



HEALTH PLAN OF NEVADA

A UnitedHealthcare Company



SIERRA HEALTH AND LIFE

A UnitedHealthcare Company



LMCC



**Las Vegas Chamber
of Commerce
Group Health
Benefits Program**

The Group Benefits Program Adds Value to LVCC Small Group Membership

A big challenge for the small business owner is keeping your employees healthy and your business thriving. A good company health plan can give the business owner a competitive advantage when leveraging employee recruitment and retention.

That's where the Las Vegas Chamber of Commerce (LVCC) can help. As members in the LVCC, you have exclusive access to the LVCC Group Health Benefits Program, administered by Chamber Insurance & Benefits, LLC (CIB). CIB is a wholly owned subsidiary of LVCC. CIB brokers can offer a wide selection of plans to any small group employer.

CIB works with Health Plan of Nevada (HPN), Sierra Health and Life (SHL), and appointed insurance brokers to bring affordable solutions to your company's health care needs.

Health Plans

Good Health Takes A Good Plan

Health Plan of Nevada (HPN) and Sierra Health and Life (SHL) continue to be industry leaders in Nevada, providing affordable, quality-driven health care benefit plans for businesses and individuals. HPN and SHL benefit plans are supported by efficient administration and personal service.

HPN offers a wide range of Health Maintenance Organization (HMO) and Point of Service (POS) medical plan options, and SHL offers a variety of Preferred Provider Organization (PPO) medical plans including Health Savings Account (HSA) compatible plans. Together, we specialize in helping businesses meet their benefit goals. In addition, we offer a number of optional benefits that include dental, vision, and prescription coverage.



Choice of Plans

LVCC members can choose from a suite of products including HMO plans, POS plans, and PPO plans, one that is Health Savings Account (HSA) compatible. We also offer ancillary products.

Plan Descriptions

Standard HMO Plan

Standard HMO plans are structured with copayments for the majority of services. They require the selection of a primary care physician who is responsible for coordinating the care of the member. These plans provide a known cost share for each service a member would access.

Core Advantage HMO Plan

Core Advantage HMO plans are very similar to standard plans. They are also copayment plans with a primary care physician coordinating care. These plans have higher copayments for facility-based services like emergency room visits or inpatient stays. They offer unique, additional preventive dental and vision services as part of the medical benefit plan.

Standard POS Plan

Standard POS plans provide a three tier product, allowing the member the ability to determine benefit level at the point of accessing care. Tier 1 benefits are similar to HMO plans. Under Tier 1, a primary care physician must coordinate care, and the member cost share is based upon copayment amounts. The Tier 2 and Tier 3 benefit levels are similar to a traditional PPO plan offering in-network and out-of-network services. Deductible and coinsurance amounts apply to many of the services.

Core Advantage POS Plan

Core Advantage POS plans also provide a three tier product, allowing the member the ability to determine benefit level at the point of accessing care. Tier 1 benefits are similar to Core Advantage HMO plans. Under Tier 1, a primary care physician must coordinate care, and the member cost share is based upon copayment amounts. With the Core Advantage POS plans, there are higher copayments for various services. The Tier 2 and Tier 3 benefit levels are similar to a traditional PPO plan offering in-network and out-of-network services. Deductible and coinsurance amounts apply to many of the services. Preventive dental and vision services are included in these medical plans.

Premium Advantage Plus Plan

Premium Advantage Plus plans are deductible HMO plans. The deductible does not apply to preventive care, physician office visits, urgent care services or prescriptions. These plans require use of the primary care physician to coordinate care. Once the deductible is met, the member is responsible for copayments for the remainder of the calendar year.

SHL Traditional PPO Plan

SHL traditional PPO plans offer a broad network of physicians and facilities. The use of a primary care physician is encouraged, but not required. Plans include deductible and coinsurance amounts. Physician visits and urgent care services may be subject to a copayment instead of deductible and coinsurance. These plans also offer out-of-network coverage.

Consumer Direct High Deductible Plan

Consumer Direct High Deductible plans provide coverage through a high deductible PPO plan that can be paired with an HSA. These plans offer access to a broad network of physicians and facilities and also provide an out-of-network option. Once the deductible is met, the member is responsible for coinsurance up to the annual out of pocket maximum. HSA plans include prescription coverage in the core.

Vision Plan

The SHL vision plan offers comprehensive benefits including eye examinations, prescription glasses and contact lenses, while utilizing a large provider network.

Rx Plans

Both Rx plans feature a three tier design with an extensive formulary for generic and brand name covered drugs.



Benefits and More

Dedicated Customer Care

Our experienced and friendly customer service and account management teams provide ongoing support to our clients. And, our online member center is available 24 hours a day at www.healthplanofnevada.com or www.sierrahealthandlife.com.

In addition, We're@YourService online member center provides easy access to important information on certain benefits, prescription drug coverage, prior authorization, claims status, requests for new ID cards and more.

Health Education and Wellness Programs

Health Plan of Nevada and Sierra Health and Life offer classes taught by certified health education specialists, registered dietitians and certified diabetes educators. A small fee may apply to cover class materials. Programs and classes include:

- Asthma – adult and child/caregiver
- Chronic obstructive pulmonary disease (COPD)
- Heart failure (HF)
- Heart health – cholesterol, blood pressure, triglycerides
- Diabetes management
- Smoking cessation
- Weight management – adults and children/adolescents



MyHEWOnlinesm has a wide range of online programs and resources to help your employees manage their health from the comfort and privacy of home. Topics include:

- Living with diabetes
- Keeping heart healthy
- Great expectations – pregnancy and beyond
- Kick the habit – stop smoking
- Meeting weight loss goals

Employees can receive a personalized profile with recommendations and tools to achieve health and lifestyle goals.

Southwest Medical Associates

Serving Southern Nevada for More Than 30 Years

As plan members, your employees have access to Southwest Medical Associates (SMA), one of Nevada's largest multispecialty medical groups. SMA has over 250 primary and specialty care providers, eight health care centers, an outpatient surgery center, and five urgent care clinics, one that is open 24 hours. Many SMA health care centers have onsite laboratory and radiology services for added convenience.

My SMA Health Onlinesm is a patient portal featuring 24-hour Internet access to appointment scheduling, medical records, prescription renewals and more.

24-Hour Telephone Advice Nurse

Day or night, peace of mind is just a phone call away. The HPN and SHL Telephone Advice Nurse (TAN) Service is always open to provide helpful advice. Even if your employees are out of town, our TAN Service can help them decide whether to seek urgent care, emergency care or schedule an appointment with their provider.

The Life Connection (TLC) Employee Assistance Program

In an effort to help balance the demands of home and work, TLC's comprehensive program can help individuals get back on track. TLC's program includes the following features:

Employee Assistance Program (EAP) including free EAP visits with a professional counselor for:

- Anxiety and depression
- Emotional/personal conflicts
- Grief and loss
- Managing stress and change
- Marital conflicts
- Parenting
- Questions about alcohol and drug use
- Work performance issues
- Crisis help 24 hours a day

Telephonic consultations

- Telephonic and online access to legal and financial professionals
- Telephonic and online referrals to child and elder care professionals

Behavioral Healthcare Options, Inc. is the contracted mental health provider for HPN and SHL.



HMO E25 Medical Plan (HCR)

Covered Services	Member Pays
Preventive Healthcare Services	No charge
Physician Services Primary Care Physician Visit Specialist Visit	\$25 per visit \$50 per visit
Diagnostic Services Routine Laboratory Routine X-ray	\$25 per visit \$25 per visit
Hospitalization Inpatient Outpatient	\$400 per admission \$50 per admission
Physician Surgical Services Inpatient Hospital Outpatient Facility Physician's Office (in addition to office visit copayment) <ul style="list-style-type: none"> • Primary Care Physician • Specialist Anesthesia	\$100 per surgery \$50 per surgery \$25 per visit \$50 per visit \$150 per surgery
Emergency Services Emergency Room Visit Hospital Admission Ground Ambulance	\$100 per visit (waived if admitted) \$400 per admission \$50 per trip
Urgent Care Facility Within the Service Area Outside the Service Area	\$25 per visit \$40 per visit

This is a summary of Covered Services. Please refer to the HPN Evidence of Coverage, Disclosure Summary, Attachment A Benefit Schedule Form No. HPNmasBS2011-HCR, Endorsement Form No. HPN-GRP-HCR-ENDORSE(2011), and any other applicable Riders for additional information, limitations and exclusions of coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

Premium Advantage + E1000 (HCR)

Calendar Year Deductible (CYD):	\$1,000 of EME* per Member \$2,000 of EME per Family
Covered Services	Member Pays
Preventive Healthcare Services	Not subject to CYD No charge
Physician Services Primary Care Physician Visit Specialist Visit	Not subject to CYD \$25 per visit \$50 per visit
Diagnostic Services Routine Laboratory Routine X-ray	After CYD, Member pays \$25 per visit \$25 per visit
Hospitalization Inpatient Outpatient	After CYD, Member pays \$400 per admission \$50 per admission
Physician Surgical Services Inpatient Hospital Outpatient Facility Physician's Office (in addition to office visit copayment) <ul style="list-style-type: none"> • Primary Care Physician • Specialist Anesthesia	After CYD, Member pays \$100 per surgery \$50 per surgery \$25 per visit (Not subject to CYD) \$50 per visit (Not subject to CYD) \$150 per surgery (After CYD)
Emergency Services Emergency Room Visit Hospital Admission Ground Ambulance	After CYD, Member pays \$200 per visit (waived if admitted) \$400 per admission \$50 per trip
Urgent Care Facility Within the Service Area Outside the Service Area	\$25 per visit (Not subject to CYD) \$40 per visit (After CYD)

*EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule. Please refer to the HPN Evidence of Coverage, Disclosure Summary, Attachment A Benefit Schedule Form No. HPN-PremAdvPlus-masBS-2011-HCR, Endorsement Form No. HPN-GRP-HCR-ENDORSE(2011), and any other applicable Riders for additional information, limitations and exclusions of coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.



POS D-XX-1000-1500 Medical Plan (HCR)

	HMO Tier 1	Expanded Plan Provider Tier II	Non-Plan Provider Tier III
Lifetime Maximum Benefit	Unlimited	Unlimited	
Calendar Year Deductible (CYD)	Not Applicable	\$1,000 of EME* per Member \$3,000 of EME per Family	\$1,500 of EME per Member \$4,500 of EME per Family
Calendar Year Coinsurance Maximum (after CYD)	Not Applicable	\$7,000 of EME per Member \$21,000 of EME per Family	\$7,000 of EME per Member \$21,000 of EME per Family
Covered Services	Member Pays	Member Pays	Member Pays
Preventive Healthcare Services	No charge	No charge	Not subject to CYD. Member pays 50% of EME plus all charges in excess of EME.
Physician Services Primary Care Physician Visit Specialist Visit	\$20 per visit \$40 per visit	\$40 per visit \$50 per visit	After CYD, Member pays 50% of EME plus all charges in excess of EME.
Diagnostic Services Routine Laboratory Routine X-ray	\$20 per visit \$20 per visit	\$20 per visit \$20 per visit	After CYD, Member pays 50% of EME plus all charges in excess of EME.
Hospitalization Inpatient (including emergency post-stabilization care) Outpatient	\$750 per admission \$150 per admission	After CYD, Member pays 30% of EME.	After CYD, Member pays 50% of EME plus all charges in excess of EME.
Physician Surgical Services Inpatient Hospital Outpatient Facility Physician's Office (in addition to office visit copayment) • Primary Care Physician • Specialist Anesthesia	No charge \$150 per surgery \$20 per visit \$40 per visit \$50 per surgery	After CYD, Member pays 30% of EME.	After CYD, Member pays 50% of EME plus all charges in excess of EME.
Emergency Services Emergency Room Visit Hospital Admission Ground Ambulance	\$100 per visit \$750 per admission \$50 per trip	Emergency Services are covered under the HMO-Tier I Benefit.	Emergency Services are covered under the HMO-Tier I Benefit.
Urgent Care Facility Within the Service Area Outside the Service Area	\$50 per visit \$50 per visit	Emergency Services are covered under the HMO-Tier I Benefit.	Emergency Services are covered under the HMO-Tier I Benefit.

*EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule. The Tier II and Tier III CYDs and Calendar Year Coinsurance Maximums are separate and do not accumulate to one another. Member is responsible for all charges in excess of the Plan's benefit maximums and Tier III EME, which may be substantial and do not accrue toward the Calendar Year Coinsurance Maximum. This Plan includes additional benefits, exclusions and limitations which are shown in the HPN Evidence of Coverage, Attachment A Benefit Schedule, Form No. HPN-masSCBS-2011-HCR, Endorsement Form No. HPN-GRP-HCR-ENDORSE(2011), and other applicable Riders and the Disclosure Summary. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

Sierra Simplicity Nevada HSA-Compatible High Deductible Group PPO Plan F Medical Plan (HCR)

Plan Provider

Non-Plan Provider

Lifetime Maximum Benefit	Unlimited	
Calendar Year Deductible (CYD)* <i>combined Plan and Non-Plan Provider</i>	Self only**: \$3,000 of EME*** Family: \$6,000 of EME	
Calendar Year Coinsurance Maximum (includes CYD)	Self: \$5,000 of EME Family: \$10,000 of EME	\$10,000 of EME \$20,000 of EME
Covered Services	Insured Pays	Insured Pays
Physician Services Office Visit/Consultation	After CYD, Insured pays 20% of EME	After CYD, Insured pays 40% of EME plus all charges in excess of EME.
Preventive Healthcare Services	Not subject to CYD. No charge.	Not subject to CYD. Insured pays 40% of EME plus all charges in excess of EME.
Hospital Services Inpatient/Outpatient	After CYD, Insured pays 20% of EME.	After CYD, Insured pays 40% of EME.
Diagnostic Services, including but not limited to: Routine Laboratory and X-ray/Dialysis/Allergy Testing Complex Diagnostic Imaging	↓	↓
Physician Surgical Services, to include: Inpatient Facility/Outpatient Facility/Physician's Office/Anesthesia		
Urgent Care Facility		
Emergency Services Emergency Room Facility Emergency Room Physician		
Ground Ambulance		
Mental Health, Severe Mental Illness Services Inpatient/Outpatient	After CYD, Insured pays 20% of EME plus all charges in excess of EME.	After CYD, Insured pays 40% of EME plus all charges in excess of EME.
Substance Abuse Services Inpatient/Outpatient	↓	↓
Prescription Covered Drugs		

*CYD and Calendar Year Coinsurance Maximum amounts may be subject to adjustments annually in accordance with applicable health savings account regulations.

**Individuals enrolled alone are subject to the "Self only" CYD and Calendar Year Coinsurance Maximum amounts; while individuals enrolled with other family members are subject to the "Family" CYD and Calendar Year Coinsurance Maximum amounts. The Family CYD must be satisfied before the Plan will pay benefits. The Family Calendar Year Coinsurance Maximum must be satisfied before the Plan will pay 100% of EME. One family member can satisfy the Family CYD and/or Family Calendar Year Coinsurance maximum.

***EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule. The Plan Provider and Non-Plan Provider Calendar Year Coinsurance Maximums are separate and do not accumulate to one another. Non-Plan Provider charges in excess of EME may be substantial and do not accrue toward the Calendar Year Coinsurance Maximum. Prior Authorization is required for full benefit payment of certain covered services. This Plan includes additional benefits, exclusions and limitations which are shown in the SHL Sierra Simplicity Certificate of Coverage, Attachment A Benefit Schedule, Form No. SHL GroupHSA-Plan F-2011HCR, Outpatient Prescription Drug Rider, Form No. SHL-NVGrpHSA-masRx-2010, and any other applicable Riders and the Disclosure Summary. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

Core Advantage HMO 15

Lifetime Maximum Benefit	Unlimited
Covered Services	Member Pays
Preventive Healthcare Services	No charge
Medical Services Primary Care Physician Visit Specialist Visit Convenient Care Clinic	\$15 per visit \$30 per visit \$15 per visit
Hospital Services - Elective Procedures Inpatient Outpatient	\$500 per admission \$300 per admission
Physician Surgical Services Inpatient Hospital Outpatient Facility Physician's Office (in addition to office visit copayment) <ul style="list-style-type: none"> • Primary Care Physician • Specialist Anesthesia	\$50 per surgery \$25 per surgery \$15 per visit \$30 per visit \$100 per surgery
Emergency Services Emergency Room Visit Hospital Admission Ground Ambulance	\$450 per visit; waived if admitted \$500 per admission \$50 per trip
Urgent Care Facility Within the Service Area Outside the Service Area	\$20 per visit \$60 per visit
Diagnostic Services (in addition to office visit copay) Routine Laboratory Routine X-ray	\$10 per visit \$20 per visit
Vision Exam One per Member during each 12 consecutive month period	\$10 per visit
Preventive Dental Care Services Examination (covers two (2) per Calendar Year) Cleaning (covers two (2) per Calendar Year) Fluoride Treatment (covers two (2) per Calendar Year) X-ray Procedures - Bitewing (covers two (2) per Calendar Year) X-ray Procedures - Complete Series (covers one (1) every 36 months) X-ray Procedures - Panorex (covers one (1) every 36 months)	\$25 per visit \$45 per visit for adults, age 14+ years \$25 per visit for children, age 0-13 years \$12 per visit \$20 per visit \$45 per visit \$35 per visit

This is a summary of Covered Services. Please refer to the HPN Agreement of Coverage, Disclosure Summary, Attachment A Benefit Schedule, Form No. HPN-BlendmasBS-ERV-Dec2011, HPN Preventive Vision Care Services Rider, Form No. HPN VIS PREV(1/93), Preventive Dental Care Services Rider, Form No. HPN-PrevDentalBenAmend-Dec2011, and applicable Riders for additional information, limitations and exclusions of coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

Core Advantage HMO 35

Lifetime Maximum Benefit	Unlimited
Covered Services	Member Pays
Preventive Healthcare Services	No charge
Physician Services Primary Care Physician Visit Specialist Visit Convenient Care Clinic	\$35 per visit \$70 per visit \$15 per visit
Hospital Services - Elective Procedures Inpatient Outpatient	\$1,000 per admission \$400 per admission
Physician Surgical Services Inpatient Hospital Outpatient Facility Physician's Office (in addition to office visit copayment) <ul style="list-style-type: none"> • Primary Care Physician • Specialist Anesthesia	\$100 per surgery \$70 per surgery \$35 per visit \$70 per visit \$150 per surgery
Emergency Services Emergency Room Visit Hospital Admission Ground Ambulance	\$600 per visit; waived if admitted \$1,000 per admission \$50 per trip
Urgent Care Facility Within the Service Area Outside the Service Area	\$40 per visit \$100 per visit
Diagnostic Services (in addition to office visit copay) Routine Laboratory Routine X-ray	\$10 per visit \$20 per visit
Vision Exam One per Member during each 12 consecutive month period	\$10 per visit
Preventive Dental Care Services Examination (covers two (2) per Calendar Year) Cleaning (covers two (2) per Calendar Year) Fluoride Treatment (covers two (2) per Calendar Year) X-ray Procedures - Bitewing (covers two (2) per Calendar Year) X-ray Procedures - Complete Series (covers one (1) every 36 months) X-ray Procedures - Panorex (covers one (1) every 36 months)	\$25 per visit \$45 per visit for adults, age 14+ years \$25 per visit for children, age 0-13 years \$12 per visit \$20 per visit \$45 per visit \$35 per visit

This is a summary of Covered Services. Please refer to the HPN Agreement of Coverage, Disclosure Summary, Attachment A Benefit Schedule, Form No. HPN-BlendmasBS-ERV-Dec2011, HPN Preventive Vision Care Services Rider, Form No. HPN VIS PREV(1/93), Preventive Dental Care Services Rider, Form No. HPN-PrevDentalBenAmend-Dec2011, and applicable Riders for additional information, limitations and exclusions of coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

Core Advantage POS 25*

	HMO Tier I	Expanded Plan Provider Tier II	Non-Plan Provider Tier III
Lifetime Maximum Benefit	Unlimited	Unlimited	
Calendar Year Deductible (CYD)	Not Applicable	\$1,500 of EME** per Member \$3,000 of EME per Family	\$3,000 of EME per Member \$6,000 of EME per Family
Calendar Year Coinsurance Maximum (after CYD)	Not Applicable	\$5,000 of EME per Member \$10,000 of EME per Family	\$10,000 of EME per Member \$20,000 of EME per Family
Covered Services	Member Pays	Member Pays	Member Pays
Preventive Healthcare Services	No charge	No charge	Not subject to CYD. Member pays 40% of EME plus all charges in excess of EME.
Physician Services Primary Care Physician Visit Specialist Visit Convenient Care Clinic	\$25 per visit \$30 per visit \$15 per visit	\$35 per visit \$55 per visit \$15 per visit	After CYD, Member pays 40% of EME plus all charges in excess of EME.
Diagnostic Services Routine Laboratory Routine X-ray	\$10 per visit \$20 per visit	\$20 per visit \$40 per visit	After CYD, Member pays 40% of EME plus all charges in excess of EME.
Hospitalization Inpatient (including emergency post-stabilization care) Outpatient	\$750 per admission \$400 per admission	After CYD, Member pays 20% of EME.	After CYD, Member pays 40% of EME plus all charges in excess of EME.
Physician Surgical Services Inpatient Hospital Outpatient Facility Physician's Office (in addition to office visit copayment) • Primary Care Physician • Specialist Anesthesia	No charge No charge \$25 per visit \$30 per visit \$50 per surgery	After CYD, Member pays 20% of EME.	After CYD, Member pays 40% of EME plus all charges in excess of EME.
Emergency Services Emergency Room Visit Hospital Admission Ground Ambulance	\$550 per visit \$750 per admission \$50 per trip	Emergency Services are covered under the HMO-Tier I Benefit.	Emergency Services are covered under the HMO-Tier I Benefit.
Urgent Care Facility Within the Service Area Outside the Service Area	\$30 per visit \$100 per visit	Emergency Services are covered under the HMO-Tier I Benefit.	Emergency Services are covered under the HMO-Tier I Benefit.

***Includes Preventive Dental and Vision**

**EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule. The Tier II and Tier III CYDs and Calendar Year Coinsurance Maximums are separate and do not accumulate to one another. Member is responsible for all charges in excess of the Plan's benefit maximums and Tier III EME, which may be substantial and do not accrue toward the Calendar Year Coinsurance Maximum. This Plan includes additional benefits, exclusions and limitations which are shown in the HPN Evidence of Coverage, Attachment A Benefit Schedule, Form No. HPN-CoreAdvPOSmasBS-Jan2012, Endorsement Form No. HPN-GRP-HCR-ENDORSE(2011), and other applicable Riders and the Disclosure Summary. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

Core Advantage POS 35*

	HMO Tier 1	Expanded Plan Provider Tier II	Non-Plan Provider Tier III
Lifetime Maximum Benefit	Unlimited	Unlimited	
Calendar Year Deductible (CYD)	Not Applicable	\$2,500 of EME** per Member \$5,000 of EME per Family	\$5,000 of EME per Member \$10,000 of EME per Family
Calendar Year Coinsurance Maximum (after CYD)	Not Applicable	\$7,500 of EME per Member \$15,000 of EME per Family	\$15,000 of EME per Member \$30,000 of EME per Family
Covered Services	Member Pays	Member Pays	Member Pays
Preventive Healthcare Services	No charge	No charge	Not subject to CYD. Member pays 50% of EME plus all charges in excess of EME.
Physician Services Primary Care Physician Visit Specialist Visit Convenient Care Clinic	\$35 per visit \$40 per visit \$15 per visit	\$45 per visit \$65 per visit \$15 per visit	After CYD, Member pays 50% of EME plus all charges in excess of EME.
Diagnostic Services Routine Laboratory Routine X-ray	\$10 per visit \$20 per visit	\$20 per visit \$40 per visit	After CYD, Member pays 50% of EME plus all charges in excess of EME.
Hospitalization Inpatient (including emergency post-stabilization care) Outpatient	\$1,000 per admission \$400 per admission	After CYD, Member pays 30% of EME.	After CYD, Member pays 50% of EME plus all charges in excess of EME.
Physician Surgical Services Inpatient Hospital Outpatient Facility Physician's Office (in addition to office visit copayment) • Primary Care Physician • Specialist Anesthesia	No charge No charge \$35 per visit \$40 per visit \$50 per surgery	After CYD, Member pays 30% of EME.	After CYD, Member pays 50% of EME plus all charges in excess of EME.
Emergency Services Emergency Room Visit Hospital Admission Ground Ambulance	\$700 per visit \$1,000 per admission \$50 per trip	Emergency Services are covered under the HMO-Tier I Benefit.	Emergency Services are covered under the HMO-Tier I Benefit.
Urgent Care Facility Within the Service Area Outside the Service Area	\$40 per visit \$100 per visit	Emergency Services are covered under the HMO-Tier I Benefit.	Emergency Services are covered under the HMO-Tier I Benefit.

***Includes Preventive Dental and Vision**

**EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule. The Tier II and Tier III CYDs and Calendar Year Coinsurance Maximums are separate and do not accumulate to one another. Member is responsible for all charges in excess of the Plan's benefit maximums and Tier III EME, which may be substantial and do not accrue toward the Calendar Year Coinsurance Maximum. This Plan includes additional benefits, exclusions and limitations which are shown in the HPN Evidence of Coverage, Attachment A Benefit Schedule, Form No. HPN-CoreAdvPOSmasBS-Jan2012, Endorsement Form No. HPN-GRP-HCR-ENDORSE(2011), and other applicable Riders and the Disclosure Summary. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

Sierra 2010 Plan 500-1000-35-80/60-X (HCR)

	Plan Provider	Non-Plan Provider	
Lifetime Maximum Benefit	Unlimited		
Calendar Year Deductible (CYD)	\$500 of EME* per Insured \$1,000 of EME per Family	\$1,000 of EME per Insured \$2,000 of EME per Family	
Calendar Year Coinsurance Maximum (after CYD)	\$3,000 of EME per Insured \$6,000 of EME per Family	\$6,000 of EME per Insured \$12,000 of EME per Family	
Covered Services	Insured Pays	Insured Pays	
Preventive Healthcare Services	No charge	After CYD, Insured pays 40% of EME plus all charges in excess of EME.	
Physician Services Non-Specialist Visit/Consultation Specialist Visit/Consultation	\$35 per visit \$35 per visit		
Diagnostic Services Routine Laboratory Routine X-ray	\$35 per visit \$35 per visit		
Hospitalization Inpatient Outpatient	After CYD, Insured pays 20% of EME.		
Physician Surgical Services Inpatient Hospital Outpatient Facility Physician's Office Anesthesia	After CYD, Insured pays 20% of EME.		
Emergency Services Urgent Care Facility	\$50 per visit		
Emergency Room Facility	\$150 per visit		
Emergency Room Physician	After CYD, Insured pays 20% of EME		
Ground Ambulance			
			After CYD, Insured pays 40% of EME plus all charges in excess of EME.

**EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule. The Plan Provider and Non-Plan Provider Calendar Year Coinsurance Maximums are separate and do not accumulate to one another. Non-Plan Provider charges in excess of EME may be substantial and do not accrue toward the Calendar Year Coinsurance maximum. This plan includes additional benefits, exclusions and limitations which are shown in the SHL Certificate of Coverage, Attachment A Benefit Schedule Form No. SHL-Sierra2010-masBS-2011-HCR, Endorsement Form No. SHL-GRP-HCR-ENDORSE(2011), and any other applicable Riders and the Disclosure Summary. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

Sierra 2010 Plan 1500-3000-35-70/50-X (HCR)

	Plan Provider	Non-Plan Provider	
Lifetime Maximum Benefit	Unlimited		
Calendar Year Deductible (CYD)	\$1,500 of EME* per Insured \$3,000 of EME per Family	\$3,000 of EME per Insured \$6,000 of EME per Family	
Calendar Year Coinsurance Maximum (after CYD)	\$5,000 of EME per Insured \$10,000 of EME per Family	\$10,000 of EME per Insured \$20,000 of EME per Family	
Covered Services	Insured Pays	Insured Pays	
Preventive Healthcare Services	No charge	After CYD, Insured pays 50% of EME plus all charges in excess of EME.	
Physician Services Non-Specialist Visit/Consultation Specialist Visit/Consultation	\$35 per visit \$55 per visit		
Diagnostic Services Routine Laboratory Routine X-ray	\$35 per visit \$35 per visit		
Hospitalization Inpatient Outpatient	After CYD, Insured pays 30% of EME.		
Physician Surgical Services Inpatient Hospital Outpatient Facility Physician's Office Anesthesia	After CYD, Insured pays 30% of EME.		
Emergency Services Urgent Care Facility	\$75 per visit		
Emergency Room Facility	\$250 per visit		
Emergency Room Physician	After CYD, Insured pays 30% of EME.		
Ground Ambulance			
			After CYD, Insured pays 50% of EME plus all charges in excess of EME.

*EME (Eligible Medical Expenses) means the maximum amount the Plan will pay for a Covered Service in accordance with the Plan Reimbursement Schedule. The Plan Provider and Non-Plan Provider Calendar Year Coinsurance Maximums are separate and do not accumulate to one another. Non-Plan Provider charges in excess of EME may be substantial and do not accrue toward the Calendar Year Coinsurance maximum. This plan includes additional benefits, exclusions and limitations which are shown in the SHL Certificate of Coverage, Attachment A Benefit Schedule Form No. SHL-Sierra2010-masBS-2011-HCR, Endorsement Form No. SHL-GRP-HCR-ENDORSE(2011), and any other applicable Riders and the Disclosure Summary. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

HPN/SHL Rx Plans

Prescription Benefits - \$15/\$40/\$60 prescription drug plan

Tier I: \$15 per 30-day Therapeutic Supply for Preferred Generic Covered Drugs

Tier II: \$40 per 30-day Therapeutic Supply for Preferred Brand Name Covered Drugs*

Tier III: \$60 per 30-day Therapeutic Supply for Non-Preferred Generic or Brand Name Covered Drugs

Prescription Benefits - \$25/\$50/\$75 prescription drug plan

Tier I: \$25 per 30-day Therapeutic Supply for Preferred Generic Covered Drugs

Tier II: \$50 per 30-day Therapeutic Supply for Preferred Brand Name Covered Drugs*

Tier III: \$75 per 30-day Therapeutic Supply for Non-Preferred Generic or Brand Name Covered Drugs

* If a Generic Covered Drug equivalent is available, Member pays the Tier I Covered Drug copayment plus the difference between the EME** of the Generic and the Brand Name Covered Drug to the Plan Pharmacy for up to a 30-day Therapeutic Supply.



**EME (Eligible Medical Expenses) means the Designated Plan Pharmacy's contracted cost of the Covered Drug to the Plan. Prescription drug benefits are subject to Exclusions and Limitations which are shown in the Prescription Drug Benefit Rider, Form No. HPN-NV-3Tier-mas2010/Form No. SHL-NV-3Tier-Rx-(2010), HPN Evidence of Coverage/SHL Certificate of Coverage, Attachment A Benefit Schedule, and any other applicable Endorsements and Riders. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

SHL Vision Plan Option 8

Covered Services	Plan Provider Benefits	Non-Plan Provider Benefits
Professional Fees		The Plan pays 100% of the Eligible Vision Expenses* up to a maximum benefit of:
Vision Examination (covers one exam every 12 months)	Insured pays \$10. The Plan pays 100% of remaining Eligible Vision Expenses.	\$35
Supplies (covers one set of lenses every 12 months)		
Single Vision Lenses		\$25
Bifocal Lenses		\$40
Trifocal Lenses		\$55
Lenticular Lenses		\$55
Frames (covers one set of frames every 24 months)		\$50 Retail Allowance
Contact Lenses (covers one set every 12 months)		
Non-Elective (In lieu of exam, lenses and frames. Prior authorization is required for certain conditions as defined in Plan documents.)	The Plan pays 100% of Eligible Vision Expenses.	\$200
Elective (In lieu of exam, lenses, frames and non-elective contact lenses.)	The Plan pays 100% of Eligible Vision Expenses up to a maximum benefit of \$50. You must be eligible for lenses in order to receive the full allowance.	\$40

This is a summary of Covered Services under your vision plan. *Eligible Vision Expenses means charges up to the Company Reimbursement Schedule. Plan Providers have agreed to accept the Company Reimbursement Schedule as payment in full for Covered Services, less the payment of any applicable Copayment. Non-Plan Providers have not. Please refer to your SHL Vision Certificate [Form No. SHL/VIS/CERT (89-001)], Attachment A Benefit Schedule [Form No. SHL-VIS-SOB-PPO(3/93)], and Endorsement No. 2 to The Vision Certificate [Form No. SHL.VIS.END2 (1/93)], for additional information regarding benefits, limitations and exclusions. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.





Eligibility for Medical Plans

In order to purchase these plans, you must be an active member in good standing with the Las Vegas Chamber of Commerce, furnish documentation to that effect, and meet the following eligibility requirements:

- Your business must be a partnership or corporation, a subsidiary, or an associated firm, provided such firm has authority to purchase group health coverage for the employees of the applicant group. In some instances, an employer or corporation may control several subsidiary companies whose employees may be covered under the parent company's group policy.
- Your business must have two or more full-time employees and there must be a legitimate employee/employer relationship within the group. Groups with 51 or more full-time employees on payroll are not eligible for coverage under the Las Vegas Chamber of Commerce Group Health Benefits Program. If coverage is being offered by job classification, there must be at least two eligible employees in that class. A single billing address must be provided. A group is ineligible if it was formed solely for the purpose of obtaining insurance. A photocopy of a business license must be provided.

- If your business currently has coverage with Health Plan of Nevada or Sierra Health and Life, it may move to a Las Vegas Chamber Plan on the anniversary date or annual renewal date as long as there is no lapse in coverage.

These businesses must re-apply for coverage.

- If your business is utilizing the services of a broker, the broker must be a current member of the Las Vegas Chamber of Commerce and furnish documentation to that effect.
- Any business previously insured by Health Plan of Nevada or Sierra Health and Life that has had coverage terminated may not apply for new coverage within six months of the termination date.
- If a prospective Chamber business makes application for coverage and declines to accept the final Medical Underwriting Rating Factor (MURF) as assigned by Medical Underwriting, Health Plan of Nevada and Sierra Health and Life will not consider reapplication as a new Chamber business within 90 days of the business' initial application effective date.
- All businesses must be located within the Las Vegas Metropolitan Area in order to be eligible for the Las Vegas Chamber of Commerce Group Health Benefits Program. Only those employees working within the Las Vegas Metropolitan Area are eligible for the Las Vegas Chamber of Commerce Group Health Benefits Program, including ancillary coverage. Out-of-area (OOA) membership will be excluded from coverage through the LVCC program. Employers have the option to contact HPN/SHL/UHC to discuss various options available for their OOA employees.
- 1099 individuals are eligible to enroll subject to the following requirements: 1099 individuals must be considered a 1099 contractor with the same employer for at least 12 months; 1099 individuals must be paid at least the average of the wage

and tax reported for W-2 employees; and no more than 40% of the group can be 1099 individuals.

- Your business may offer a Dual Option as long as a minimum of three employees are enrolled with no fewer than one enrolled employee per plan.
- Employers must contribute at least 50% of the employee only premium. Participation of 75% of all eligible employees is required, less valid waivers.

Eligibility for Ancillary Plans

SHL Vision

- The SHL vision plan is available as a stand-alone and a selectable benefit. The subscriber must be enrolled in the product for dependent enrollment.
- All groups with 2-9 employees require a minimum of 50% participation, less valid waivers, and groups with 10 or more employees require a minimum of 25% participation, less valid waivers.
- Rates assume partial or no employer contributions.

UnitedHealthcare Group Term Life/AD&D

- Group term life plans are 100% employer paid and require 100% employee participation with a minimum of two employees required.

UnitedHealthcare Basic Dependent Life/AD&D

- Basic dependent life must be sold with group term life. Rates assume no employer contribution with 20% minimum employee participation.

Medical Underwriting

All new groups and those with current Health Plan of Nevada/Sierra Health and Life coverage, outside the Las Vegas Chamber of Commerce Group Health Benefits Program, will be medically underwritten. This includes

anyone applying for coverage. Groups with 2–19 enrolled employees must complete and sign a detailed Medical Questionnaire. Groups with 20–50 enrolled employees must complete and sign a Simplified Medical Questionnaire. Upon review of the information, all groups will receive a MURF. This factor will range from .85–1.55.

Participation/Waivers

Waiver forms must be completed and signed by all employees not enrolling for coverage. If the employee waives due to other coverage, they need to provide details of the other coverage and/or a copy of the member identification card for the other coverage.

Eligible Employees

Eligible employees include all active employees who work within the Las Vegas Metropolitan Area at least 30 hours per week. Coverage is also available to dependent spouses and children up to age 26 and handicapped children. A complete description of eligibility requirements is included in the Health Plan of Nevada Evidence of Coverage and Sierra Health and Life Certificate of Coverage.

We thank you for your interest in the Las Vegas Chamber of Commerce Group Health Benefits Program. We feel confident we have a plan that meets your needs.

Eligibility, underwriting and participation are subject to change due to the ongoing nature of health care reform.



Health Plan of Nevada, Inc. has been awarded an accreditation status of Commendable from the National Committee for Quality Assurance (NCQA), an independent, not-for-profit organization dedicated to measuring the quality of America's health care. Accreditation is for the Commercial HMO, Commercial POS and Medicare HMO product lines in Nevada effective April 28, 2009.



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