underwriters
- Healthcare.gov
- Hhs.gov
- Irs.gov
- Optum Health Bank

HPN/SHL LINKS

- @YourService
- Health Plan of Nevada
- Sierra Health and Life
- HPN Provider Directory
- SHL Provider Directory
- 4-Tier Preferred Drug List
- Southwest Medical Assoc

RENEWALS

- Group Renewals
- Individual Renewals

Click Here to View
Language Assistance/Non-Discrimination Notice
Asistencia de Idiomas/Aviso de no Discriminacion
Abiso sa Tulong sa Wika/Hindi Pandiskrimina

NOTE
Please refrain from using the browser
backward and forward arrows while
completing the application.
Thank you.

EFFECTIVE 5/6/2019
Association update:
We are no longer accepting quotes/applications
for Clark County Health Plan Association.

Navigate the broker portal




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This chart will display the application number, effective date, requested effective date, status of the application, tier structure, subscriber and enrollment form (scroll to the right). This page also features a query button.

Application List - Applications 60 days from the requested effective date are visible.



Application #	Effective Date	Requested Effecti	Status	Tier Structure	Organization	Subscriber
1-18U81T3	4/1/2019	4/1/2019	Policy Issued	ACR	1-2GKIZM	TESTING
1-18VCJZ5	5/1/2019	5/1/2019	Policy Issued	ACR	1-2GKIZM	TESTER
1-18VCK2N	5/1/2019	5/1/2019	Policy Issued	ACR	1-2GKIZM	TESTER
1-18W5VCH	6/1/2019	6/1/2019	Policy Issued	ACR	1-2GKIZM	TESTER
1-18WDN7R	7/1/2019	7/1/2019	Policy Issued	ACR	1-2GKIZM	TESTING

Navigation: < [Progress Bar] > | << >>

Navigate the broker portal



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Select **Query** and enter the necessary information. For example, query for 5/1/2019 effective date and the results are below.

Application List - Applications 60 days from the requested effective date are visible.

The screenshot shows a web interface for an application list. At the top, there is an orange header with the text "Application List - Applications 60 days from the requested effective date are visible." Below the header is a search bar with a magnifying glass icon on the right. Underneath the search bar is a table with the following columns: Application #, Effective Date, Requested Effecti, Status, Tier Structure, Organization, and Subscriber. The first cell of the first row is highlighted with a blue border, indicating it is the active search input field.

Application #	Effective Date	Requested Effecti	Status	Tier Structure	Organization	Subscriber

Application List - Applications 60 days from the requested effective date are visible.

The screenshot shows the same web interface as above, but with search results displayed in the table. A magnifying glass icon is visible in the top left corner of the table area. The table contains two rows of data.

Application #	Effective Date	Requested Effecti	Status	Tier Structure	Organization	Subscriber
1-18VCJZ5	5/1/2019	5/1/2019	Policy Issued	ACR	1-2GKIZM	TESTER
1-18VCK2N	5/1/2019	5/1/2019	Policy Issued	ACR	1-2GKIZM	TESTER

Navigate the broker portal



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Click **Individual & Family** and then select **Individual Marketing Materials**. Click the arrow next to the folder for a list of the documents. Expand the **Document** column to view entire name (hover over the right side of the column and drag). Click on **Modified Date** and sort to see the most recent documents.

The screenshot shows the broker portal interface. At the top, there are tabs for 'Individual & Family', 'Small Group', 'My Templates', 'Renewals', and 'Associations'. The 'Individual & Family' tab is selected and circled in red. Below it, there is a sub-tab for 'Individual Marketing Materials', also circled in red. A dropdown menu is open, showing 'Marketing Materials' with a downward arrow. Below this, there are several folders: 'Communications' (circled in red), 'eComs', 'Materials', and 'Plan Documents'. Below the folders, there is a table titled 'Marketing Materials'. The table has a red header with the text 'For Spanish version, please contact your account representative'. The table has three columns: 'Document' (circled in red), 'File Type', and 'Modified Date' (circled in red). The table contains three rows of data:

Document	File Type	Modified Date
UHC7149_19.1_Real-Time_ID_Broker_eCom.html	pdf	5/29/2019 02:44:27 PM
UHC7210_19.1_Broker_Portal_eCom.html	pdf	5/21/2019 12:49:02 PM
UHC7208_19.1_GLVAR_eCom.html	pdf	5/16/2019 09:24:11 AM

Renew your health plan

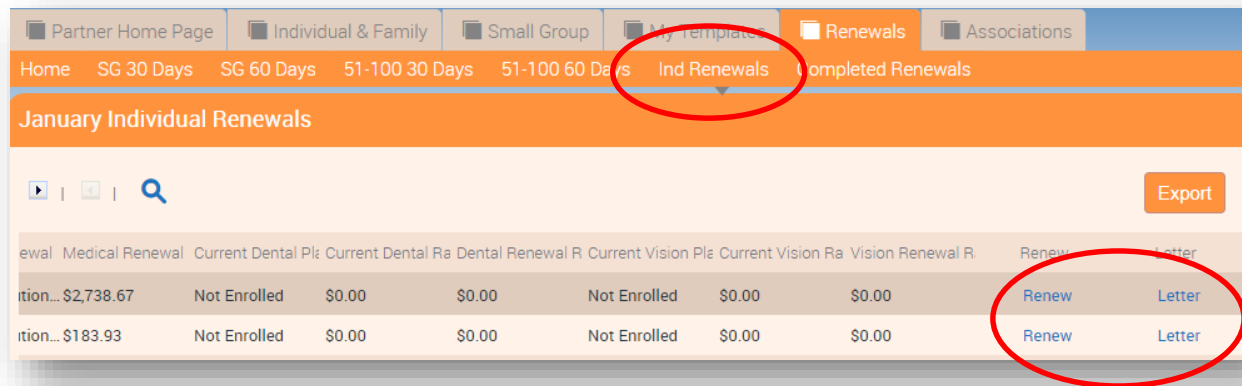


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Click **Renewals** and then select **Ind Renewals**. Click on **Renew** to choose a plan. Click on **Letter** to review the Renewal Letter.



Renew your health plan



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SELECT the product you wish to renew.

RENEWAL PRODUCT

MySHL Solutions PPO Silver 8.1 -

Plan Design	RX	Office Visit	Deductible	Details	Summary of Benefits and Coverage	Monthly Premium
MySHL Solutions PPO Silver 8.1	Tier 1-2 \$25/\$50 Tier 3-4 \$100/30% after Rx CYD	\$15 per Plan Provider visit	Medical: \$5,000 Rx: \$250	Details	View SBC™ tabindex=2997 id='s_1_1_4_0'>Summary of Benefits and Coverage	\$158.57 per month SELECT

Sort by: Monthly Premium Office Visit

ALTERNATIVE PRODUCTS

MyHPN Solutions HMO Bronze 7 -

Plan Design	RX	Office Visit	Deductible	Details	Summary of Benefits and Coverage	Monthly Premium
MyHPN Solutions HMO Bronze 7	Tier 1 \$25 Tier 2-4 \$75/ \$150/30% after Rx CYD	\$50 per PCP visit	Medical: \$6,500 Rx: \$500	Details	View SBC™ tabindex=3997 id='s_3_1_4_0'>Summary of Benefits and Coverage	\$118.67 per month SELECT

Renew your health plan



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Choose **Select Dental Coverage** or **Waive Dental Coverage**.

DENTAL RENEWAL ALTERNATIVES

PPO Adult Dental - Available for an additional premium					
Plan Design	Exams/Cleaning	Deductible	Details	Monthly Premium	
PPO Adult Dental	\$0 for Type I Svcs	\$50	Details	\$0.00 per month	<input type="button" value="Select Dental Coverage"/>

Renew your health plan



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Choose **Select Vision Coverage** or **Waive Vision Coverage**.

VISION RENEWAL ALTERNATIVES

PPO Adult Vision -						
Plan Design	Exam/Frequency	Frames Frequency	Lenses Frequency	Details	Monthly Premium	
PPO Adult Vision	12 mos	24 mos	12 mos	Details	\$0.00 per month	<input type="button" value="Select Vision Coverage"/>

Renew your health plan



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Confirm or **Edit** the selected coverage to complete the renewal.

Selected Coverage

Medical:	MySHL Solutions PPO Silver 8.1	\$158.57	<input type="button" value="Edit"/>
Dental:	Not Enrolled	\$0.00	<input type="button" value="Edit"/>
Vision:	PPO Adult Vision	\$0.00	<input type="button" value="Edit"/>
Total Premium:		\$158.57	

Broker Email: klee.burkhart@uhc.com **If this e-mail is incorrect or blank click My Accounts at the bottom of the screen to update it.*

*Please confirm the selected coverage above to complete the renewal.

Renew your health plan

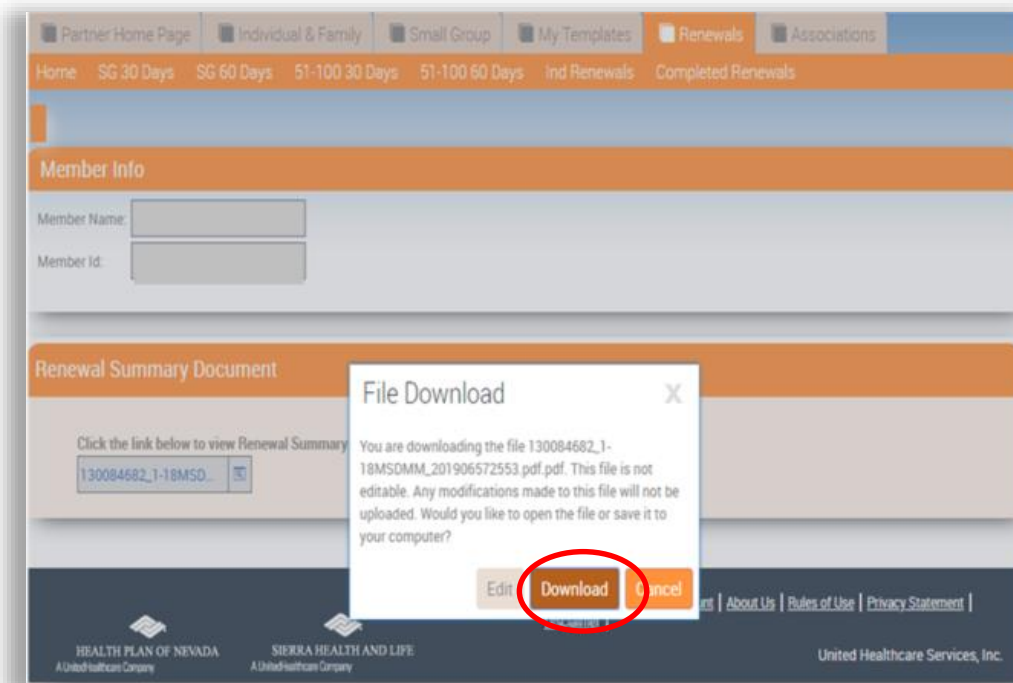


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The renewal summary will display on the screen. Click on the hyperlink and download then print a copy for your records.



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Confirmation of Renewal Coverage for:

Subscriber Name:

Subscriber Id:

Policy Number:

Medical	MySHL Solutions PPO Silver 8.1	\$158.57
Dental	Not Enrolled	\$0.00
Vision	PPO Adult Vision	\$0.00
Total Monthly Premium		\$158.57

Renew your health plan

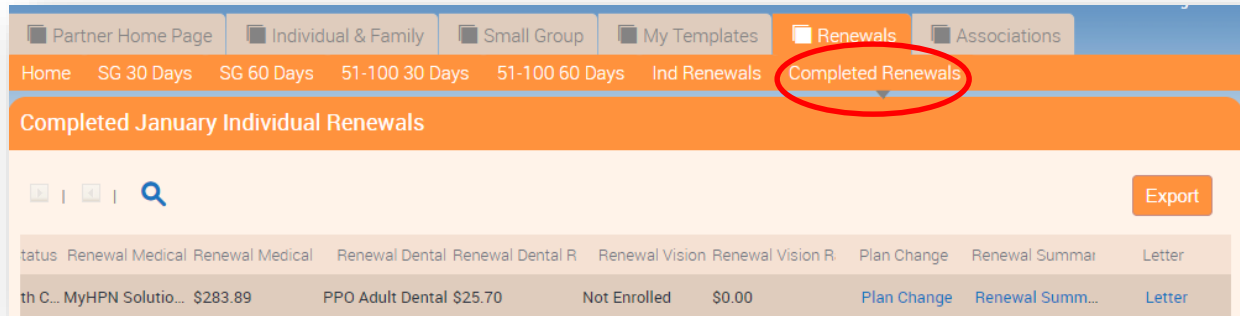


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Click **Renewals** and then select **Completed Renewals**.



Renew your health plan

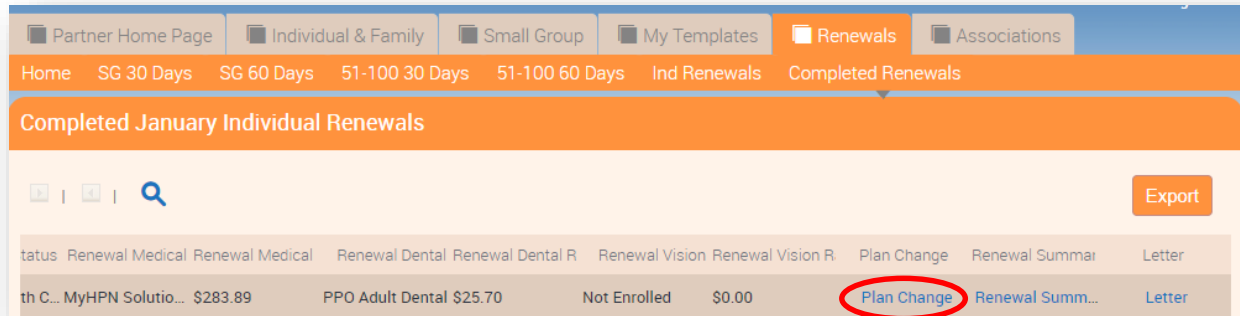


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You have the option to make a plan change prior to the end of open enrollment. Select **Plan Change**.



Get a quote or enroll



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Click **Individual & Family** and then select **Individual Application**.

The screenshot shows the HPN/SHL Broker Portal interface. At the top, there are logos for Health Plan of Nevada and Sierra Health and Life, both identified as UnitedHealthcare Company. The main navigation bar includes 'Partner Home Page', 'Individual & Family', 'Small Group', 'My Templates', 'Renewals', and 'Associations'. Below this, a secondary navigation bar has 'Individual Marketing Materials', 'Individual Application' (circled in red), and 'Individual'. On the left, a 'Tools' sidebar lists 'Get Marketing Materials', 'Email URL', and 'Create a Quote'. The main content area is titled 'Application List - Applications 60 days from the requested effective date are visible.' and contains a search icon and a table with one application entry.

Application #	Effective Date	Requested Effecti	Status	Tier Structure	Organization	Subscriber
1-18U81T3	4/1/2019	4/1/2019	Policy Issued	ACR	1-2GKIZM	TESTING

Get a quote or enroll



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Enter the necessary information. The fields with red asterisks are required.

Partner Home Page Individual & Family Small Group My Templates

Individual Application Individual Marketing Materials

Get a Quote

* =required

* What type of coverage are you applying for?:

* What is your 5 digit Nevada Zip Code?:

* I am requesting insurance coverage for:

* I am Waiving coverage for:

* Received Date (MM/DD/YYYY):

Start Over Continue

Get a quote or enroll



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The **Qualifying Event** field is required. Select one from the dropdown.

The screenshot shows a web form titled "Get a Quote" with several required fields. A dropdown menu is open for the "Qualifying Event" field, showing a list of options. Below the form, a section titled "Qualifying Events" provides further details and examples.

Get a Quote * -required

- What type of coverage are you applying for?: Individual
- What is your 5 digit Nevada Zip Code?: What is your 5 digit Nevada Z
- I am requesting insurance coverage for: I am requesting insuranc
- Is anyone enrolling in this plan Medicare eligible?: Y N
- Received Date (MM/DD/YYYY): Received Date (MM/DD/YYYY)
- Qualifying Event: Open Enrollment

Start Over

Qualifying Events

If you're applying for coverage due to a qualifying life event (QLE), you must select a QLE from the dropdown menu. Coverage is effective 30 days from the date of the qualifying event. Examples of a qual

- Birth, Adoption or Placement for Adoption
- Domestic Partnership or Marriage
- Change in Family Status
- Loss of Minimum Essential Coverage
- Open Enrollment
- None
- Marriage / Domestic Partnership
- Newborn/Adoption/Placement
- Change in Family Status
- Loss of Minimum Essential Coverage
- Active Duty Military - Return after Tricare ends
- Loss of Medicaid or other Public Assistance
- Loss of Employer Sponsored Coverage
- Permanent Change in Residence to Nevada
- Approved QLE

Get a quote or enroll



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You may be asked to check the box to attest the information entered is accurate.

Get a Quote

*What is your 5 digit Nevada Zip Code?: *=-required

*I am requesting insurance coverage ▼

for:

*Qualifying Event: ▼

In order for you to qualify for coverage, please attest by checking the box below. This is required to attest that the following information is accurate: therefore requesting a waiver of the 90 day waiting period. This attests that you had previous coverage and cannot currently provide proof of that coverage.

*I do hereby attest that I have a qualifying event:

*Last Date of Coverage or Qualifying Event Date (MM/DD/YYYY):

[Start Over](#)

Get a quote or enroll



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Enter the required information for the applicant and family members.
Click **Continue**.

Partner Home Page | Individual & Family | Small Group | My Templates | Renewals | Associations

Individual Application | Individual Marketing Materials

Enter your information and click continue

• Effective Date if you submit this application Today: 9/1/2019 • =required

	Gender	Date of Birth (MM/DD/YYYY)	** Tobacco use? (past 6 months)	
• Applicant:	<input type="radio"/> F <input type="radio"/> M	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	
• Spouse/Domestic Partner:	<input type="radio"/> F <input type="radio"/> M	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	
• Child1:	<input type="radio"/> F <input type="radio"/> M	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	
• Child2:	<input type="radio"/> F <input type="radio"/> M	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	
• Child3:	<input type="radio"/> F <input type="radio"/> M	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	

** Tobacco use is having used tobacco products 4+ times per week on average within the past six months. You may exclude if used for religious or ceremonial purposes

Health Plan of Nevada and Sierra Health and Life have helped keep individuals and families strong and healthy for more than 30 years.

Get a quote or enroll



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This will generate a list of health plans. Select a plan to begin the application process.

SELECT A MEDICAL PLAN

MySHL Solutions HSA EPO Bronze 3.1

Plan Design	RX	Office Visit	Deductible	Dental/Vision	Monthly Premium
MySHL Solutions HSA EPO Bronze 3.1	Tier 1-4 \$25/75/150/30% after Medical CYD	After CYD, Mbr pays 30% of EME	\$6,500	Dental & Vision are optional	\$294.31 per month

[Compare](#) | [Summary of Benefits and Coverage](#) | [Details](#)

Get a quote or enroll



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Confirm your selection or go **Back to all plans.**

SELECTED MEDICAL PLAN

PLEASE VERIFY YOUR MEDICAL PLAN BELOW. IF THIS IS CORRECT CLICK THE CONFIRM BUTTON.

MySHL Solutions HSA EPO Bronze 3.1

Plan Type	Pharmacy Coverage	Office Visit	Deductible	Dental/Vision	Monthly Premium
MySHL Solutions HSA EPO Bronze 3.1	Tier 1-4 \$25/75/150/30% after Medical CYD	After CYD, Mbr pays 30% of EME	\$6,500	Dental & Vision are optional	\$294.31 Per Month

[Back to all plans](#)

Get a quote or enroll



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To add dental coverage, **Select** the plan. If you don't want dental, click **Continue**.

To SELECT DENTAL COVERAGE, PRESS SELECT UNDER THE MONTHLY PREMIUM. OTHERWISE, JUST CLICK CONTINUE

Individual UHC HMO Dental			
Plan Design	Exams/Cleaning	Deductible	Monthly Premium
Individual UHC HMO Dental	No Charge	None	\$13.00 per month
Details			Select

PPO Adult Dental			
Plan Design	Exams/Cleaning	Deductible	Monthly Premium
PPO Adult Dental	Type I \$0 Type II CYD 20% Type III CYD 50%	Type I \$0 Type II & III \$50 (In Plan)	\$25.70 per month
Details			Select

Back **Continue**

Get a quote or enroll



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To add vision coverage, **Select** the plan. If you don't want vision, click **Continue**.

VISION COVERAGE - To ELECT VISION COVERAGE, PRESS SELECT UNDER THE MONTHLY PREMIUM. OTHERWISE, CLICK CONTINUE.

PPO Adult Vision				
Plan Design	Exam/Frequency	Frames Frequency	Lenses Frequency	Monthly Premium
PPO Adult Vision	12 mos	24 mos	12 mos	\$7.70 per month

[Details](#)

◀ Back

Select

Continue ▶

Get a quote or enroll



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Enter your client's information and select **Continue**. The fields with red asterisks are required, along with one phone number.

Applicant Information

You must enter at least one phone number.

*First Name: First Name	Middle Name: Middle Name	*Last Name: Last Name	*Email: Email
*Personal Address: Personal Address	*City: Las Vegas	*State: NV	*Zip Code: 89128
Home / Mobile Phone #: Home / Mobile Phone #	Work Phone #: Work Phone #	*SSN(Required if over age 5): SSN(Required if over age 5)	
*Driver's License/State ID (Required if age 19 or older): Driver's License/State ID (Required	Marital Status: Marital Status		

Primary Care Provider(PCP) and OB/GYN(Female only)
Look up a PCP and/or OB/GYN physician using the the Provider link below. Then, add the physician's PCP code to the boxes. This is not required, but if you don't select a PCP, we will match you with a doctor in your service area.
[Click here to find a Primary Care Provider or OB/GYN](#)

8 digit PCP code(Male and Female): 8 digit PCP code(Male and Female	8 digit OB/GYN Code(Female Only): 8 digit OB/GYN Code(Female Only)
--	---

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If applicable, enter the dependents' information and select **Continue**.

Partner Home Page Individual & Family Small Group My Templates Renewals Associations

Individual Application Individual Marketing Materials

SPOUSE

★Indicates Required field

Enter the dependent's information and click Continue.

★First Name: Middle Name: ★Last Name: ★Gender:

★Date of Birth: SSN (Required if over age 5): Driver's License/State ID (Required if age 19 or older):

Primary Care Provider(PCP) and OB/GYN(Female only)
Lookup a PCP and/or OB/GYN physician using the the Provider link below. Then, add the physicians PCP code to the boxes. This is not required, but your PCP will default if you do not select one.
[Click here to find a Primary Care Provider or OB/GYN](#)

8 digit PCP Code (Male and Female):

8 digit OB/GYN code (Female Only):

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You'll be prompted to review and **sign** the terms and agreements. You may also review and print your client's **enrollment form**.

Partner Home Page Individual & Family Small Group My Templates Renewals Associations

Individual Application Individual Marketing Materials

APPLICATION REVIEW AND ATTESTATION

You are almost done.
Review the information below and sign the page below.
Review the application above and print a copy for yourself.
The last step is to make a payment and then you will be able to view your id card.

Your Application

Generate Enrollment Form

Name

FinalZZZZ TESTING_1-198R645_06_05_2019_073627AM

Acknowledgements and Application Completion SIGNATURE REQUIRED - By signing this document:

1. I, we, or legally Authorized Representative (Broker Producer, Agent, etc.) on behalf of client, (hereinafter referred to as Applicant) hereby apply to HPN/SHL for coverage now being offered to the Eligible persons in this application. Applicant understands that this application for coverage is subject to acceptance by HPN/SHL and that if an Agreement is issued, services will be available subject to the terms, exclusions, limitations and benefits described in the HPN/SHL Agreement of Coverage (AOC) and the 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/SHL 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 if they are applying for individual coverage outside the annual Open Enrollment period, upon approval of this application, Applicant is subject to a waiting period of 90 (ninety) days after the date on which the application for coverage was received and coverage becomes effective upon the first day of the month immediately following the date in which the waiting period expires. Applicant understands that the policy is not retroactive to the date on which the application was received.

Get a quote or enroll



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Once you've completed the **signature**, select **I Agree** to the terms and agreements.

Acknowledgements and Application Completion SIGNATURE REQUIRED - By signing this document:

1. I, we, or legally Authorized Representative (Broker/Producer, Agent, etc.) on behalf of client, (hereinafter referred to as Applicant) hereby apply to HPN/SHL for coverage now being offered to the Eligible persons in this application. Applicant understands that this application for coverage is subject to acceptance by HPN/SHL and that if an Agreement is issued, services will be available subject to the terms, exclusions, limitations and benefits described in the HPN/SHL Agreement of Coverage (AOC) and the 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/SHL 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 if they are applying for individual coverage outside the annual Open Enrollment period, upon approval of this application, Applicant is subject to a waiting period of 90 (ninety) days after the date on which the application for coverage was received and coverage becomes effective upon the first day of the month immediately following the date in which the waiting period expires. Applicant understands that the policy is not retroactive to the date on which the application was received.
7. 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/SHL in this application is determined to be untrue, inaccurate, or incomplete, in lieu of termination of coverage, HPN/SHL 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/SHL 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 arbitrator 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/SHL upon request.

Applicant/Authorized Representative: *required

*Broker Signature:

Signature Date:

Date of Birth:

1/1/1978

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 for the purpose of defrauding or attempting to defraud the 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.

Get a quote or enroll



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The last step is to make a payment. Select **PAYMENT LINK**.



Get a quote or enroll



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Enter the necessary information and select **Process Transaction**.

TRUSTCOMMERCE
COMPREHENSIVE | SECURE | TRUSTED

Amount : \$307.42

Account Holder Name: <input type="text"/> *	Credit Card Number: <input type="text"/> *
Billing Address: <input type="text"/> *	Expiration: <input type="text"/> (mmyy) *
<input type="text"/> *	CVV/CVC: <input type="text"/> *
City: <input type="text"/> *	-OR-
State: <input type="text"/> *	Routing Number: <input type="text"/> *
Zip Code: <input type="text"/> *	Bank Account Number: <input type="text"/> *

Policy Number : 1-S4NJVB

<< Back | **Process Transaction**

We Accept:

SECURED BY **TRUSTCOMMERCE**
COMPREHENSIVE | SECURE | TRUSTED

Get a quote or enroll



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You've successfully completed the application process and your client is now enrolled. Select the link to **View ID Card**.

The screenshot shows the HPN/SHL Broker Portal interface. At the top, it displays the logos for Health Plan of Nevada and Sierra Health and Life, both identified as UnitedHealthcare Companies. The page title is "HPN/SHL BROKER PORTAL". A navigation menu includes "Partner Home Page", "Individual & Family", "Small Group", "Partner Administration", "My Templates", and "Renewals". A "Login/Logout" link is also present. The main content area features a congratulatory message: "Congratulations! Your application was submitted and you are now enrolled." Below this, it states "Your application is complete with Effective Date: 8/1/2015" and "Your Member ID: 150081918". A prominent orange bar contains the text "View ID Card". Below this bar, a red circle highlights a link that says "Click the link below to View your ID card now" followed by the file name "1-S4O0IH_07092015080336AM.pdf".

Get a quote or enroll



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An electronic version of your client's health plan ID card will appear.

Print a copy and advise your client to keep it in his/her wallet.

Your client and his/her dependents should receive their health plan ID card in the mail within seven to 10 business days.

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MyHPN SOLUTIONS
INDIVIDUAL HMO PLAN

Health Plan (80840) 911-76342-01

Member ID: 150081918-00 Group Number: 100035021001

Member: TESTINGME TEST YOU MUST SEE YOUR PCP FOR ROUTINE CARE

Benefit Code:
Medical I14HG400
Rx PHG07400

Payer ID
 OPTUMRxSM

Effective Date
08/01/2015

Copay: Office /Spec
20%/20%

Rx BIN: 610279
Rx GRP: UNEVADA
Rx PCN: 9999
Rx Cost share tiers: I / II / III / IV
Rx Deductible may apply.

DOI-0501 Underwritten by Health Plan of Nevada, Inc.

In a life-threatening emergency, call 911 or go to an emergency room. Printed: 07/09/2015

Card does not guarantee coverage. Obtain prior authorization or verify benefits at www.myHPNonline.com or call Member Services.

Member Services: 1-800-777-1840
24 Hour Advice Nurse: 1-800-288-2264
Mental Health/Substance Abuse: 1-800-873-2246

For Providers: www.myHPNonline.com 1-800-777-1840
Medical Claims: HPN Claims, PO Box 15645, Las Vegas, NV 89114-5645

UHC CHOICE PLUS NETWORK
EMERGENCY SERVICES ONLY
OUTSIDE NEVADA SERVICE AREA

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacists: 1-800-443-8197

Online member center

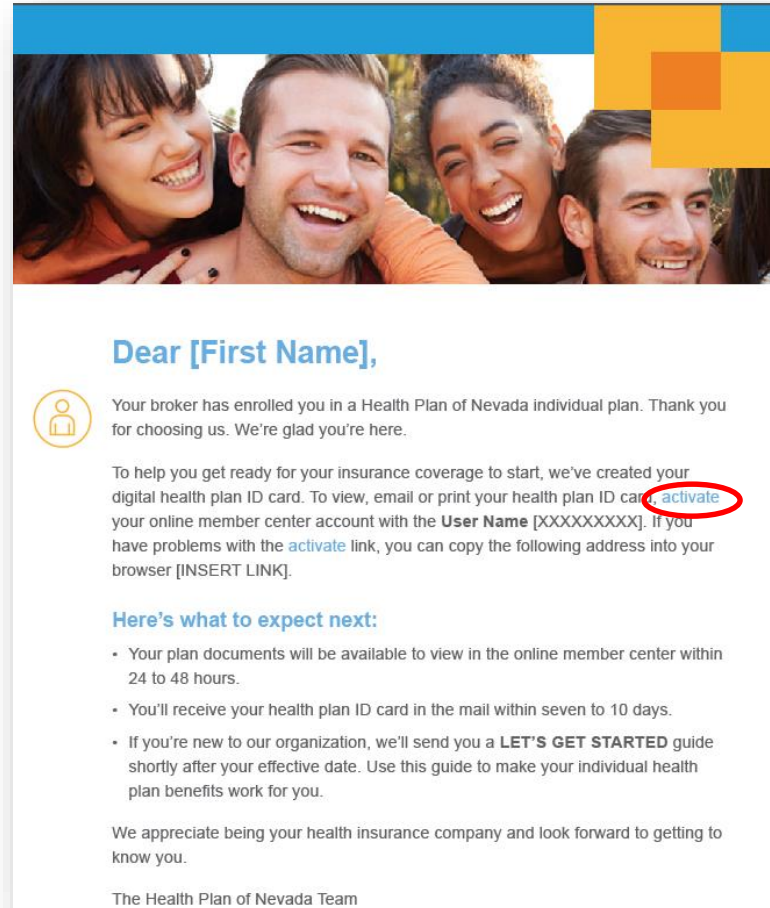


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Your client will receive an email with a link to **activate** his/her online member center account.



Online member center



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Once he/she selects **activate**, he/she will be redirected to our online member center, where his/her name will appear in the upper right corner of the screen.

@YOURSERVICESM

Welcome, Test, Testme! Logout
Member Number: 15008192900

NowClinic | Advice Nurse | Health & Wellness | Mobile

Pharmacy Benefits/Coverage

Activate your account

New Password:

Confirm New Password:

Submit Cancel

Password selection rules:

- Length of password must be between 8 and 15 characters
- At least one number is required
- At least one upper and lower case character in any position is required
- New Password cannot repeat any of your previous 10 passwords

Online member center



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Our online member center brings your client's health information together in one place. Members can visit the online member center to:

- View his/her plan documents
- Update his/her address or primary care provider
- Request a replacement health plan ID card
- View, print or email a temporary health plan ID card
- Verify his/her coverage for pharmacy, dental or vision services
- Check his/her copayment amounts for medical services
- Check the status of a claim or prior authorization
- Find out how much has been applied toward his/her deductible
- Take a health risk assessment (HRA)
- Download and print a member guide

Additional resources

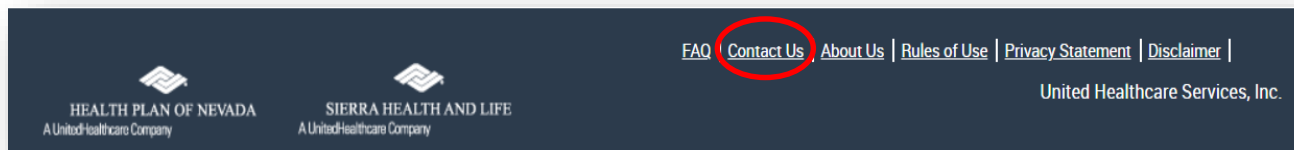


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Contact us



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Scroll down to the footer of the page and select **Contact Us**. Complete the short form and we'll be in touch.

You can also call our sales office directly at:
(702)-821-2200
or toll-free at
(800)-873-0004

Enter your information below and a Sales representative will contact you.

If this is regarding an application, please include your application #.

★Indicates Required field

★Your Email address:

★Subject:

★Message:

Thank you for partnering with us!