



# ONLINE EMPLOYER CENTER GUIDE

2022

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## Login Screen

Visit [myAYSONline.com](https://myAYSONline.com), enter your username/password and sign in to the online employer center.

ONLINE CENTER

HEALTH PLAN OF NEVADA  
SIERRA HEALTH AND LIFE

Contact Us | News | Help | Login

Account Type:  
-- Select One --

Log In

Enter your login information.

User Name:

Password:

Log In

Create an Account  
Forgot Your Password  
Need Help? Read our FAQ  
Forgot Your Username

**Information Center**

News Headlines

Aug 24 **!** Individual Plan Members - Pay By Phone

Jan 01 **!** Important Information for ABA Providers!

Related Links

→ Health Plan of Nevada  
→ Senior Dimensions  
→ Sierra Health and Life  
→ Southwest Medical Associates  
→ Behavioral Healthcare Options

**First Time Visitor?**

Find out what you're missing! We offer benefit information, claims information, and more!

Get a User Name and Password through our free [registration](#) process.

[Take tour of the site!](#)

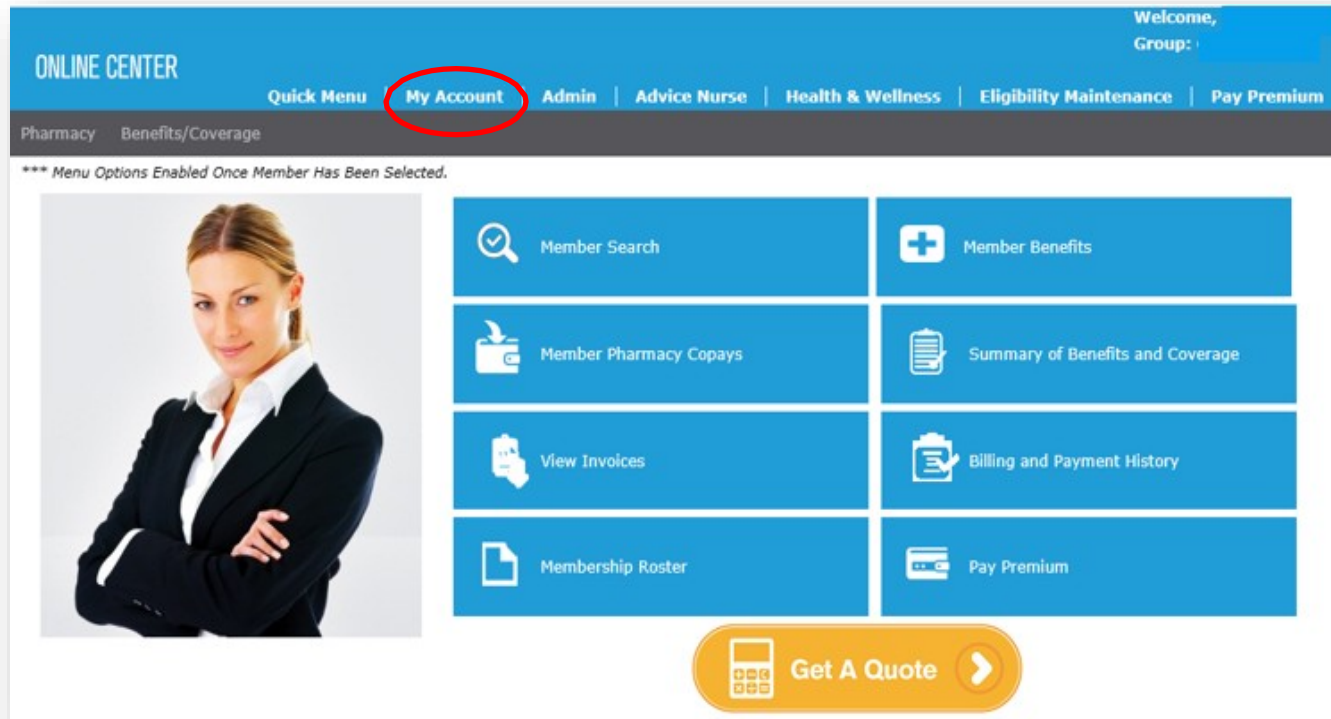
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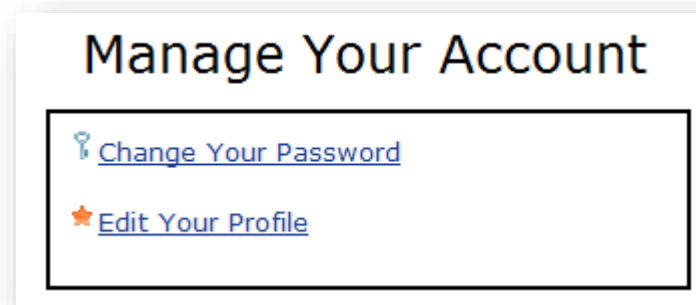
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## My Account

The online employer center home screen will appear. To change your password and manage your profile, select **My Account**.



Then select **Change Your Password** or **Edit Your Profile**.



## 1. To change your password:

- a. Select **Change Your Password**.
- b. A new screen will appear. Enter your **current password**, **new password** and **confirm the new password**. Password selection rules are listed on the right.
- c. Select **Change Password**. You'll receive an email confirmation once the changes are made.



The screenshot shows a web form titled "Change Your Password". It contains three input fields: "Current Password:", "New Password:", and "Confirm New Password:". Below the fields are two links: "Need Help? Read our FAQ" and "Edit Your Profile & Paperless Preference". At the bottom right, there are two buttons: "Change Password" and "Cancel". The "Change Password" button is circled in red.

## 2. To edit your profile:

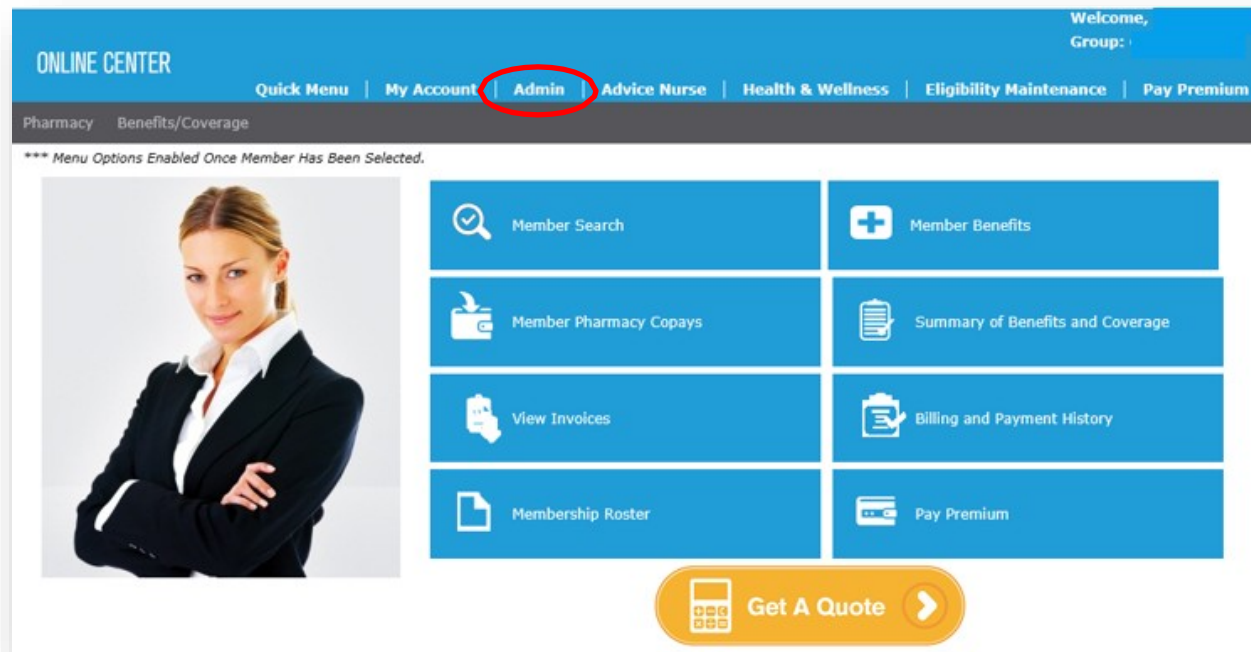
- a. Select **Edit Your Profile**.
- b. A new screen will appear. Change your **Name**, **Email**, or **Security Question** and **Answer** as needed.
- c. Then click **Submit**. You'll receive an email confirmation once the changes are made.



The screenshot shows a web form titled "Edit Your Profile". It has a section header "Profile Information" in a blue box. Below this are five input fields: "Name", "Username", "Email", "Security Question" (with a dropdown menu showing "What is your preferred musical"), and "Security Answer". At the bottom right, there is a "Submit" button circled in red.

## Admin

From the home screen or top navigation bar, select **Admin**.



Select **Add User** to add a new user or **View All** to view all users associated with your account. You can also search for a user.

### Staff Administration

In this section, you can administer user accounts for your group. As an administrator, you have the ability to add/edit accounts, reset passwords, and view account details.

Add New User	View All Users	Search Users
To add a new user, click the "Add New" button below.	Click the "View All" button to view all accounts associated with your group.  View By: <input checked="" type="checkbox"/> Active	To search for a user, select if you would like to search by User ID or User Name, and then enter the corresponding value in the "Search By" field below.  Search By: <input checked="" type="radio"/> @YS User ID <input type="radio"/> Name Search By: <input type="text"/>
<b>Add User</b>	<b>View All</b>	<b>Search</b>



## Add Administrator User Accounts

If you selected **Add User**, enter the new user's information and permissions.

### Then fill out the information requested.

1. Check the **Active Account** box.
2. If the new user should have access to view invoices, select the **Employer – Invoices** box.
3. If the new user should have access to online enrollment/eligibility maintenance, check the box for **OEM**.
4. For groups with multiple subgroups, the account can be set up at the group level. This will allow access to any subgroups and can be done by checking the **Active** box in the group section.
5. If the new user only requires access to certain subgroups, leave the **Active** box in the group section unchecked and then check the active boxes for any subgroup the user needs access to.
6. Check the **Admin** box in the group or subgroup sections to allow the new user to set up additional online center accounts for the selected group or subgroup.
7. Click **Add** at the bottom of the screen to save the new user and their permissions.
8. An email will be sent to the email address entered with the user ID and a temporary password.
9. To reset or edit a user's permissions, select **View All** on the **Staff Administration** page.

To add a new user account, enter information in all of the fields and click the 'Add' button.

**Personal Information**

Legal Last Name

Legal First Name

Title

Phone Number

Fax Phone Number

Email

**Account Information**

User ID

(First Name Initial, Last Name if available)

Name

Active Account

**Roles**

Name	
EMPLOYER - INVOICES	<input type="checkbox"/>
OEM	<input type="checkbox"/>

**Member of**

Group	Name	Active	Admin
		<input type="checkbox"/>	<input type="checkbox"/>

**Subgroups**

Subgroup	Name	Active	Admin
		<input type="checkbox"/>	<input type="checkbox"/>

## View Users

If you selected **View All** or searched for a user, a grid will populate on the bottom of the **Staff Administration** page and three options will appear to the right of your account:

### 1. Reset Password

- If **Reset Password** is selected, a warning message will display.
- Click **OK** to finish the process.

### 2. View Details

- If **View Details** is selected, the chosen user's account information will display.

### 3. Edit

- To update the chosen user's information and roles, select **Edit**.
- For information on the roles or subgroups, see the previous page.



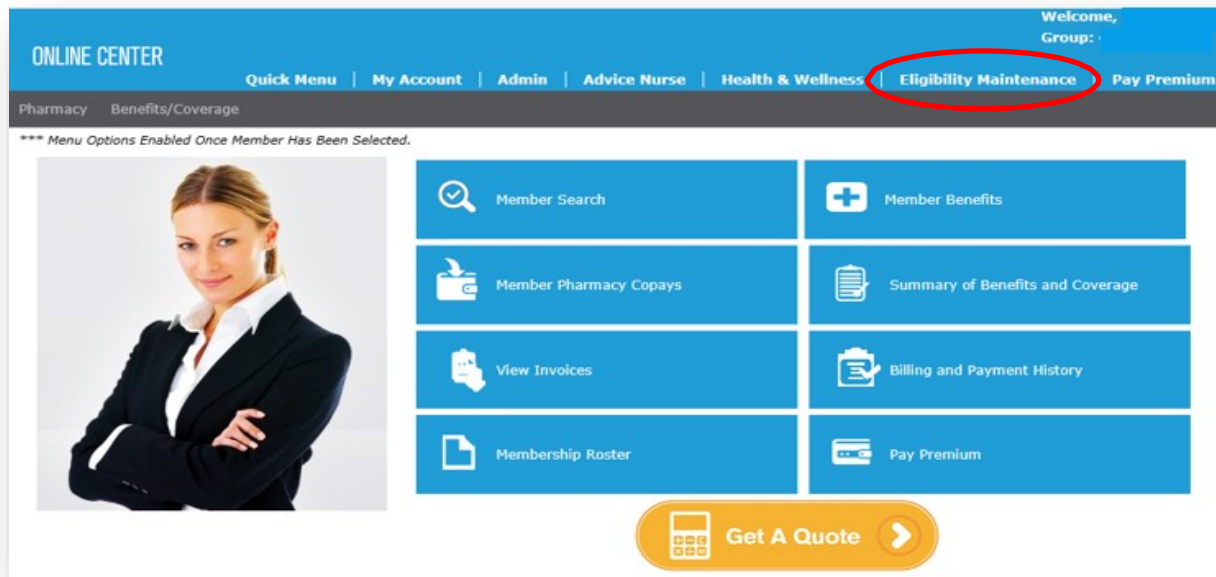
User ID	Name	Category	Active	
		EMPLOYER	<input checked="" type="checkbox"/>	<a href="#">Reset Password</a> <a href="#">View Details</a> <a href="#">Edit</a>
		EMPLOYER	<input checked="" type="checkbox"/>	<a href="#">Reset Password</a> <a href="#">View Details</a> <a href="#">Edit</a>

Previous 1 Next

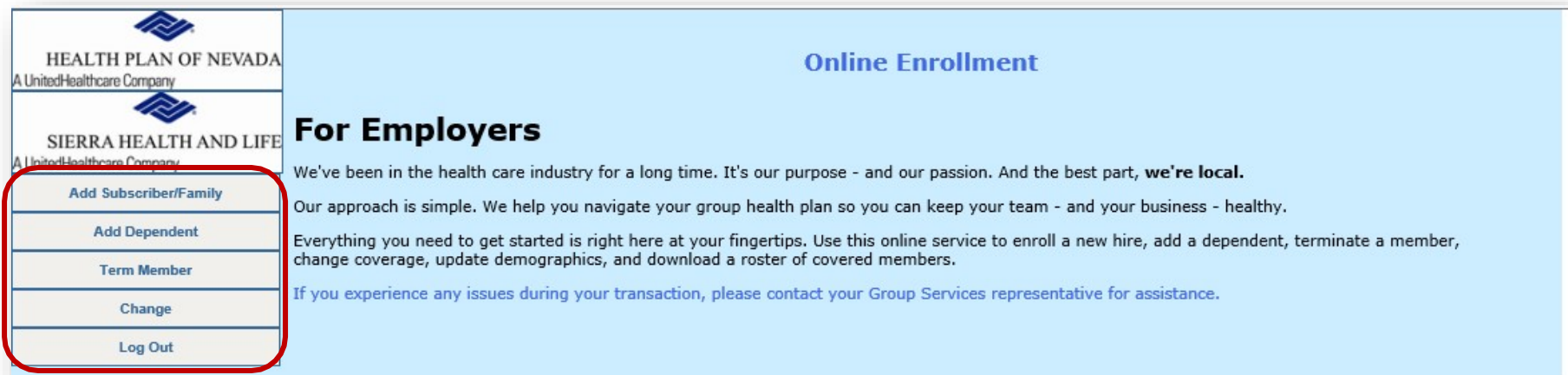


## Eligibility Maintenance

From the home screen or top navigation bar, select **Eligibility Maintenance**.





A new window will appear with five options listed to the left of the screen. Select **Add Subscribers/Family**, **Add Dependents**, **Term Members**, **Change** (a member's information) or **Log Out**.



## Add Subscriber/Family

If you selected **Add Subscriber/Family**, enter the requested information. Make sure all the required fields marked with an asterisk (\*) are filled out. When each page is complete, click **Next** to continue. On the final page, select **Submit Changes**.

  
HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

  
SIERRA HEALTH AND LIFE  
A UnitedHealthcare Company

**Add Subscriber/Family**

Add Dependent

Term Member

Change

Log Out

### Add Subscriber/Family

Employee Information

Name: \_\_\_\_\_ Subgroup: \_\_\_\_\_  
Class: \_\_\_\_\_

\* Indicates Required Field  
Please do not use the Browser 'Back' button to navigate within this application.

Employment | Employee Information | Eligible Family Members | Coverage Selection | Other Medical Coverage | Review | Submit Changes

Employment Information

\*Subgroup:

\*Class:

\*FOMF First of month following \*DOH Date of Hire

\*Reason for Application:   
\*Life Event\* refers to a Special Enrollment Event. Legal documentation must be submitted to your Group Services Representative.

\*Date of Hire:   
If the employee is reclassified to full-time status, please provide the date of full-time employment.

Employment

\*Requested Effective Date:  Dept. Code (if applicable):

Position/Title:  \*Hours Worked Per Week:

Employee # (if applicable):


COBRA

Start Date:  End Date:


Employee Name

\*Last Name:   
\*First Name:   
Middle:

A confirmation page will display with the member's ID number and option to view and print a PDF of his/her health plan ID card.



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A UnitedHealthcare Company



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A UnitedHealthcare Company

- Add Subscriber/Family
- Add Dependent
- Term Member
- Change
- Log Out

## Confirmation Add/New Add Example

**Employee Information**  
 Name: Example, New Add      Subgroup:  
 Class: 1001 - ALL EE'S HMO

\* Indicates Required Field  
 Please do not use the Browser 'Back' button to navigate within this application.

Confirmation #:

The following new addition request was requested:

Name	Member ID	Requested Effective Date	Relationship	Date of Birth	Reason for Application	PCP	OBGYN	Benefits	ID Cards
Example, New Add	00000000	5/1/2019	Subscriber	10/3/1971	New Hire			M P V	<a href="#">ID Card</a>

Date and Time Stamp:  Updated by EMPLOYER:

To review member eligibility, visit the Online Member Center and select Member Search. Cobra transactions will be processed within 4 business days. The ID Card links display a temporary ID Card image. Physical ID Cards will be mailed in 7 - 10 business days.

Submission of this request does not guarantee coverage. It may be subject to review, audit and request for additional information before the requested transaction is approved or denied.

Please print this page for your records.

## Add Dependent

If you selected **Add Dependent**, enter the requested information. Make sure all the required fields marked with an asterisk (\*) are filled out. When each page is complete, click **Next** to continue. On the final page, select **Submit Changes**.

### Add Dependent/

Employee Information

Name: Subgroup:  
Subscriber: Class:

\* Indicates Required Field  
Please do not use the Browser 'Back' button to navigate within this application.

Eligible Family Members | Other Medical Coverage | Submit Changes

\*Reason for Application: Select One...  
'Life Event' refer to a Special Enrollment Event. Legal documentation must be submitted to your Group Services Representative.

\*Requested Effective Date:

Edi/Add Family Member

\*Relationship: Select One... HPN Primary Care Provider Code:   
\*Last Name:  HPN OB/GYN Provider Code:   
\*First Name:  Note: If Provider information is blank, HPN will automatically assign a default provider  
Middle:  Within the past six months have you used tobacco regularly (four or more times per week on average excluding religious or ceremonial use)?  
\*Gender: Select One...  Yes  No  
\*Date of Birth:   
\*SSN:

Coverage Selection

Type	Effective Date	Product	Description
------	----------------	---------	-------------

Family Members

A confirmation page will display with the dependent's member ID number and option to view and print a PDF of his/her health plan ID card.

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A UnitedHealthcare Company

**SIERRA HEALTH AND LIFE**  
A UnitedHealthcare Company

- Add Subscriber/Family
- Add Dependent
- Term Member
- Change
- Log Out

## Confirmation Dependent Add

Employee Information

Name: \_\_\_\_\_ Subgroup: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Class: 1002 - ALL EE'S POS

\* Indicates Required Field  
Please do not use the Browser 'Back' button to navigate within this application.

Confirmation #:

The following new addition request was submitted:

Name	Member ID	Requested Effective Date	Relationship	Date of Birth	Reason for Application	PCP	OBGYN	Benefits	ID Cards
Example, Dependent Add	00000000	4/12/2019	Daughter	4/12/2019	Newborn			M/P/V	<a href="#">ID Card</a>

Date and Time Stamp:  Updated by EMPLOYER:

To review member eligibility, visit the Online Member Center and select Member Search. Cobra transactions will be processed within 4 business days. The ID Card links display a temporary ID Card image. Physical ID Cards will be mailed in 7 - 10 business days.

Submission of this request does not guarantee coverage. It may be subject to review, audit and request for additional information before the requested transaction is approved or denied.

Please print this page for your records.

## Termination of a Member

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

### Term Member/FIRST M LAST

Employee Information

Name: \_\_\_\_\_ Subgroup: \_\_\_\_\_  
Subscriber: \_\_\_\_\_ Class: \_\_\_\_\_

\* Indicates Required Field  
Please do not use the Browser 'Back' button to navigate within this application.

Terminate | Employee Information | **Submit Changes**

#### Terminate a Dependent or Subscriber

Enter the member's last day of coverage. The termination date must not exceed the contracted allowable as defined in the Group Enrollment Agreement.

When terminating the entire family, enter a termination date and reason on the subscriber record only. All dependents will be assigned the same termination date as their subscriber.

Family Members		Termination Date	Termination Reason	Subscriber ID
Subscriber	LAST, FIRST	<input type="text"/>	Select One... ▼	
Daughter	LAST, FIRST	<input type="text"/>	Select One... ▼	



## Change a Member's Information

If you selected **Change**, edit the **Subgroup**, **Class**, **Employee Demographic**, **Dependent Demographic** and **Coverage Selection** information as needed. When each page is complete, click **Next** to continue. On the final page, select **Submit Changes**. Class changes are only available during open enrollment.

### Change/FIRST M LAST

Employee Information

Name: LAST, FIRST M                      Subgroup:

Subscriber:                                      Class:

\* Indicates Required Field  
Please do not use the Browser 'Back' button to navigate within this application.

Employment | Employee Demographic | Dependent Demographic | Coverage Selection | Submit Changes

Current Information

Subgroup:

Class:

Coverage

\*Subgroup:

\*Class:

Type	Product	Description
Medical	P-CODE	PRODUCT DESCRIPTION
Pharmacy	P-CODE	PRODUCT DESCRIPTION
Dental	P-CODE	PRODUCT DESCRIPTION

Employment Information

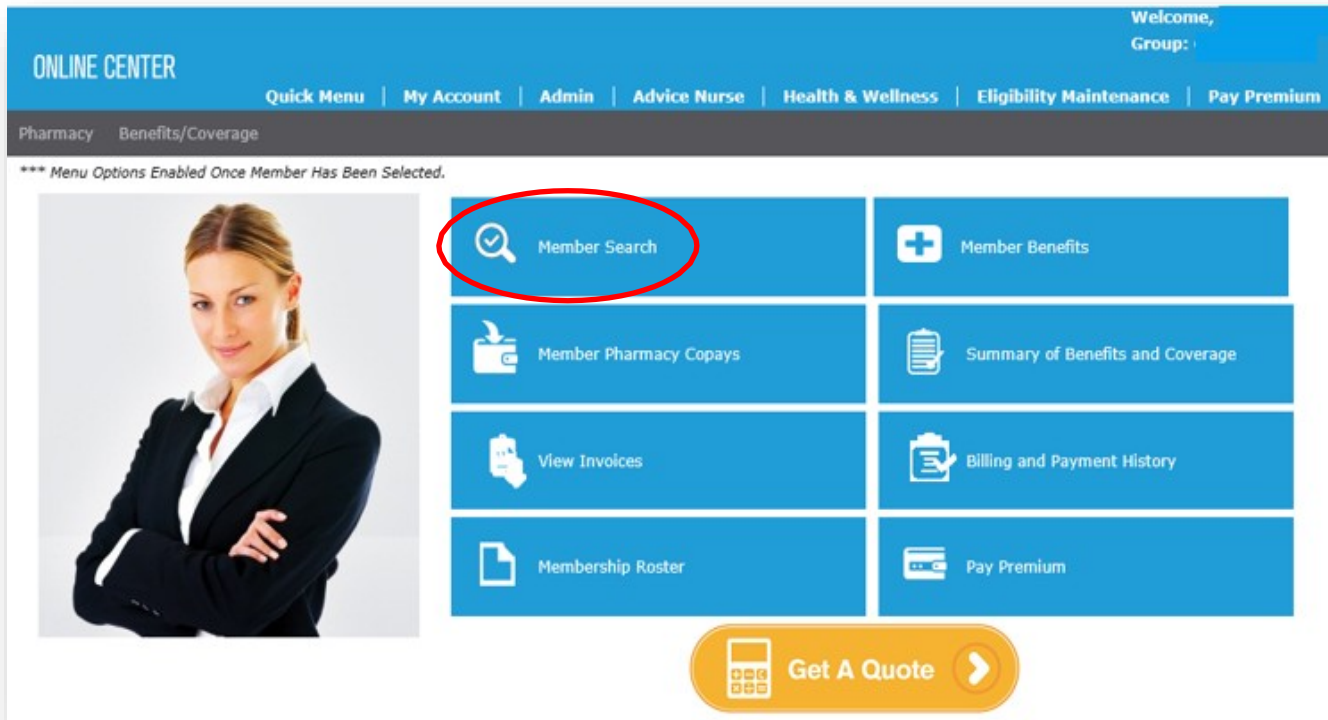
Dept. Code: (if applicable):

Employee # (if applicable):

\*Requested Effective Date:

## Member Search

From the home page, select the **Member Search** tab. Then search for a member to see his/her specific group and subgroup plans as well as benefits, coverage and copay information.




The screenshot displays the 'ONLINE CENTER' interface. At the top right, it says 'Welcome, Group:'. Below this is a navigation bar with links: 'Quick Menu', 'My Account', 'Admin', 'Advice Nurse', 'Health & Wellness', 'Eligibility Maintenance', and 'Pay Premium'. Underneath, there are sub-links for 'Pharmacy' and 'Benefits/Coverage'. A message reads: '\*\*\* Menu Options Enabled Once Member Has Been Selected.' On the left is a placeholder image of a woman in a business suit. To the right is a grid of blue buttons with icons and text: 'Member Search' (with a magnifying glass icon and a red circle around it), 'Member Benefits' (with a plus sign icon), 'Member Pharmacy Copays' (with a folder icon), 'Summary of Benefits and Coverage' (with a document icon), 'View Invoices' (with a document icon), 'Billing and Payment History' (with a document icon), 'Membership Roster' (with a document icon), and 'Pay Premium' (with a card icon). At the bottom center is a yellow button with a calculator icon and the text 'Get A Quote' followed by a right-pointing arrow.

## Steps to Search for a Member

1. Select **Member Search**.
2. Fill out the requested information to search for a particular member.
3. Then click **Search**.
4. The results will open on a new page.

### Member Search

Effective Date:  

Member Number:


Medicaid ID #:

First Name:

Last Name:

Date of Birth:

Social Security #:

 **Required Fields:**

---

Effective Date and Member Number  
OR

Effective Date, and Medicaid ID  
Number OR

First name, Last name and Date of  
Birth OR

Effective Date, First Initial of First  
Name, Last Name, and Date of Birth  
OR

Social Security # OR

## Select a Member

If an employer wants to search for a **subscriber only**, enter the **9 digits plus the suffix 00**. To search for a **dependent only**, enter the **9 digits plus the suffix** (01, 02, etc.). To display the **subscriber and all dependents** underneath that subscriber, just enter the **9 digits**.

Pharmacy Benefits/Coverage

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

[Home](#) > [Quick Menu](#) > [Search Member](#)

### Member Search

Your search produced the following number of results: 1  
Click on a 'Member ID' to view member details

#### Search Results

Member ID	Name	DOB	Sex	Dept.Code	Medicaid ID	Group	Subgroup	Contact Info	ID Card
XXXXXX		10/19/1993	M	N/A	N/A			<a href="#">Contact Info</a>	<a href="#">View ID Card</a>

Previous 1 Next

[Search Again](#)

Then select the **member's ID** to view their information.

## View Contact Information

Select **Contact Info** to view the member's basic contact information.

### Member Search

A member selection is required in order to view the selected option.

Your search produced the following number of results: 1  
Click on a 'Member ID' to view member details

#### Search Results

Member ID	Name	DOB	Sex	Dept.Code	Medicaid ID	Group	Subgroup	Contact Info	ID Card
								<a href="#">Contact Info</a>	<a href="#">View ID Card</a>
Address Line 1		Address Line 2		City	State	Zip	Home Phone	Fax	Email Address

Previous 1 Next

[Search Again](#)

Select **Contact Info** to view the member's information.

## View Member ID Cards

Select **View ID Card** to see or request a member's health plan ID card.

Click **View ID Card** to view or print the member's health plan ID card.

### Member Search

A member selection is required in order to view the selected option.

Your search produced the following number of results: 1  
Click on a 'Member ID' to view member details

#### Search Results

Member ID	Name	DOB	Sex	Dept.Code	Medicaid ID	Group	Subgroup	Contact Info	ID Card
								<a href="#">Contact Info</a>	<a href="#">View ID Card</a>

Address Line 1	Address Line 2	City	State	Zip	Home Phone	Fax	Email Address


Previous **1** Next

[Search Again](#)




**Then follow these steps:**


1. Perform a member search and select **View ID Card**.
2. Select a **Transmission Type** (the method you wish to view or receive a health plan ID card):
  - a. View Card in PDF
  - b. Order Physical Cards
  - c. Email
3. The member will auto populate.
4. Select an **Effective Date**.
5. Then click **Submit**.

**ID Cards** 


Transmission Type :

Select one... 

Member:



Effective Date:

03/02/2015 

**Submit**

## Member Benefits

From the home page, select the **Member Benefits** tab and then conduct a member search.

The screenshot displays the 'ONLINE CENTER' web application interface. At the top right, it says 'Welcome, Group:'. Below this is a navigation bar with links: 'Quick Menu', 'My Account', 'Admin', 'Advice Nurse', 'Health & Wellness', 'Eligibility Maintenance', and 'Pay Premium'. Underneath, there are sub-links for 'Pharmacy' and 'Benefits/Coverage'. A message reads: '\*\*\* Menu Options Enabled Once Member Has Been Selected.' On the left, there is a placeholder image of a woman in a business suit. The main content area features a grid of blue buttons with icons and text: 'Member Search' (magnifying glass icon), 'Member Benefits' (plus sign icon, circled in red), 'Member Pharmacy Copays' (document with arrow icon), 'Summary of Benefits and Coverage' (document icon), 'View Invoices' (document with arrow icon), 'Billing and Payment History' (document with arrow icon), 'Membership Roster' (document icon), and 'Pay Premium' (document with arrow icon). At the bottom center, there is a yellow button with a calculator icon and the text 'Get A Quote' followed by a right-pointing arrow.

Enter the **Member ID** and click **Search**. Once the search is complete, the screen below will appear.

## Member Search

A member selection is required in order to view the selected option.

Your search produced the following number of results: 1  
Click on a 'Member ID' to view member details

### Search Results

Member ID	Name	DOB	Sex	Dept.Code	Medicaid ID	Group	Subgroup	Contact Info	ID Card
								<a href="#">Contact Info</a>	<a href="#">View ID Card</a>

Previous **1** Next

[Search Again](#)

The member's ID number is hyperlinked. Click on it to view copay information as well as a grid that displays the member's current benefits. See the next page.

## Employer View of a Member's Copay Information and Current Benefits

Select **Member ID** to view the member's information, current benefits and copay amounts.

### Copay Information

Member Information:						
DOB	Gender	Dept. Code	Effective Date	Term Date	Group	Subgroup

The grid displays the current benefits. To see the benefits for another date, click on the button below:

As of Date

---

**Subscriber:**

**Medical - SG NX PPO 2018 Solutions Silver 35/2000/80%**

Display by category  
 Display as a list

**Common Benefits**

Copay Name/Type	PPO Plan	Out of Plan
Office Visit, Non Specialist (Member age 19+)	\$35.00	

**Medical Care**      ▲ **Durable Medical Equipment Purchase** ▼

▼ **Ambulatory Service Center Facility** ▼

▼ **Durable Medical Equipment Rental** ▼

▼ **Surgical** ▼

▼ **Second Surgical Opinion** ▼

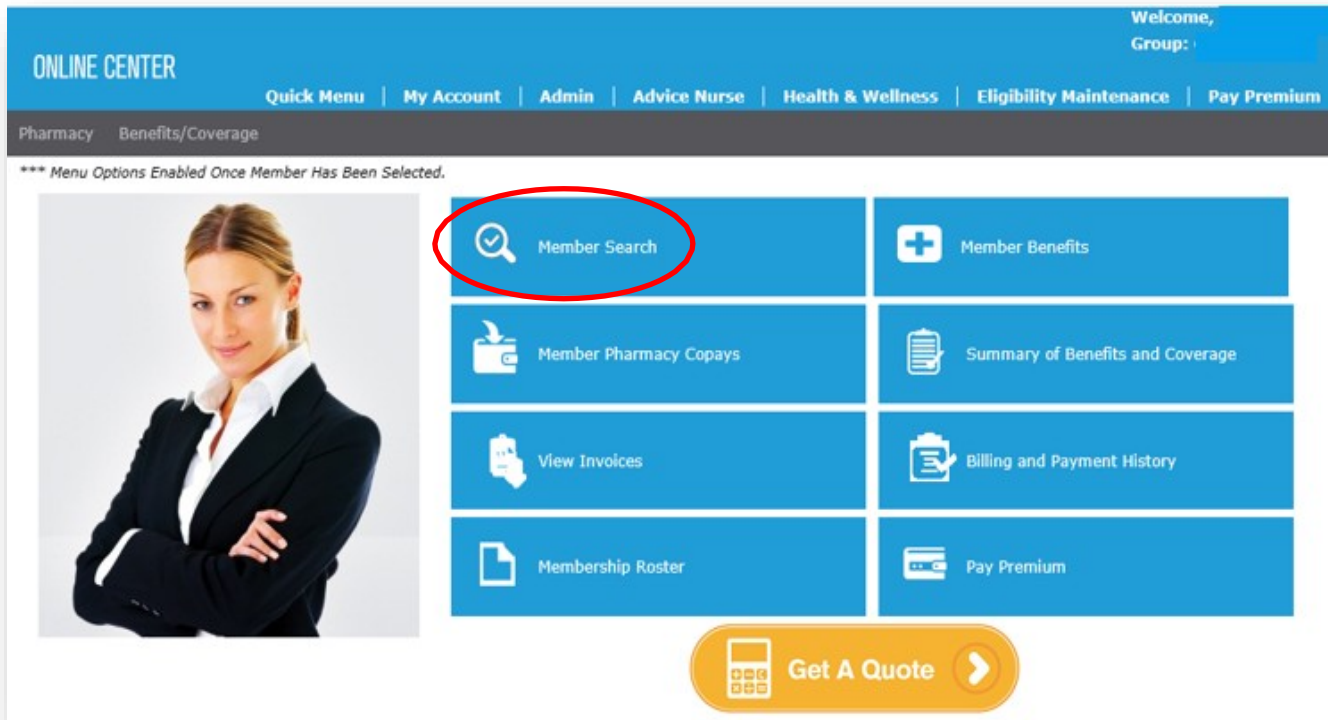
▼ **Diagnostic X-Ray** ▼

▼ **Home Health Care** ▼

See All

## Medical Copay

To view a member's copay information, perform a member search. Go back to the home page and select **Member Search**. Then select **Category View** or **List View**.




The screenshot displays the ONLINE CENTER dashboard. At the top right, it says "Welcome, Group:". Below this is a navigation bar with links: Quick Menu, My Account, Admin, Advice Nurse, Health & Wellness, Eligibility Maintenance, and Pay Premium. Underneath, there are sub-links for Pharmacy and Benefits/Coverage. A message reads: "\*\*\* Menu Options Enabled Once Member Has Been Selected." On the left is a photo of a woman in a business suit. The main area contains a grid of blue buttons: Member Search (circled in red), Member Benefits, Member Pharmacy Copays, Summary of Benefits and Coverage, View Invoices, Billing and Payment History, Membership Roster, and Pay Premium. At the bottom center is a yellow button labeled "Get A Quote" with a right-pointing arrow.

## Category View:

1. Enter the **As of Date**.
2. Click **Search**.
3. Choose **Display by category**.
4. All categories can be expanded to display more information. Select the arrow next to the category to expand the field.
5. Check the box next to **See All** to view additional benefits.

## List View:

1. Enter the **As of Date**.
2. Click **Search**.
3. Choose **Display by list**.

**Copay Information** 

Member Information:						
DOB	Gender	Dept. Code	Effective Date	Term Date	Group	Subgroup

The grid displays the current benefits. To see the benefits for another date, click on the button below:

As of Date

**Subscriber:**

Medical - SG NX PPO 2018 Solutions Silver 35/2000/80%

Display by category  
 Display as a list

**Common Benefits**

Copay Name/Type	PPO Plan	Out of Plan
Office Visit, Non Specialist (Member age 19+)	\$35.00	

**Medical Care** ▲

- Durable Medical Equipment Purchase ▼
- Ambulatory Service Center Facility ▼
- Durable Medical Equipment Rental ▼
- Surgical ▼
- Second Surgical Opinion ▼
- Chiropractic ▼
- Oral Surgery ▼
- Diagnostic X-Ray ▼
- Home Health Care ▼

See All

Click the triangle to expand on a category.



## Member Pharmacy Copays

From the home page, select the **Member Pharmacy Copays** tab and then conduct a member search.


The screenshot displays the 'ONLINE CENTER' web application interface. At the top right, it says 'Welcome, Group:'. Below this is a navigation bar with links: 'Quick Menu', 'My Account', 'Admin', 'Advice Nurse', 'Health & Wellness', 'Eligibility Maintenance', and 'Pay Premium'. A secondary bar shows 'Pharmacy' and 'Benefits/Coverage'. A message reads: '\*\*\* Menu Options Enabled Once Member Has Been Selected.' On the left is a placeholder image of a woman in a business suit. The main area contains a grid of blue buttons: 'Member Search', 'Member Benefits', 'Member Pharmacy Copays' (circled in red), 'Summary of Benefits and Coverage', 'View Invoices', 'Billing and Payment History', 'Membership Roster', and 'Pay Premium'. At the bottom center is a yellow 'Get A Quote' button with a calculator icon and a right-pointing arrow.

## Steps to Search for a Member

1. Select **Member Search**.
2. Enter the member's information. Required fields are listed to the right.
3. Then click **Search**.
4. Results will open on a new page.

### Member Search

A member selection is required in order to view the selected option.

Effective Date:	<input type="text" value="10/19/2018"/>	
Member Number:	<input type="text"/>	
Medicaid ID #:	<input type="text"/>	
First Name:	<input type="text"/>	
Last Name:	<input type="text"/>	
Date of Birth:	<input type="text"/>	
Social Security #:	<input type="text"/>	

Search

Reset

#### Required Fields:

Effective Date and Member Number  
OR

Effective Date, and Medicaid ID  
Number OR

First name, Last name and Date of  
Birth OR

Effective Date, First Initial of First  
Name, Last Name, and Date of Birth  
OR

Social Security # OR

## Search Results

A new screen will appear. Select the **Member ID** number to view his/her pharmacy copays.

### Member Search

A member selection is required in order to view the selected option.

Your search produced the following number of results: 1  
Click on a 'Member ID' to view member details

Search Results

Member ID	Name	DOB	Sex	Dept.Code	Medicaid ID	Group	Subgroup	Contact Info	ID Card
<a href="#">[Member ID]</a>								<a href="#">Contact Info</a>	<a href="#">View ID Card</a>

Previous **1** Next

[Search Again](#)

The **Member ID** number is hyperlinked. Click on it to view pharmacy copays.


## View Pharmacy Copays

Once you select the member's number, a page will display with his/her pharmacy copays (preferred generic, preferred brand and non-preferred medications) based on the **As of Date** entered.


Home > Pharmacy > Medications/Copays

### Pharmacy Copays

Member Information:						
DOB	Gender	Dept. Code	Effective Date	Term Date	Group	Subgroup
		N/A				

As Of Date \*:  

The Prescription Drug Lists can be located on the health plan's website, select I Need Help with Pharmacy. If you need additional assistance, contact Member Services. The URL for the website and the appropriate telephone number can be found on the back of your ID Card.  
Members may also receive certain maintenance covered drugs found on the Preferred Drug List through our mail-order program. For more information please call the telephone number on the back of your ID card.

Subscriber: 

Pharmacy Copays				
	Preferred Generic	Preferred Brand	Non-Preferred	Specialty
Prescription				

## Summary of Benefits and Coverage

From the home page, select the **Summary of Benefits and Coverage** tab and follow the steps on the next page.

The screenshot displays the 'ONLINE CENTER' interface. At the top right, it says 'Welcome, Group:'. Below this is a navigation bar with links: 'Quick Menu', 'My Account', 'Admin', 'Advice Nurse', 'Health & Wellness', 'Eligibility Maintenance', and 'Pay Premium'. A secondary bar shows 'Pharmacy' and 'Benefits/Coverage'. A message reads: '\*\*\* Menu Options Enabled Once Member Has Been Selected.' On the left is a placeholder image of a woman in a business suit. The main area contains a grid of blue buttons: 'Member Search', 'Member Benefits', 'Member Pharmacy Copays', 'Summary of Benefits and Coverage' (circled in red), 'View Invoices', 'Billing and Payment History', 'Membership Roster', and 'Pay Premium'. At the bottom center is a yellow 'Get A Quote' button with a calculator icon and a right-pointing arrow.

## View the Summary of Benefits of Coverage by subgroup.

### Follow these steps:

1. Select the **Subgroup**.
2. Choose **As of Date**.
3. Then click **Submit**.

Summary of Benefits and Coverage

**Required Fields**

Group Name \*:

Subgroup \*:

As Of Date \*: 03/11/2015

Submit

A new window will display:

https://ays.sierrahealth.com/ViewSbc.axd?enc=CpgQ3obj+fd5rrLiRmvQpRrJ9DtzBsgdHPNuJn5aVN+I36ZLgISiIv

HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

**HPN Solutions HMO 20 V1 \$15/40/60**

Coverage Period: 01/01/2015 - 12/31/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Family | Plan Type: HMO

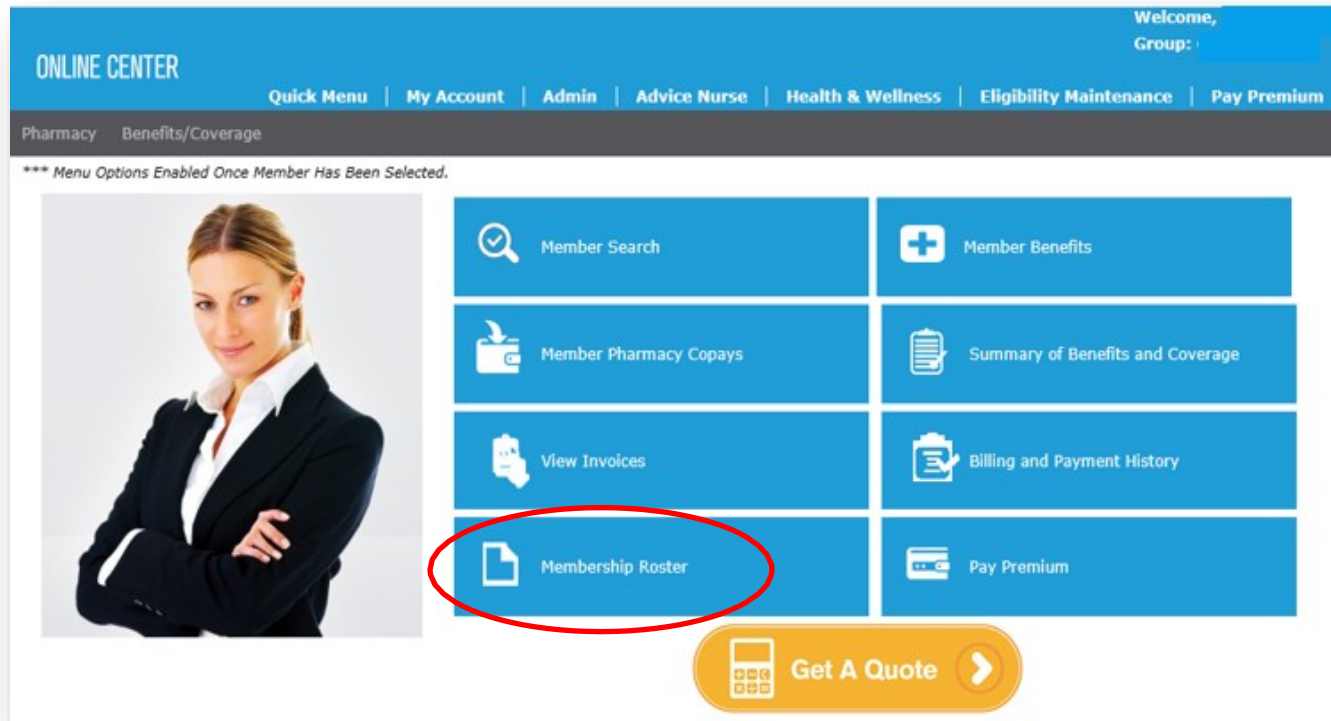
**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.myhpnonline.com](http://www.myhpnonline.com) or by calling (702) 242-7300 or 1-800-777-1840.

Important Questions	Answers	Why this Matters:
What is the overall <b>deductible</b> ?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other <b>deductibles</b> for specific services?	No. There are no other specific <b>deductibles</b> .	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <b>out-of-pocket limit</b> on my expenses?	Yes, \$6,000/Member and \$12,000/Family per Calendar Year.	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <b>out-of-pocket limit</b> ?	Premium, balance-billed charges, penalties for failure to obtain prior authorization for services and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <b>network of providers</b> ?	Yes. For a list of <b>Plan Providers</b> , see <a href="http://www.myhpnonline.com">www.myhpnonline.com</a> or call 702-242-7300 or 1-800-777-1840.	If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kind of providers.
Do I need a referral to see a <b>specialist</b> ?	Yes. A written referral is required to see a <b>specialist</b> .	This plan will pay some or all of the costs to see a <b>specialist</b> but only if you have the plan's permission before you see the <b>specialist</b> .
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b> .



## Membership Roster

From the home page, select the **Membership Roster** tab and then perform a member search. You can access your members individually or collectively.



Using the roster function, you have the option to view the member's class, coverage type and benefit description. You can also download a spreadsheet (per a specific member or all members).

To view a specific member's information:

1. Enter **Member ID**.
2. Select a **Group Name** and **Subgroup**.
3. Then click **Search**.

ONLINE CENTER Group:

Quick Menu | My Account | Admin | Advice Nurse | Health & Wellness | Eligibility Maintenance | Pay Premium

Pharmacy Benefits/Coverage

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

[Home](#) > [Quick Menu](#) > [Membership Roster](#)

Last Name:

First Name:

Date of Birth:

Member Effective Date:

Member ID:

Show Dependents

Group Name \*:

Subgroup \*:

**Search** **Reset**

**Required Fields:**

Member ID and Group and Subgroup  
OR

First Name or Last Name or Date of  
Birth and Group and Subgroup OR

Group and/or Subgroup for complete  
Membership Roster

4. A new window will appear with the following information. Select the **Member ID** number to display his/her copay information and current benefits.

The **Member ID** number is hyperlinked. Click on it to view pharmacy copays.

The screenshot shows a table with columns: MemberId, Name, DOB, State, Relation, Subgroup, Class, Coverage Type, Benefit Description, Contact Info, and ID Card. A red callout box points to the MemberId column, stating that the Member ID number is hyperlinked and clicking on it will view pharmacy copays. A 'Download Spreadsheet' button is visible in the top right corner.

MemberId	Name	DOB	State	Relation	Subgroup	Class	Coverage Type	Benefit Description	Contact Info	ID Card
							C - Subscriber Only	Medical - SHL Solutions PPO 20/300/80% V1 LG S NV Eff Dt: 01/01/2015 Pharmacy - PPO Rx 10/30/70/2.5x 3500/7000 LG S NV Eff Dt: 01/01/2015 Dental - United Wynn Dental Eff Dt: 01/01/2012 Vision - SHL Eye Med Option 75: 12/12/24_10-25-100 - Se. NV Eff Dt: 01/01/2013	Contact Info	View ID Card

To view the entire membership roster, select **Group Name** and **Subgroup** and the click **Search**. Keep in mind, some files may be large depending on the group.

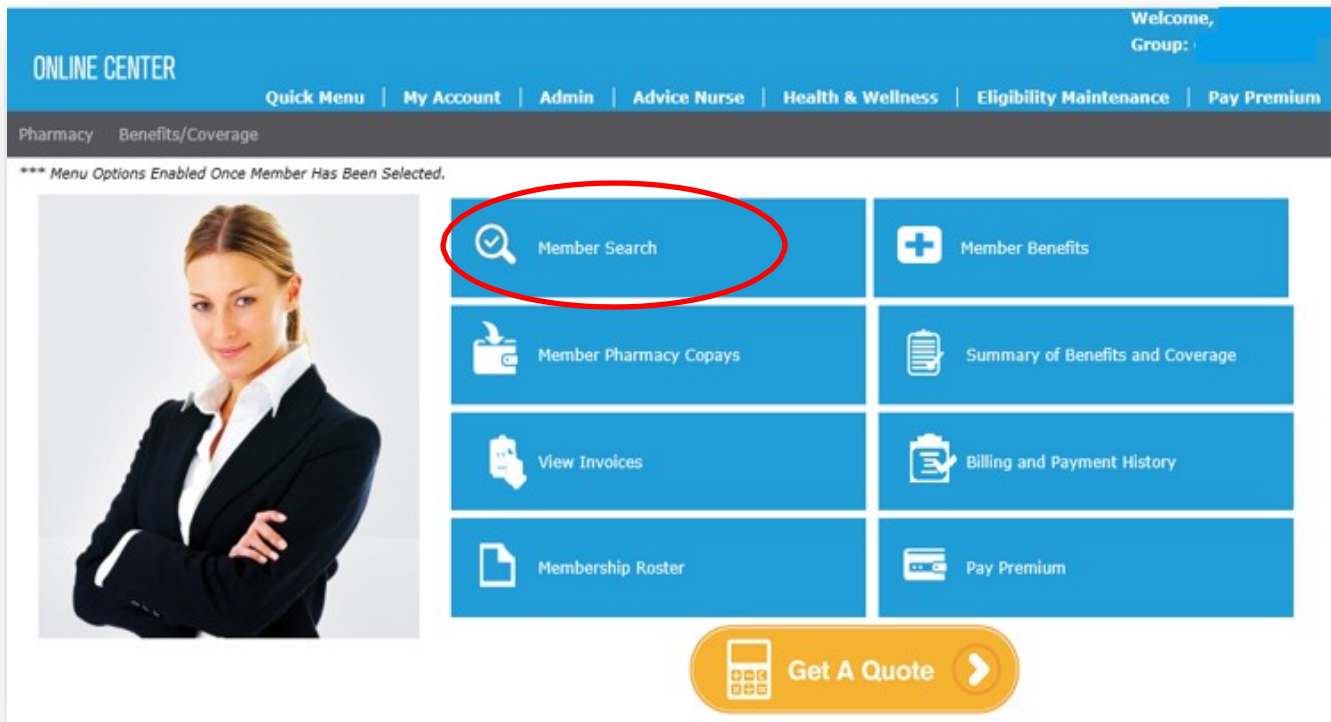
Select **Downloading Spreadsheet**. Downloading the roster spreadsheet is the same for both an entire group roster and/or an individual member. The spreadsheet is in Excel format. If you select only one member, only that member will display. If you leave the **Member Number** field blank, the entire subgroup will be listed on the spreadsheet.

The screenshot shows search results for a membership roster. A 'Download Spreadsheet' button is circled in red in the top right corner. The table below has the same structure as the previous one, with columns for MemberId, Name, DOB, State, Relation, Subgroup, Class, Coverage Type, Benefit Description, Contact Info, and ID Card.

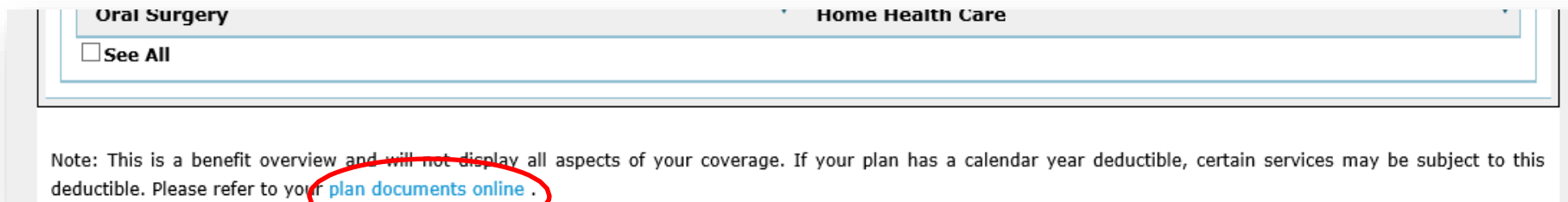
MemberId	Name	DOB	State	Relation	Subgroup	Class	Coverage Type	Benefit Description	Contact Info	ID Card
								Medical - SHL Solutions PPO 20/300/80% V1 LG S NV Eff Dt: 01/01/2015 Pharmacy - PPO Rx 10/30/70/2.5x 3500/7000 LG S NV Eff Dt: 01/01/2015 Dental - United Wynn Dental Eff Dt: 01/01/2012 Vision - SHL Eye Med Option 75: 12/12/24_10-25-100 - Se. NV Eff Dt: 01/01/2013	Contact Info	View ID Card

## Plan Documents

To access a member's plan documents, go back to the homepage and perform a **Member Search**.



Select the member's ID number and then select **plan documents online**.



1. The member field will display the member's name.
2. Select the **As Of Date**.
3. Then click **Submit**.
4. The customized document will display on a new screen.

Pharmacy Benefits/Coverage


[Home](#) > [Benefits/Coverage](#) > [Plan Documents](#)

## Plan Documents

Member Information: /						
DOB	Gender	Dept. Code	Effective Date	Term Date	Group	Subgroup

**Required Fields**

Member \*:

As Of Date \*: 10/19/2018 

**Submit**

## View Invoices

From the homepage, select the **View Invoices** tab.

The screenshot displays the 'ONLINE CENTER' interface. At the top right, it says 'Welcome, Group:'. Below this is a navigation bar with links: 'Quick Menu', 'My Account', 'Admin', 'Advice Nurse', 'Health & Wellness', 'Eligibility Maintenance', and 'Pay Premium'. Underneath, there are sub-links for 'Pharmacy' and 'Benefits/Coverage'. A message reads: '\*\*\* Menu Options Enabled Once Member Has Been Selected.' On the left is a placeholder image of a woman in a business suit. The main content area features a grid of blue buttons with icons and text: 'Member Search', 'Member Benefits', 'Member Pharmacy Copays', 'Summary of Benefits and Coverage', 'View Invoices' (circled in red), 'Billing and Payment History', 'Membership Roster', and 'Pay Premium'. At the bottom center is a yellow 'Get A Quote' button with a calculator icon and a right-pointing arrow.

Enter the requested information to view the invoices for your company per subgroup.

**1. Select Subgroup:**

Select one... ▼

**2. Select Invoices:**

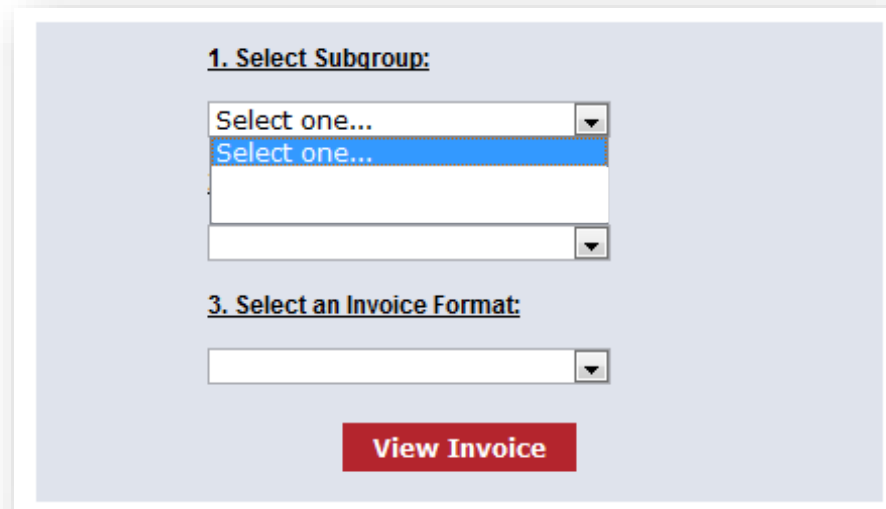
▼

**3. Select an Invoice Format:**

▼

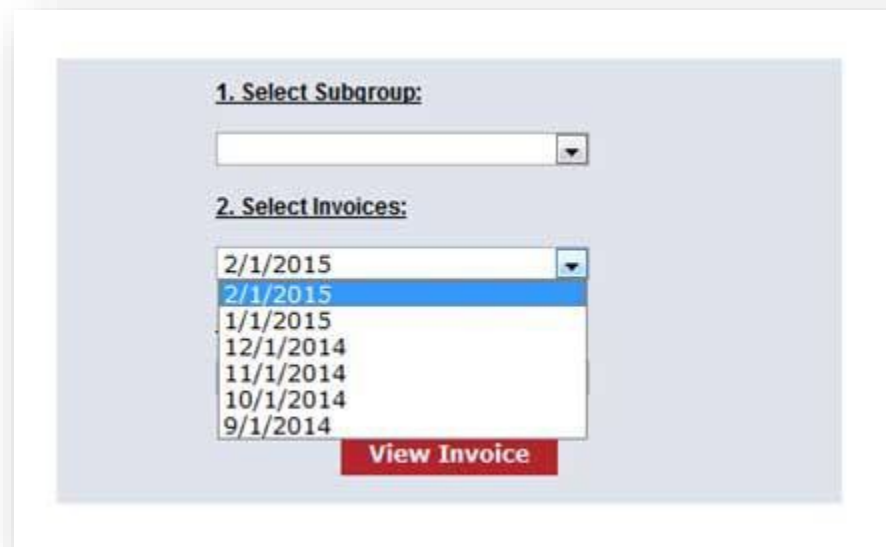
**View Invoice**

1. **Select Subgroup** from the drop down.



The screenshot shows a light blue form area. At the top, it says "1. Select Subgroup:". Below this is a dropdown menu with "Select one..." selected and highlighted in blue. Below that is another dropdown menu, also with "Select one..." selected. Further down, it says "3. Select an Invoice Format:". Below this is a third dropdown menu. At the bottom center of the form is a red button with the text "View Invoice" in white.

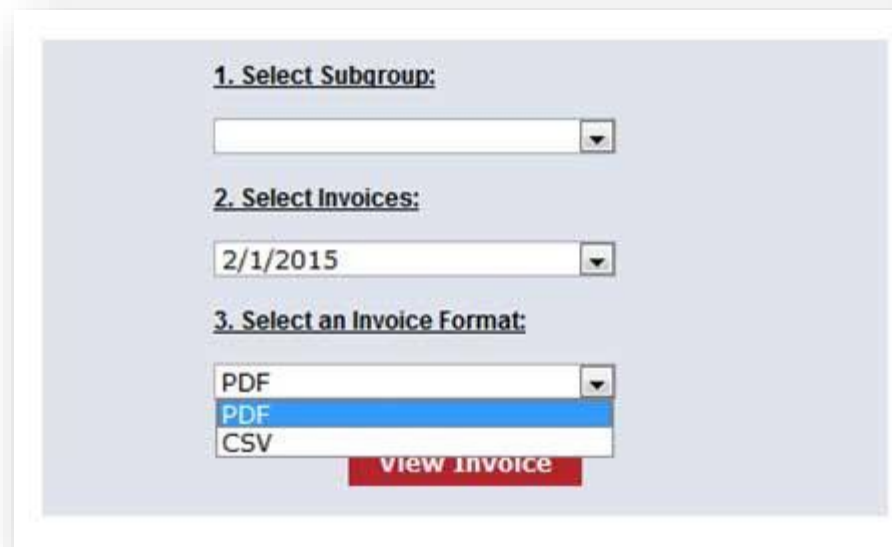
2. Then **Select Invoices** and a series of dates will populate. Select a date.



The screenshot shows the same light blue form area. The first dropdown menu is now empty. Below it, it says "2. Select Invoices:". The second dropdown menu is open, showing a list of dates: "2/1/2015", "1/1/2015", "12/1/2014", "11/1/2014", "10/1/2014", and "9/1/2014". The top date, "2/1/2015", is highlighted in blue. At the bottom center of the form is a red button with the text "View Invoice" in white.



3. **Select an Invoice Format** (PDF or a comma-separated values (CSV) Excel file). We recommend PDF format because it's easier to read. Both can be saved, attached to an email, or printed.

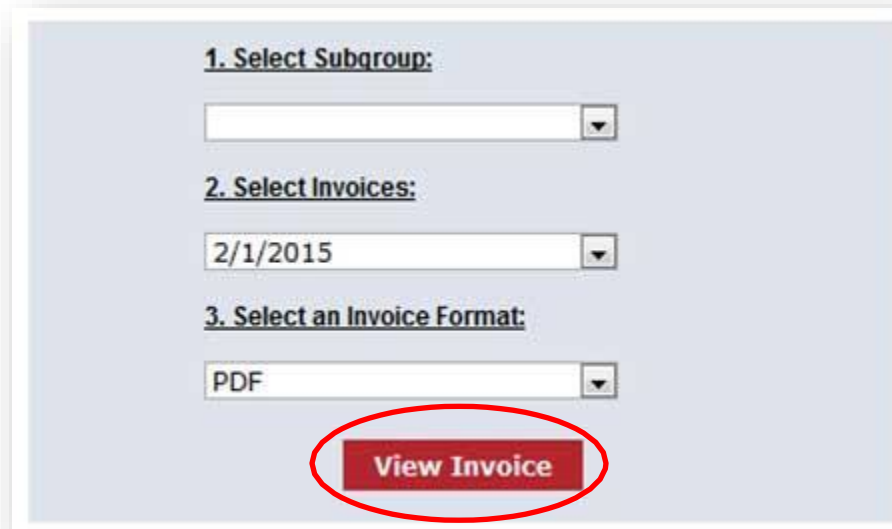


The screenshot shows a web interface with three sections:

- 1. Select Subgroup:** A dropdown menu that is currently empty.
- 2. Select Invoices:** A dropdown menu showing the date "2/1/2015".
- 3. Select an Invoice Format:** A dropdown menu with "PDF" selected and highlighted in blue. The options "PDF" and "CSV" are visible.

Below the format dropdown is a red button labeled "View Invoice".

4. Select **View Invoice** and the invoice(s) will appear.



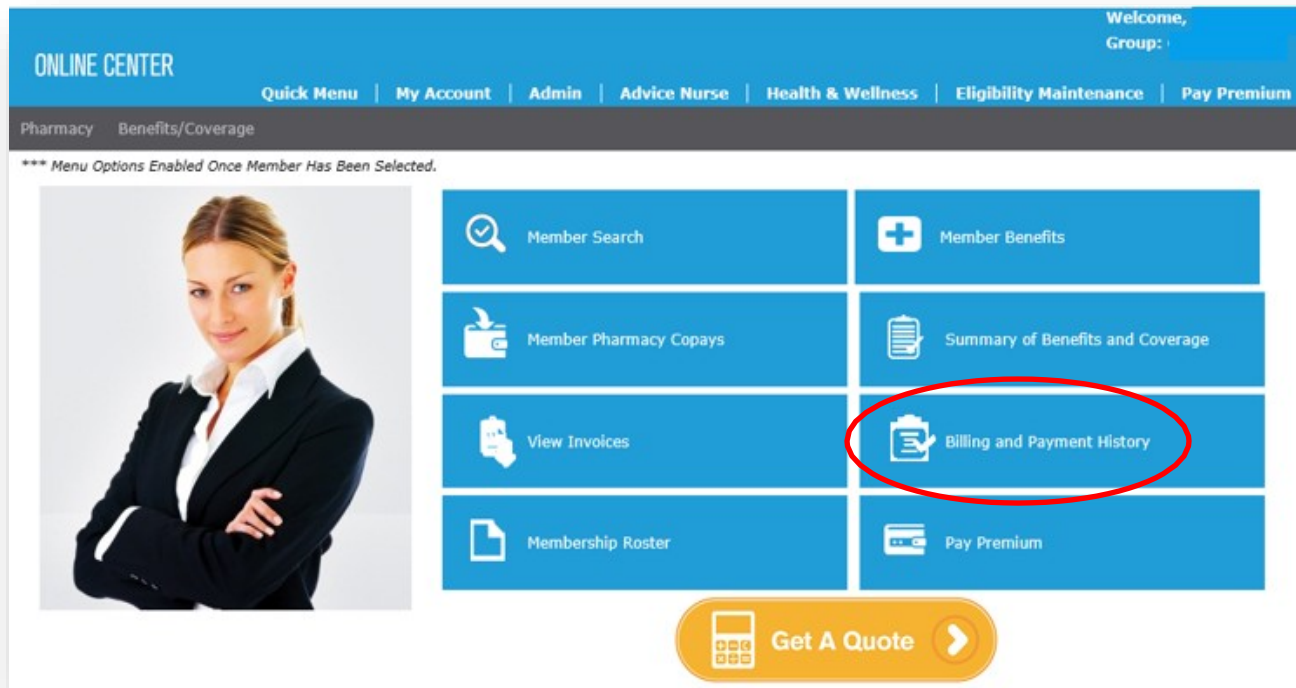
The screenshot shows the same web interface as above, but the "View Invoice" button is now circled in red, indicating it should be clicked.

- 1. Select Subgroup:** A dropdown menu that is currently empty.
- 2. Select Invoices:** A dropdown menu showing the date "2/1/2015".
- 3. Select an Invoice Format:** A dropdown menu showing "PDF" selected.

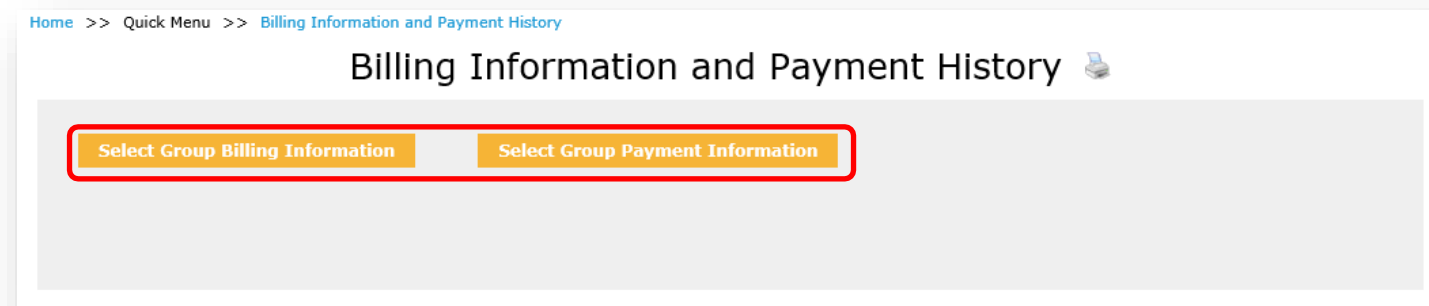
The red "View Invoice" button is circled in red.

## Billing and Payment History

From the homepage, select the **Billing and Payment History** tab.



Select **Group Billing Information** or **Group Payment Information**. You can view your subgroup's billing and payment information for the past 6 months. If the billed amount is zero, it will not display on the grids.



## Select Group Billing Information

If you chose Select Group Billing Information:

1. Use the **Select a group** dropdown to select your group.
2. Then use the **Select a subgroup** dropdown to choose your subgroup.
3. Enter **From/To Date** (cannot be greater than six months).
4. Click **Search**.

### Billing Information

The grid displays the invoices submitted within the last year. To see older invoices, change the search dates and click on the button below:

Select a group

Select a subgroup

From date

To Date

**Search**

Use the date filter above to narrow your results.:

<u>Payment Status</u> ▼	<u>Invoice Number</u> ▼	<u>Due Date</u> ▼	<u>End Date</u> ▼	<u>Total Billed Amount</u> ▼	<u>Total Received</u> ▼
Paid Not Within Tolerance		02/01/2015	02/28/2015		
Paid In Full		01/01/2015	01/31/2015		
Paid In Full		12/01/2014	12/31/2014		
Paid In Full		11/01/2014	11/30/2014		
Paid In Full		10/01/2014	10/31/2014		
Paid In Full		09/01/2014	09/30/2014		

## Select Group Payment Information

If you chose Select Group Payment Information:

1. Use the **Select a group** dropdown to select your group.
2. Then use the **Select a subgroup** dropdown to choose your subgroup.
3. Enter **From/To Date** (cannot be greater than six months).
4. Click **Search**.

### Payment History





The grid displays the receipts submitted within the last year. To see older receipts, click on the button below:

Select a group

Select a subgroup

From date  To Date

Use the date filter above to narrow your results.:

Received Date 	Check No./Trans Type 	Payment Method 	Receipt Amount 
09/12/2014		Payment	
09/12/2014		Payment	
09/12/2014		Payment	
09/12/2014		Payment	
10/14/2014		Payment	
10/14/2014		Payment	
10/14/2014		Payment	
10/15/2014		Payment	
10/15/2014		Payment	
10/15/2014		Payment	

## Pay Premium

From the homepage, select the **Pay Premium** tab. If you only have one subgroup, you will automatically be directed to the payment page. You will be able to setup a single payment or auto payment using your checking, debit or credit card account. Please contact your Group Services Rep for credit card limitations. At this time we do not take Discover credit cards. If you have more than one subgroup, you will be directed to another screen to select a subgroup (see next page).

The screenshot displays the 'ONLINE CENTER' dashboard. At the top right, it says 'Welcome, Group:'. Below this is a navigation bar with links: 'Quick Menu', 'My Account', 'Admin', 'Advice Nurse', 'Health & Wellness', 'Eligibility Maintenance', and 'Pay Premium'. Underneath the navigation bar, there are links for 'Pharmacy' and 'Benefits/Coverage'. A message reads: '\*\*\* Menu Options Enabled Once Member Has Been Selected.' On the left side, there is a placeholder image of a woman in a business suit. To the right of the image is a grid of eight blue buttons with white icons and text: 'Member Search', 'Member Benefits', 'Member Pharmacy Copays', 'Summary of Benefits and Coverage', 'View Invoices', 'Billing and Payment History', 'Membership Roster', and 'Pay Premium'. The 'Pay Premium' button is circled in red. At the bottom center, there is a yellow button with a calculator icon and the text 'Get A Quote' followed by a right-pointing arrow.

**Choose one Subgroup:**

After clicking **Pay Premium** on the homepage, you will be directed to this page. Select the desired **Subgroup** and click **Continue** to be directed to the payment screen to make your payment.

The screenshot shows the 'ONLINE CENTER' header with a user profile '00000000' and navigation links for 'Quick Menu', 'My Account', 'Admin', 'Eligibility Maintenance', and 'Pay Premium'. Below the header, there is a 'COVID-19 Return to Worksite Information' section with a note: '\*\*\* Menu Options Enabled Once Member Has Been Selected.' and a breadcrumb 'Home > Pay Premium'. A yellow warning banner states: 'For the best experience, we recommend using the Chrome or Microsoft Edge browser. If you have any questions, please contact your billing or service representative.' The main content area features a 'Subgroup \*:' label followed by a dropdown menu showing 'A003 - UNITEDHEALTH GROUP (NEVADA MARKET)' and a red 'Submit' button.

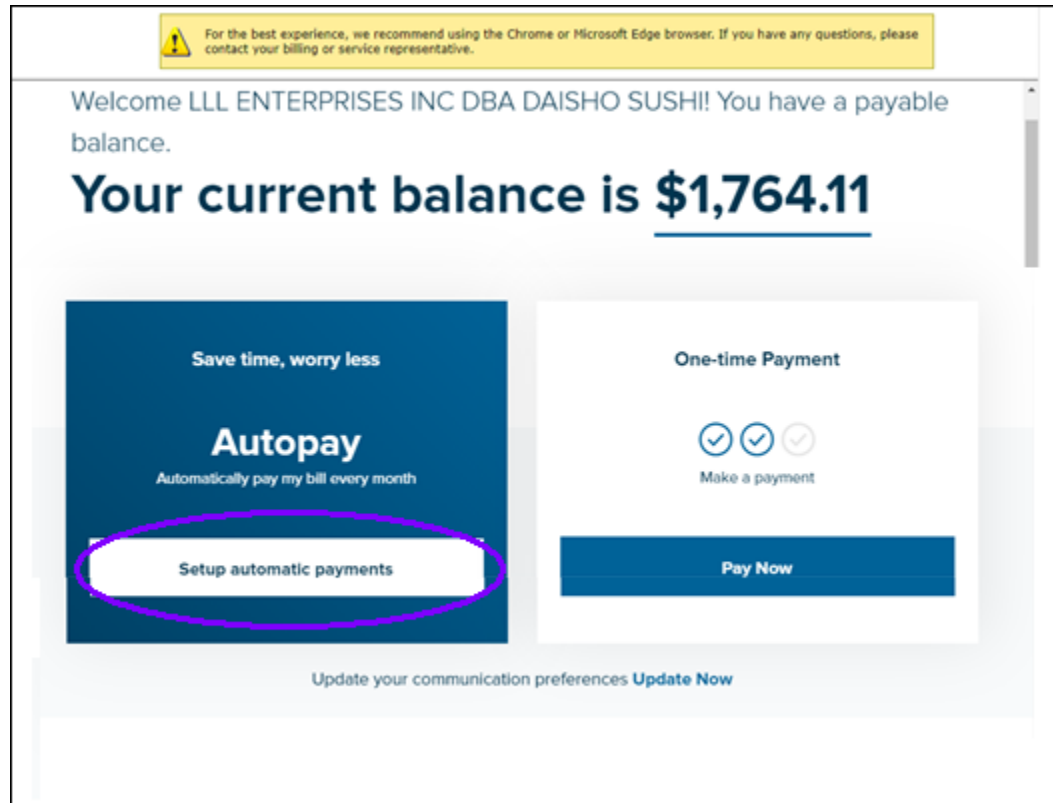
## Payment Options Screen:

To proceed, select the desired **payment option**. You will be able to setup a single payment or auto payment using your checking, debit or credit card account. Please contact your Group Services rep for credit card limitations. At this time, we do not take Discover credit cards. You can also update your communication preferences, review your payment history and account activity.

The screenshot displays a web interface for LLL Enterprises Inc. At the top, a yellow banner with a warning icon states: "For the best experience, we recommend using the Chrome or Microsoft Edge browser. If you have any questions, please contact your billing or service representative." Below this, the user is greeted with "Welcome LLL ENTERPRISES INC" and "You have a payable balance." The current balance is prominently displayed as **Your current balance is \$1,764.11**. Two main options are presented: "Autopay" (Save time, worry less) with a "Setup automatic payments" button, and "One-time Payment" (Make a payment) with a "Pay Now" button. A third option, "Update your communication preferences Update Now", is located at the bottom. All three buttons are highlighted with purple rectangular boxes.

## Autopay Setup:

To proceed, select the **Setup automatic payments** button.



For the best experience, we recommend using the Chrome or Microsoft Edge browser. If you have any questions, please contact your billing or service representative.

Welcome LLL ENTERPRISES INC DBA DAISHO SUSHI! You have a payable balance.

**Your current balance is \$1,764.11**

**Save time, worry less**

**Autopay**  
Automatically pay my bill every month

**Setup automatic payments**

**One-time Payment**

Make a payment

**Pay Now**

Update your communication preferences **Update Now**




## Autopay Setup Continued:

Select the **day of the month** you want the payment to draft. Click **Next**.

ONLINE CENTER Quick Menu | My Account | Admin | Eligibility Maintenance | Pay Premium

[COVID-19 Return to Worksite Information](#)  
\*\*\* Menu Options Enabled Once Member Has Been Selected.  
[Home](#) > [Pay Premium](#)

 For the best experience, we recommend using the Chrome or Microsoft Edge browser. If you have any questions, please contact your billing or service representative.

### 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.

**Your AutoPay will process on the selected day each month.**

## Autopay Setup Continued:

Select the either **Credit or Debit Card** or **E-Check (ACH)**

ONLINE CENTER 60007152

[Quick Menu](#) | [My Account](#) | [Admin](#) | [Eligibility Maintenance](#) | [Pay Premium](#)

[COVID-19 Return to Worksite Information](#)  
\*\*\* Menu Options Enabled Once Member Has Been Selected.  
[Home](#) > [Pay Premium](#)

For the best experience, we recommend using the Chrome or Microsoft Edge browser. If you have any questions, please contact your billing or service representative.

### Set up AutoPay

AutoPay Setup      Choose Payment      Payment Confirmation

---

#### Choose your payment method

Credit or Debit Card

E-Check

#### Set up AutoPay

Payment Amount	Total amount due on my account
Payment Date	Pay on the same day: 1st of every month

Review your preferences for payment receipt & reminders

## Autopay Setup Continued:

Scroll down and select either **Email** or **Phone**. Enter the email address or cell phone number for your payment related notifications.

**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.

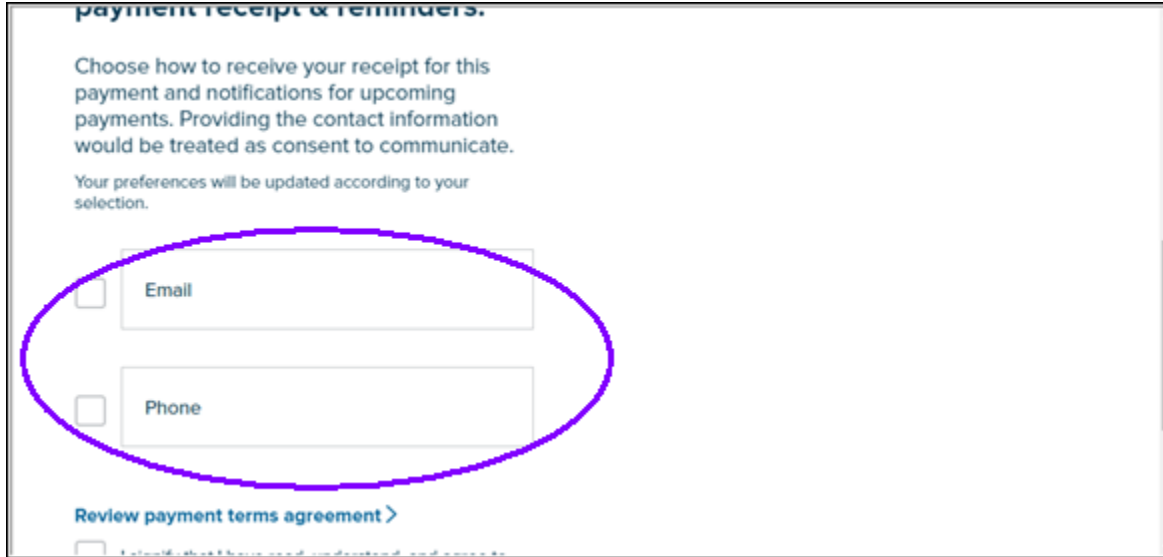
Your preferences will be updated according to your selection.

Email

Phone

[Review payment terms agreement >](#)

I understand, agree, and consent to the terms and conditions of the payment terms agreement.

A screenshot of a web form titled "payment receipt & reminders." The form contains instructions and two radio button options: "Email" and "Phone". Both options are circled in purple. Below the options is a link "Review payment terms agreement >" and a checkbox for "I understand, agree, and consent to the terms and conditions of the payment terms agreement."

## Autopay Setup Continued:

Scroll down and check the box under **Review payment terms agreement**.



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

Back Next

The **Terms and Conditions** will open.



Terms and Conditions

Print

SIERRA HEALTH AND LIFE  
A UnitedHealthcare Company

HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

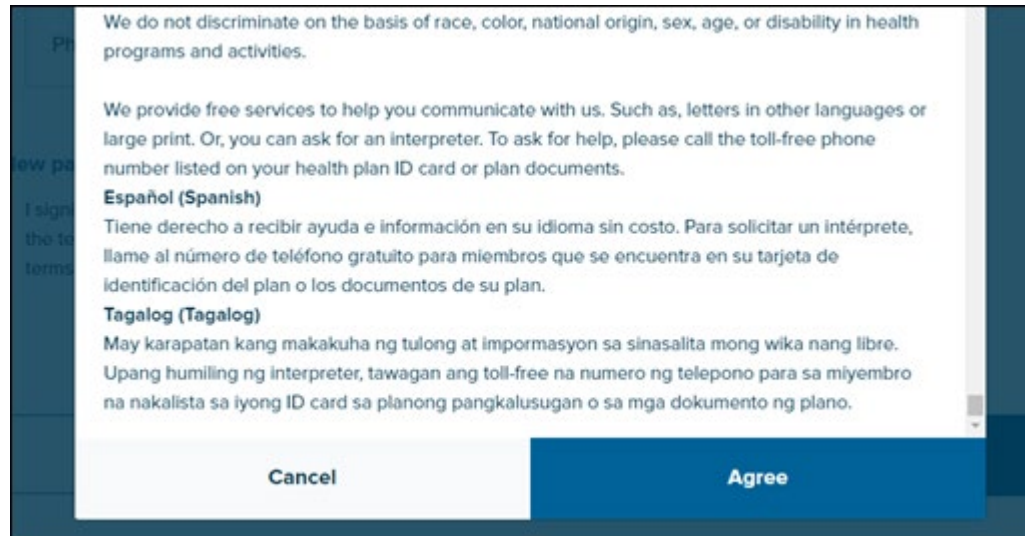
**THIS PAYMENT SERVICE IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS**

**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 Pillar Health Plan of Nevada, Inc. (HPN)

## Autopay Setup Continued:

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



We do not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

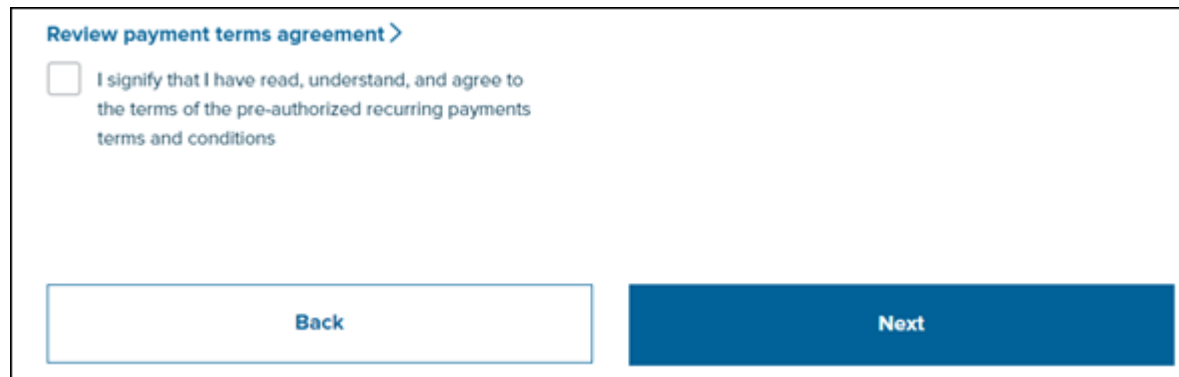
We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your health plan ID card or plan documents.

**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

The **Terms and Conditions** box will close and bring you back to the Autopay screen. Click **Next**.



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

Back Next

*Note: Please note that you must scroll all the way to the bottom of the Terms and Conditions to be able to click Agree*

## Autopay Setup Continued:

When the payment method box opens, enter your payment information. Then click **Confirm payment** button.

**Optional:** You can click the box to save the payment information for future use.

### New Credit or Debit Card ✕

Name on card  
LLL ENTERPRISES INC DBA DAISHO SUSHI LLL ENTERPRISES INC DBA DAISHI

Credit/debit card number AMEX M/C VISA

Expiration date (MM/YY)

#### Billing address

Country/Region  
US-United States ▼

ZIP/Postal code State/Province  
State/Province ▼

City

Address line 1

Address line 2

Save this card for future use

Back Confirm payment

## Autopay Setup Confirmation:

The confirmation screen displays. On the confirmation page, you are able to **Print**, **Email** or **Text** the confirmation.  
Note: If text and/or email was selected for notification preferences, those will have already been sent.

# Your autopay is confirmed. Thank you!

Your account will be charged on the scheduled date.

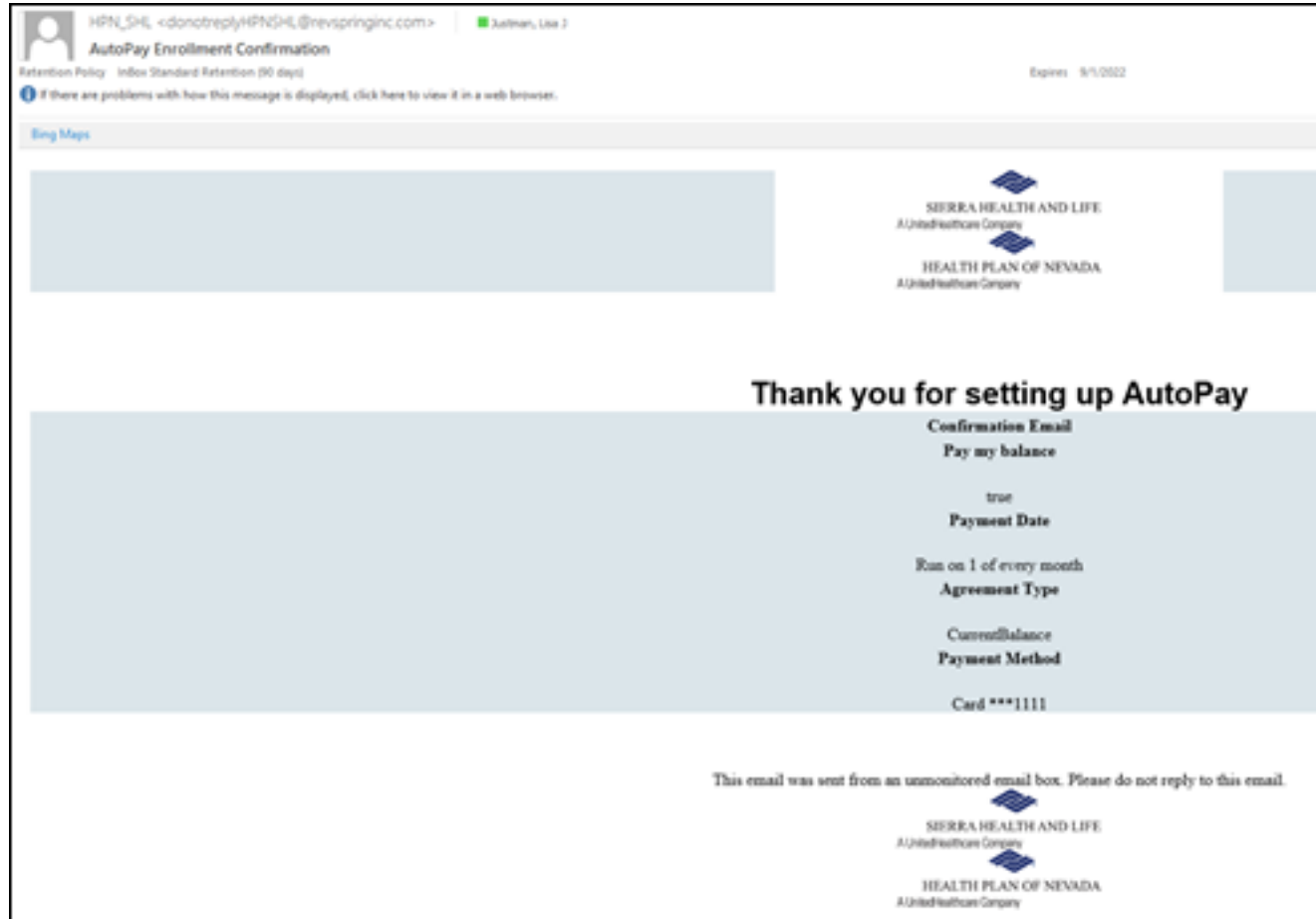
Current Balance Agreement Type: **CurrentBalance**  
Payment Amount: **Total amount due on my account**  
Starting Date: **Pay on the same day: 1st of every month**

Your receipt

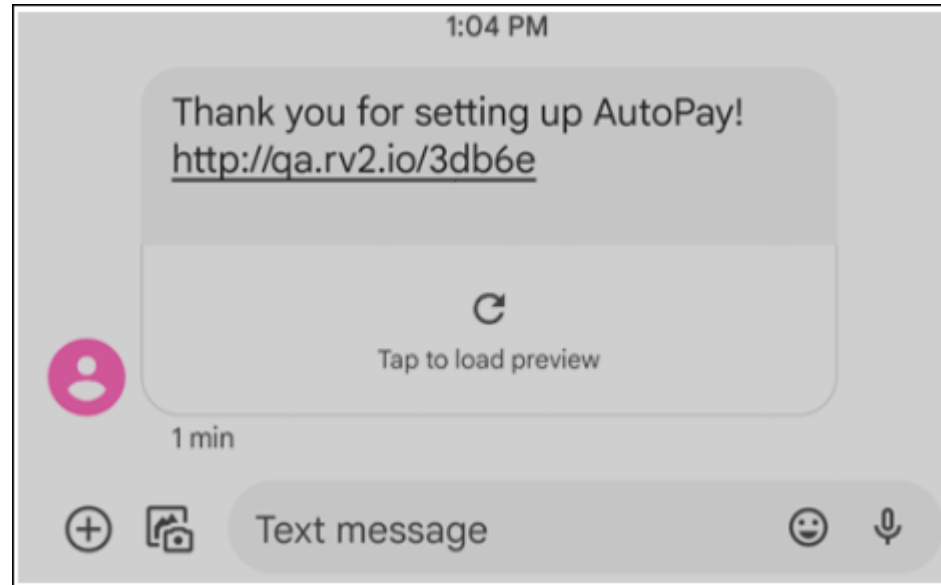
Email  Text  Print



## Autopay Setup Confirmation – Email Notification Example:



**Autopay Setup Confirmation – Text Notification Example:**



**Thank you for reading and using this guide. We hope you have found it informative and useful.**



HEALTH PLAN OF NEVADA  
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A UnitedHealthcare Company