Southern Nevada Health District

TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE: October 25, 2018**

RE: *Approval of Group Enrollment to Interlocal Agreement between Clark County; Clark County Water Reclamation District; University Medical Center of Southern Nevada; the Las Vegas Convention and Visitors Authority; the Las Vegas Valley Water District; Clark County Regional Flood Control District; the Regional Transportation Commission of Southern Nevada; the Southern Nevada Health District; Henderson District Public Libraries, Mount Charleston Fire Protection District and the Las Vegas Metropolitan Police Department for establishing New Rates to Renew Health Plan of Nevada Group Benefits Plan, effective January 1, 2019*

PETITION #35-18

That the Southern Nevada District Board of Health *approve the Group Enrollment Agreement to Interlocal Agreement between Clark County; Clark County Water Reclamation District; University Medical Center of Southern Nevada; the Las Vegas Convention and Visitors Authority; the Las Vegas Valley Water District; Clark County Regional Flood Control District; the Regional Transportation Commission of Southern Nevada; the Southern Nevada Health District; the Henderson District Public Libraries, Mount Charleston Fire Protection District and the Las Vegas Metropolitan Police Department for establishing New Rates to Renew Health Plan of Nevada Group Benefits Plan, effective January 1, 2019*

PETITIONERS:

Amy Hagan, *Human Resources Administrator* Amy Hagan
Andy Glass, *Director of Administration*
Joseph P. Iser, MD, DrPH, MSc *Chief Health Officer*

DISCUSSION:

The purpose of this agreement is to allow SNHD to renew the Health Maintenance Organization (HMO) portion of the group medical and dental benefit plan for SNHD employees, retirees and their dependents. The Plan year is on a calendar year basis and offers a Health Maintenance Organization (HMO) option for employees as provided by Health Plan of Nevada. This insurance benefit program was adopted on August 1, 2009 pursuant to the labor agreements. The contract is in compliance with the District's collective bargaining agreement (CBA) with SEIU that became effective July 1, 2014 through June 30, 2019. There is a rate increase of 9.9% for the HPN contract that will go into effect for Plan Year 2019.

The following are Plan changes that will be effective January 1, 2019:

1. Rate premiums are increased by 9.9% for active members;
2. Senior Dimensions will be replaced with Medicare Advantage under United Healthcare Insurance Company for retirees;
3. Rate premiums will be increased under Group Medicare Advantage Rates for retired members under the following tiers:
    - Employee & Spouse (One Medicare A&B)
    - Employee & Child/Children (One Medicare A&B)
    - Employee & Family (Two Medicare A&B)
    - Employee & Family (One Medicare A&B);
4. No benefit changes to medical, dental, vision and prescription

FUNDING:

Previous Board action on August 28, 2014 provided authorization for funding the employer-portion of the premiums based on the labor agreements through FY2019.

ATTACHMENTS:

- Group Enrollment Agreement
- SNHD Group Rates for Plan Year 2019
- Summary of Benefit Coverage for Health Plan of Nevada HMO Medical/Dental/Vision Benefit Plan
- Plan Document effective January 1, 2019

RFP No. 604028-16
AMENDMENT NO . 2
GROUP ENROLLMENT AGREEMENT

THIS SECOND AMENDMENT of the Group Enrollment Agreement is made and entered into as of August 15, 2018, by and between HEALTH PLAN OF NEVADA, INC. (hereinafter referred to as "Health Plan") and CLARK COUNTY GROUP (hereinafter referred to as "Group").

RECITALS

A. Pursuant to the Group Enrollment Agreement dated September 21, 2016, with an effective date of January 1, 2017 as amended, Health Plan agreed to provide and/or arrange for the provision of health care services in exchange for certain described payment from Group.

B. Health Plan and Group have agreed to renew the Group Enrollment Agreement for another year commencing January 1, 2019, and ending December 31, 2019, and have agreed to amend certain aspects of the Group Enrollment Agreement.

NOW, THEREFORE, in consideration of the above and for other good and valuable consideration, receipt and sufficiency of which are hereby acknowledged, Health Plan and Group agree that the Group Enrollment Agreement is amended as follows:

1. Article I is amended to state a renewal of the Group Enrollment Agreement for another year commencing January 1, 2019, and ending December 31, 2019.
2. Article II, Section A, of the Group Enrollment Agreement is deleted in its entirety and replaced by the following:

Old Language:

MEDICAL/PRESCRIPTION, BHO+, DENTAL & VISION HPN Solutions HMO 10 CC (Direct Access), $20/$40/$70/2.5x Rx, BHO +, Dental, Vision Care Services Domestic Partner Rider Rates Guaranteed for Period 1/1/2018 to 12/31/2018	
Individual Employee	$517.89
Employee & Spouse	$969.58
Employee & Child	$948.29
Employee & Children	$948.29
Employee & Family	$1,363.85

GROUP SENIOR DIMENSIONS RISK RATES Group Senior Dimensions Risk Rates And Benefits Guaranteed For Period of 1/1/2018 to 12/31/2018			
	Senior Dimensions BHO+ W/Pres. Drugs & Vision Coverage	**Dental**	**Total**
Employee	$298.75	$40.44	$339.19
Employee & Spouse (Two Medicare A&B)	$597.50	$75.72	$673.22
Employee & Spouse (One Medicare A&B)	$715.18	$75.72	$790.90
Employee & Child/Children (One Medicare A&B)	$695.57	$74.04	$769.61
Employee & Spouse plus Child (Three Medicare A&B)	$896.25	$105.82	$1,002.07
Employee & Family (Two Medicare A&B)	$961.67	$105.82	$1,067.49
Employee & Family (One Medicare A&B)	$1,079.35	$105.82	$1,185.17

New Language:

MEDICAL/PRESCRIPTION, BHO+, DENTAL & VISION HPN Solutions HMO 10 CC (Direct Access), $20/$40/$70/2.5x Rx, BHO +, Dental, Vision Care Services Domestic Partner Rider Rates Guaranteed for Period 1/1/2019 to 12/31/2019	
Individual Employee	$569.14
Employee & Spouse	$1,065.53
Employee & Child	$1,042.13
Employee & Children	$1,042.13
Employee & Family	$1,499.29

Group Medicare Advantage Rates Guaranteed For Period of 1/1/2019 to 12/31/2019			
UnitedHealthcare Medicare Advantage Rates*	**2019 UHC Medicare Advantage**	**HPN Dental**	**Total**
Employee	$298.75	$40.44	$339.19
Employee & Spouse (Two Medicare A&B)	$597.50	$75.72	$673.22
Employee & Spouse (One Medicare A&B)	$759.86	$75.72	$835.58
Employee & Child/Children (One Medicare A&B)	$738.14	$74.04	$812.18
Employee & Spouse plus Child (Three Medicare A&B)	$896.25	$105.82	$1,002.07
Employee & Family (Two Medicare A&B)	$1,001.16	$105.82	$1,106.98
Employee & Family (One Medicare A&B)	$1,163.52	$105.82	$1,269.34

*2019 Medicare Advantage coverage will be provided by UnitedHealthcare

- 2019 Medicare Advantage Risk Rates have been finalized. Rates assume participation of all ten entities:

  - Clark County
  - UMC
  - LVCVA
  - LVVWD
  - CCWRD
  - RTCSNV
  - SNHD
  - Henderson Public Library
  - Mt. Charleston Fire Protection District
  - Las Vegas Metropolitan Police Department Appointed Employees

3. Article VII (Coverage) of the Group Enrollment Agreement is deleted in its entirety and replaced by the following:

Old Language

Benefit Plan Code/Description

Optional Benefit Riders:

HPN Solutions HMO 10 CC (Direct Access) (ACA) Medical Plan

3-Tier Group Prescription Drug Benefit Rider - $20/$40/$70/2.5x

Dental Care Plus Service Rider

Vision Care Services Rider

Senior Dimensions Member Handbook and Evidence of Coverage – Prescription and Vision

New Language

Benefit Plan Code/Description

Optional Benefit Riders:

HPN Solutions HMO 10 CC (Direct Access) (ACA) Medical Plan

3-Tier Group Prescription Drug Benefit Rider -$20/$40/$70/2.5x

Dental Care Plus Service Rider

Vision Care Services Rider

4. Article IX of the Group Enrollment Agreement is deleted in its entirety and replaced by the following:

The Open Enrollment Period shall be for a designated 31 day period between October 31 and December 31, 2018.

5. Article XVI (Entire Agreement) of the Group Enrollment Agreement, delete the title only for Exhibit 7 and replace with the following:

Old Language

3-Tier Group Prescription Drug Benefit Rider - $20/$40/$70/2.5x

New Language

3-Tier Group Prescription Drug Benefit Rider - $20/$40/$70/2.5x

6. Clark County's acceptance of the 1/1/19 group enrollment agreement is contingent upon UMC Hospital and UMC Primary/Urgent Care facilities remaining as a contracted provider in the HPN network for the duration of this agreement.

7. All other terms and conditions set forth in the Evidence of Coverage and Group Enrollment Agreement shall remain in full force and effect.

(Remainder of page intentionally left blank)

IN WITNESS WHEREOF, the parties hereto have caused this contract to be signed and intended to be legally bound thereby.

DATE:

CLARK COUNTY, NEVADA

BY:_____

JESSICA COLVIN
Chief Financial Officer

APPROVED AS TO FORM:

Steven B. Wolfson
District Attorney

BY:_____
Elizabeth A. Vibert
Deputy District Attorney

Health Plan of Nevada, Inc.

BY:_____

SUSAN E. VOGEL
Chief Financial Officer
Health Plan of Nevada

MEDICARE ADVANTAGE WITH PRESCRIPTION DRUG BENEFIT GROUP AGREEMENT

This Medicare Advantage with Prescription Drug Benefit Group Agreement ("Agreement") is entered into effective as of January 1, 2019 (the "Effective Date") between UnitedHealthcare Insurance Company on behalf of itself and its affiliates (collectively "United"), and Clark County, Nevada ("Group"). All defined terms shall be as described in this Agreement unless stated otherwise.

RECITAL OF FACTS

United is a Medicare Advantage plan sponsor certified by the Centers for Medicare & Medicaid Services ("CMS") to offer Medicare Advantage benefit plans.

Group is an employer or other entity which sponsors an employee welfare benefit plan and desires to provide a United Medicare Advantage Plan for its Eligible Retirees and their Eligible Dependents.

AGREEMENT

NOW THEREFORE, in consideration of the application of Group for the benefits provided under this Agreement and in consideration of the periodic payment of the Plan Beneficiary Premium on behalf of Members in advance as they become due, United agrees to provide Covered Services to Members subject to all terms and conditions of this Agreement.

SECTION 1 - DEFINITIONS

Centers for Medicare & Medicaid Services ("CMS") is a Federal agency within the United States Department of Health and Human Services and is responsible for administering various Medicare programs.

Coinsurance is the portion of medical expenses for a service the Member must pay out-of-pocket, usually a fixed percentage. Coinsurance is usually applied after a deductible or Copayment requirement is met. Coinsurance is in addition to the Plan Beneficiary Premium.

Copayment(s) is a fixed dollar amount payable to a health care provider or pharmacy by the Member when the Member receives a health care service or product that is covered by the Plan. Copayments are in addition to the Plan Beneficiary Premium.

Covered Services are the health care services and products covered pursuant to the current terms of the Plan. Covered Services include Medicare Part D eligible prescription drugs and drug products covered pursuant to the current terms of the Plan, in compliance with Medicare Laws and Regulations.

Eligible Dependent(s) is any person defined as a qualified dependent by Group, who meets all the eligibility requirements of Group and the Plan, and who is eligible to enroll in a plan under the Medicare Laws and Regulations and who permanently resides within the Service Area.

Eligible Retiree(s) is a former Group employee who has met the minimum required retiree participation conditions as determined by Group, who is eligible to enroll in a plan under the Medicare Laws and Regulations, who meets the eligibility and enrollment requirements of the Plan, and who permanently resides in the Service Area.

Enrollment is the enrollment of Group's Eligible Retirees and Eligible Dependents into the Plan by Group. Enrollment is conditioned upon acceptance of the Eligible Retiree or Eligible Dependent by United and by CMS, the execution of this Agreement by United and by Group, and the receipt of Plan Beneficiary Premium by United.

Evidence of Coverage ("EOC") is the document supplied by United and issued to Members disclosing and setting forth the health care benefits and terms and conditions of coverage of the Plan to which Members are entitled. The EOC is incorporated fully into this Agreement by reference.

Group is the single employer or other entity identified above.

Group Contribution is the amount of the Plan Beneficiary Premium applicable to each Member which is paid by Group.

Low Income Subsidy ("LIS") is a low-income subsidy provided to a LIS-eligible Member for the cost of the Member's premium or drug cost-sharing coverage under a Plan that provides Part D prescription drug benefit coverage, as described in Medicare Laws and Regulations.

Medicare Laws and Regulations are, collectively, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (the "MMA"), the Medicare Improvements for Patients and Providers Act of 2008, the Patient Protection and Affordable Care Act, the regulations implementing the Medicare Advantage provisions at 42 CFR Part 422, together with guidance, instruction and other directives from CMS relating to Medicare Advantage Plans, and as applicable the regulations implementing the Medicare Part D Plan provisions of the MMA at 42 CFR Part 423, together with guidance, instruction and other directives from CMS relating to the Medicare Part D Plan.

Medicare Part D Plan is a Medicare Part D prescription drug benefit plan.

Member is the Eligible Retiree and/or Eligible Dependent who is eligible and covered by the Plan.

Open Enrollment Period is the annual period established by Group, or if no Open Enrollment Period is declared by Group, another period required by CMS, during which all eligible and prospective Group Eligible Retirees and Eligible Dependents may enroll in the Plan.

Plan is the Medicare Advantage with prescription drug benefit plan described in this Agreement, subject to modification, amendment or termination pursuant to the terms of this Agreement and the Plan.

Plan Beneficiary Premium is an amount established by United to be paid to United by or on behalf of each Member enrolled in the Plan for coverage under the Plan. If the Plan provides coverage for prescription drugs, the Plan Beneficiary Premium may include late enrollment penalties as assessed by CMS for those Members who did not have creditable prescription drug coverage for a period that exceeds sixty-three (63) calendar days from or after eligibility for Medicare Part D Plan. Plan Beneficiary Premium will not include Income Related Monthly Adjustment Amounts (IRMAA), if any, as assessed and billed to Member by the Social Security Administration to certain individuals with higher incomes. Member is responsible for the payment of IRMAA and if not paid, Member will be disenrolled from the Plan by CMS.

Proprietary Business Information is nonpublic information, trade secrets, and other data including, but not limited to, sales and marketing information, management systems, strategic plans and other information about the disclosing party's business, industry, products and services, plans, specifications, operation methods, pricing, costs, techniques, manuals, know-how and other intellectual property, in written, oral or other tangible form, provided by one party to another or its representative; and all information, documents, technology, products, and services containing or derived from Proprietary Business Information which was or may have been transmitted, given or made available to or viewed by one party or another in the course of the receiving party's relationship. United's Proprietary Business Information shall include, but not be limited to, discounts and other financial provisions related to United's network of healthcare providers and claims data from which those financial provisions can be derived and financial provisions related to prescription drug products covered, the prescription drug list, reimbursement rates, compensation arrangements and all other financial provisions related to the pharmacy. This information is collectively known as "United Financial PBI".

Service Area is a geographic area approved by CMS within which a Plan Member must permanently reside in order to enroll in the Plan.

SECTION 2 - ELIGIBILITY AND ENROLLMENT

2.01 Eligibility. The Plan specifies the coverage for which Eligible Retirees and Eligible Dependents are eligible, in consideration of their continued entitlement to Medicare Part A and enrollment in Part B, and in consideration of United's receipt of any specified Plan Beneficiary Premium. Only persons with Medicare Parts A and B are allowed to be enrolled in the Plan. The Member is responsible for paying the appropriate premiums for Medicare Part A and/or Part B.

2.02 Submission of Eligibility List and Enrollment Election Forms. Group shall submit Eligible Retirees and Eligible Dependents information (the "Group Eligibility List"), as communicated by United and consistent with CMS requirements. The Group Eligibility List is subject to modification by United based upon acceptance or rejection of Enrollment by United and CMS.

2.02.01 Enrollment/Election. A properly completed Enrollment form must be submitted to United by Group for each Eligible Retiree and Eligible Dependent to be enrolled in the Plan. In its discretion, United may accept a uniform group Enrollment (without individual enrollment election forms and usually in an electronic file format) if such group Enrollment is conducted pursuant to Medicare Laws and Regulations. If Group utilizes the group enrollment process to enroll its Eligible Retirees and Eligible Dependents in the Plan, Group will make available to its Eligible Retirees and Eligible Dependents the ability to opt out of the enrollment in a manner that allows its Eligible Retirees and Eligible Dependents to enroll in another plan of their choice on a timely basis and in accordance with Medicare Laws and Regulations.

2.02.02 Time of Enrollment. All Enrollment forms shall be completed and submitted by Group to United during the Open Enrollment Period. The EOC applicable to the Plan includes information regarding Initial Enrollment Period and Special Enrollment Period, as defined by CMS, during which Eligible Retirees and Eligible Dependents may enroll in the Plan outside of the Open Enrollment Period.

Group shall forward all completed or amended Enrollment forms for receipt by United. Group acknowledges that any Enrollment form not received by United consistent with CMS timing requirements may be rejected by United or may result in a later effective date of coverage.

2.02.03 Enrollment Notice to Eligible Retiree and Eligible Dependent. Group shall provide a written notice, prepared by United, to Eligible Retirees and Eligible Dependents at the commencement of the Open Enrollment Period and throughout the year to persons who become eligible at times other than during the Open Enrollment Period. The written notice shall provide notice of the availability of coverage under the Plan.

2.02.04 Enrollment Record Retention. Group's record of Member's enrollment election must exist in a format that can be easily, accurately and quickly reproduced for later reference by each individual Member, United and/or CMS, as necessary, and be maintained by Group for the term of this Agreement and for ten (10) years thereafter.

2.03 Commencement of Coverage. The commencement date of coverage under the Plan shall be effective in accordance with the terms of this Agreement and Medicare Laws and Regulations (or, if applicable, in accordance with the eligibility date CMS communicates to United). United's acceptance of each Member's Enrollment is contingent upon receipt of the applicable Plan Beneficiary Premium payment and CMS' confirmation of enrollment.

2.04 Involuntary Disenrollment. In the event a Member no longer meets Group's eligibility requirements for participation in the Plan, Group and/or Member shall provide written notice to United of such Member's disenrollment from the Plan or Group shall provide notice via the monthly Group Eligibility List submission, if applicable. Such notice, regardless of medium, shall include the reason for disenrollment. Group shall notify United thirty (30) calendar days prior to the proposed effective date of disenrollment. Disenrollment generally cannot be effective prior to the date Group submits the disenrollment notice.

In the case of a Member who no longer meets Group's eligibility requirements for participation in the Plan or in the case of termination of this Agreement in accordance with Section 6, Group will issue prospective notice to Member of the termination a minimum of twenty-one (21) calendar days prior to the effective date of said termination. Such notice must advise Member of other insurance options that may be available through Group. Group will also advise such Member that the disenrollment action means the Member will not have coverage. If the Plan provides coverage for prescription drugs, the Notice must include information about the potential for late-enrollment penalties that may apply in the future.

The effective date of disenrollment always falls on the last calendar day of a month. In the case of a Member no longer meeting Group's eligibility requirements, Group will send United notice of a Member's termination from the Plan by the first calendar day of the month for an effective date of the last calendar day of that month. All notifications received after the first calendar day of the month will result in a termination effective date of the last calendar day of the following month. Group agrees to pay any applicable Plan Beneficiary Premium through the last calendar day of the month in which Member is enrolled.

2.05 Voluntary Disenrollment. In the event a Member elects to discontinue being covered by the Plan, United must receive a written notice signed by Member that complies with CMS requirements. In the event Group submits Member voluntary disenrollment via the Group Eligibility List, Group must include in the Group Eligibility List the date Member advised Group of disenrollment. The effective date of disenrollment always falls on the last calendar day of a month. Disenrollment generally cannot be effective prior to the date Member advises Group of

disenrollment or Member submits the Member's signed, written disenrollment notice. Group agrees to pay any applicable Plan Beneficiary Premium through the last calendar day of the month in which Member is enrolled.

2.06 Disenrollment Record Retention. Group's record of Member's election to disenroll must exist in a format that can be easily, accurately and quickly reproduced for later reference by each individual Member, United and/or CMS, as necessary, and be maintained by Group for at least ten (10) years following the effective date of the Member's disenrollment from the Plan.

2.07 Retroactive Adjustments to Enrollment. No retroactive adjustments may be made beyond ninety (90) calendar days for any additions to or terminations of Eligible Retiree, Eligible Dependent or Member or changes in coverage classification not reflected in United's records at the time United calculates and bills for Plan Beneficiary Premium.

SECTION 3 - GROUP OBLIGATIONS, PLAN BENEFICIARY PREMIUM AND COPAYMENTS

3.01 Notices to Member. If Group or United terminates this Agreement pursuant to Section 6 below, Group shall promptly notify all Members enrolled through Group of the termination of their coverage in the Plan. Such notification will include any other plan options that may be available through Group. Group shall provide such notice by delivering to each Member a true, legible copy of the notice of termination sent from United to Group, or from Group to United, at the Member's then current address. Group shall promptly provide United with a copy of the notice of termination delivered to each Member, along with evidence of the date the notice was provided. In the event that United terminates Member's enrollment in the Plan for non-payment of Plan Beneficiary Premium or United's non-renewal of this Agreement, Members will receive notice of termination from United.

If United or Group makes any changes affecting Members' benefits or obligations under the Plan, including but not limited to, increasing the Plan Beneficiary Premium payable by Member, increasing Copayments or Coinsurance or reducing Covered Services, unless the change is to be communicated by United through the Annual Notice of Change process, the party promulgating the change shall promptly notify all Members enrolled through Group of the applicable change. If Group promulgates the change and is required to provide notice to Members, Group shall provide such notice by delivering to each Member a true, legible copy of the notice of the applicable change at the Member's then current address. When required by CMS, Group shall promptly provide United with a copy of any notice delivered to each Member, along with evidence of the date the notice was provided. United shall have no responsibility to Members in the event Group fails to provide the notices required by this Section 3.01.

3.02 Plan Beneficiary Premium. Plan Beneficiary Premium will be paid to United by the Due Date in accordance with Section 3.03 below. Group shall pay or ensure payment of any portion of Plan Beneficiary Premium for Members for which Group is responsible. Each Member is responsible for paying to United or Group, as applicable, any portion of Plan Beneficiary Premium for which he or she is responsible. When agreed by United and Group, United will bill each Member for Member's amount of the Plan Beneficiary Premium. United shall arrange for Covered Services under the Plan only for those Members for whom the applicable Plan Beneficiary Premium has been paid.

3.02.01 Late Enrollment Penalty. Plan Beneficiary Premium may include any late enrollment penalties as determined applicable by CMS. The late enrollment penalty ("LEP") is based on the combination of a percentage of the national average Part D bid amount set by CMS and the number of months a beneficiary has not enrolled in a Medicare Part D plan, when eligible or a Member does not have creditable coverage (coverage containing a prescription drug benefit that is equivalent to Medicare Part D). The LEP is communicated to United by CMS upon confirmation of Member enrollment by CMS. In the event Member is assessed a LEP by CMS, United will bill the LEP directly to Group. Otherwise, upon Group's written authorization, United will bill the LEP directly to Member. In the case where United bills Member directly for Plan Beneficiary Premium, United will bill the LEP directly to the applicable Member.

3.03 Due Date. Plan Beneficiary Premium is due in full on a monthly basis by check or electronic transfer and must be paid directly by Group and/or by Member, as applicable, to United on or before the first business day of the month for which the premium applies ("Due Date"). Failure to pay the Plan Beneficiary Premium on or before the Due Date may result in termination of the Member from the Plan in accordance with eligibility requirements as determined by the Group, the procedures set forth in the EOC and Medicare Laws and Regulations. For payments due from Group, United reserves the right to assess Group an administrative fee of five percent (5%) of the monthly premium prorated on a thirty (30)-day month for each day it is delinquent thereafter. This fee will be assessed solely

at United's discretion. In the event that deposit of payments not made in a timely manner are received by United after termination of Group, the depositing or applying of such funds does not constitute acceptance, and such funds shall be refunded by United within twenty (20) business days of receipt, if United, in its sole discretion, does not reinstate Group.

3.04 Modification of Plan Beneficiary Premium and Benefits.

3.04.01 Modification of Plan Beneficiary Premium. Plan Beneficiary Premium may be modified by United upon thirty (30) calendar days written notice to Group. Any such modification shall take effect commencing the first full month following the expiration of the thirty (30) day notice period.

3.04.02 Modification of Benefits or Terms. Covered Services and Covered Part D Drugs, as set forth in the EOC, as well as other terms of coverage under the Plan may be modified by United upon thirty (30) calendar days' written notice to Group. Any such modification shall take effect commencing the first full month following the expiration of the thirty (30) day notice period or on a later date specified in the notice.

3.05 Effect of Payment. Except as otherwise provided in this Agreement, only Members for whom the Plan Beneficiary Premium is received by United are entitled to benefits under the Plan, and then only for the period for which such payment is received.

3.06 Adjustments to Payments. Any imposition of or increase in any premium tax, guarantee or uninsured fund assessments, or other governmental charges relating to or calculated in regard to the Plan Beneficiary Premium shall be automatically added to the Plan Beneficiary Premium as of their legislative effective dates, as permitted by law. In addition, any change in law or regulation that significantly affects United's cost of operation can result in an increase in the Plan Beneficiary Premium, in an amount to be determined by United, as of the next available date of Plan Beneficiary Premium adjustment, as permitted by law.

3.07 Member/Marketing Materials. Group shall provide United with copies of any and all materials relating to the coverage available through the Plan that Group intends to disseminate to Eligible Retiree, Eligible Dependent or Member. All materials relating to the Plan and/or United shall be subject to review and written approval by United prior to its distribution by Group. Group understands that the Plan is subject to federal and state regulatory oversight, and that Eligible Retiree, Eligible Dependent or Member materials and marketing materials (including, but not limited to, cover letters accompanying direct mail kits, announcement mailings, etc.) may be required to be filed with, reviewed and approved by, CMS or state regulators prior to use. Group agrees not to distribute such material prior to receipt of written approval of the material by United. Group shall assume all liabilities and damages arising from Group's unauthorized dissemination of Eligible Retiree, Eligible Dependent or Member materials and/or marketing materials. Group also agrees to comply with all relevant federal and state regulatory requirements regarding the distribution and fulfillment of Eligible Retiree, Eligible Dependent or Member materials and/or marketing materials and applicable timeframes.

3.08 Compliance with the Health Insurance Portability and Accountability Act of 1996; Creditable Coverage. United is not responsible for issuing any and all notices of creditable coverage required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to eligible Members.

3.09 Employer/Union-Only Group Part D Prescription Drug Plan Obligations. Pursuant to Medicare Laws and Regulations, Group acknowledges and agrees to comply with the following obligations with respect to the Plan:

3.09.01 Uniform Premium Requirements: Group may determine how much of a Member's Plan Beneficiary Premium Group will subsidize, subject to the following conditions in determining the Plan Beneficiary Premium subsidy:

a. Group can subsidize different amounts for different classes of Members in the Plan provided such classes are reasonable and based on objective business criteria, such as years of service, date of retirement, business location, job category, and nature of compensation (e.g., salaried v. hourly). Different classes cannot be based on eligibility for Low Income Subsidy individuals;

b. Group cannot vary the Plan Beneficiary Premium subsidy for individuals within a given class of Members, other than as is required for the CMS-assessed late enrollment penalty; and

c. Group cannot charge a Member for prescription drug coverage provided under the Plan for more than the sum of his or her monthly Plan Beneficiary Premium attributable to basic prescription drug coverage and 100% of the monthly Plan Beneficiary Premium attributable to his or her supplemental prescription drug coverage (if

any).

3.09.02 Low Income Subsidy: For all Plan Low Income Subsidy eligible individuals:

a. United will administer Low Income Premium Subsidy (LIPS) credits. Pursuant to federal regulations, the LIPS amount must first be used to reduce the portion of the monthly Plan Beneficiary Premium attributable to basic prescription drug coverage paid by Member, with any remaining portion of the LIPS amount then applied toward the portion of the monthly Plan Beneficiary Premium attributable to basic prescription drug coverage paid by Group. If, however, United does not or cannot directly bill Group's Members, CMS will waive this up-front reduction requirement and permit United to directly refund the amount of the LIPS to the Member.

b. If the sum of Member's and Group's monthly Plan Beneficiary Premium is less than the amount of the LIPS credit, any amount of the LIPS credit above the total Plan Beneficiary Premium must be returned to CMS; and

c. If the LIPS credit for which a Member is eligible is less than the portion of the monthly Plan Beneficiary Premium paid by Member, Group shall communicate to Member the financial consequences for Member of enrolling in the Plan as compared to enrolling in another Medicare Part D Plan with a monthly beneficiary premium equal to or below the LIPS amount.

d. Any LIPS credit due to Member and/or Group must be applied within forty-five (45) calendar days of receipt.

e. To enable United to appropriately administer LIPS disbursements, Group shall complete and return an annual attestation issued by United.

i. The attestation validates the Group's current billing procedures and is used to determine the recipient of LIPS disbursements.

ii. The lack of an up-to-date attestation will default the disbursement of LIPS to Member regardless of prior year attestation information.

iii. United will not refund Group for LIPS disbursements made to Member during periods prior to an adequate attestation being completed and returned.

iv. In order to collect and redistribute misappropriated LIPS disbursements made to Group, United reserves the right to bill Group who has received LIPS disbursements on behalf of Member due to incorrect attestation information.

f. United shall provide reporting to Group for Members currently receiving LIPS disbursements. These reports will identify Member by name and display their respective monthly disbursements. These reports are intended to allow Group to recoup, if applicable, any remaining portion of the LIPS credit (payment that remains after the LIPS credit is used to exhaust the monthly Plan Beneficiary Premium attributable to basic prescription drug coverage paid by the Member). If the reported amount exceeds $30, the amount distributed would likely cover multiple months. Group would only be allowed to recoup the difference between the monthly Plan Beneficiary Premium and the monthly LIPS credit amount. In these cases, a request for a more detailed report from United should be sought before attempting to recoup LIPS disbursements.

SECTION 4 - RELATIONSHIPS OF AND BETWEEN PARTIES

4.01 Relationship of Parties. United is not the agent or representative of Group. Group is not the agent or representative of United.

4.02 Roles. United shall not be deemed or construed as an employer or as an employee for any purpose with respect to the administration or provision of benefits under Group's benefit plan. United shall not be responsible for fulfilling any duties or obligations of an employer or an employee with respect to Group's benefit plan. This Agreement is a business transaction between two unrelated parties.

SECTION 5 - TERM OF AGREEMENT; RENEWAL PROVISIONS

The term of this Agreement shall be one (1) year, commencing on the Effective Date, unless this Agreement is terminated as provided herein. Following the Effective Date and after United has provided one month of services this Agreement is deemed executed by the parties. This Agreement shall automatically renew for a one (1) year

term on each anniversary of the Effective Date, unless terminated as provided herein. Renewal of this Agreement shall be subject to modification of rates and benefits pursuant to Section 3.04.

SECTION 6 - TERMINATION

6.01 Termination by Group. Group may terminate this Agreement by giving a minimum of sixty (60) calendar days written notice of termination to United, to allow processing time for United to notify Member with a minimum of twenty-one (21) calendar days advance notice of termination. Group termination shall always be effective on the last day of the month. Group shall continue to be liable for Plan Beneficiary Premium for all Members enrolled in this Plan through Group until the date of termination or, if later, the termination date indicated by CMS.

6.02 Termination by United.

6.02.01 This Agreement shall terminate, in whole or in part as the case may be, for one or more of the following events and notices of termination shall be sent by United within 90 (ninety) days of the effective date of termination, or as otherwise required by CMS.

a. termination or non-renewal of United's contract with CMS;

b. termination or non-renewal with respect to a Service Area or a portion of a Service Area in which Member resides, as applicable.

c. if United no longer issues the Plan or any group health benefit plans within the applicable market, as permitted by law;

d. if Group fails to abide by and enforce the conditions of Enrollment set forth in this Agreement;

e. if Group no longer meets United's minimum contribution or participation requirements;

f. non-renewal of this Agreement by United at the end of the then current term.

g. in the event of a filing by or against the Group of a petition for relief under the Federal Bankruptcy Code,

h. any jurisdiction prohibits a party from administering the Plan under the terms of this Agreement, or imposes a penalty on the Plan, Group or United and such penalty is based on the services specified in this Agreement. In this situation, the party may immediately discontinue the Agreement's application in such jurisdiction. Notice must be given to the other party when reasonably practical. The Agreement will continue to apply in all other jurisdictions.

6.02.02 Termination for Nonpayment of Plan Beneficiary Premium. United may terminate this Agreement in the event Group or its designee, or Member fails to remit Plan Beneficiary Premium, including LEP, in full by the Due Date to United by giving written notice of termination of this Agreement to Group. Nonpayment of Plan Beneficiary Premium includes, but is not limited to, payments returned due to non-sufficient funds and post-dated checks. Such notice shall specify that payment of all unpaid Plan Beneficiary Premium must be received by United within fifteen (15) calendar days of the date of issuance of the notice, and that if payment is not received within the fifteen (15) day period, no further notice shall be given, and coverage for all Members enrolled in this Plan shall automatically be terminated effective at the end of the month for which Plan Beneficiary Premium has been actually received by United, subject to compliance with notice requirements.

6.02.03 Termination for Breach. United may terminate this Agreement if Group breaches any term, covenant or condition of this Agreement and fails to cure such breach within thirty (30) calendar days after United sends written notice of such breach to Group. United's written notice of breach shall make specific reference to Group's action causing such breach. If Group fails to cure its breach subject to United's satisfaction within thirty (30) calendar days after United sends notice of such breach to Group, United may terminate this Agreement at the end of the thirty (30) day notice period.

6.02.04 Termination for Providing Misleading or Fraudulent Information. United may terminate this Agreement thirty (30) calendar days after United sends written notice to Group if Group provides materially misleading or fraudulent information to United in any Group questionnaire or is aware that materially misleading or fraudulent information has been provided on Eligible Retiree, Eligible Dependent or Member Enrollment forms.

6.02.05 For Loss of Group's Office Location within Service Area. Group acknowledges that in the event of such change of Group's office location, a modification to Plan Beneficiary Premium may be necessary. In the event of a

change of Group's office location, the parties shall negotiate any changes requested by either party to the Plan Beneficiary Premium. In the event that the parties are unable to reach agreement regarding modified Plan Beneficiary Premium, United may terminate Group upon thirty (30) calendar days' written notice prior to such termination.

6.03 Return of Prepayment Premium Fees Following Termination. In the event of termination by either party (except in the case of fraud or deception in the use of United services or facilities, or knowingly permitting such fraud or deception by another) , United will, within thirty (30) calendar days, return to Group the pro-rata portion of money paid to United which corresponds to any unexpired period for which payment has been received, together with amounts due on claims, if any, less any amounts due to United. United's exercise of its termination rights under Section 6.02 above does not waive United's right to payment by Group for all coverage provided, including late fees as provided in Section 3.03 above.

SECTION 7 - MISCELLANEOUS PROVISIONS

7.01 United Names, Logos and Service Marks. United reserves the right to control all use of its name, product names, symbols, logos, trademarks, and service marks currently existing or later established. Group shall not use United's name, product names, symbols, logos, trademarks, or service marks or otherwise reference United in any form of publication or media without obtaining the prior written approval of United.

7.02 Assignment. Group may not assign this Agreement or any rights or obligations under this Agreement to anyone without United's written consent.

7.03 Subcontractors. United can use its affiliates or subcontractors to perform United's services under this Agreement. United will be responsible for those services to the same extent that United would have been had it performed those services without the use of an affiliate or subcontractor.

7.04 Governing Law. This Agreement shall be construed and enforced in accordance with the laws of the State of Connecticut (without regard to the legislative or judicial conflicts of laws/rules of any state), except to the extent superseded by federal law.

7.05 Severability. The invalidity or unenforceability of any provision of this Agreement will not affect the validity or enforceability of any other provision. However, it is intended that a court of competent jurisdiction construe any invalid or unenforceable provision of this Agreement by limiting or reducing it so as to be valid or enforceable to the extent compatible with applicable law.

7.06 Amendments. Except as may otherwise be specified in this Agreement, this Agreement may be amended only by both parties agreeing to the amendment in writing, executed by a duly authorized person of each party.

7.07 Waiver/Estoppel. Nothing in this Agreement is considered to be waived by any party, unless the party claiming the waiver receives the waiver in writing. No breach of this Agreement is considered to be waived unless the non-breaching party waives it in writing. A waiver of one provision does not constitute a waiver of any other. A failure of either party to enforce at any time any of the provisions of this Agreement, or to exercise any option which is herein provided in this Agreement, will in no way be construed to be a waiver of such provision of this Agreement.

7.08 Notices. Any notices, demands, or other communications required under this Agreement will be in writing and may be provided via electronic means or by United States Postal Service by certified or registered mail, return receipt requested, postage prepaid, or delivered by a service that provides written receipt of delivery.

7.09 Acceptance of Agreement. Group may accept this Agreement either by execution of this Agreement or by making its initial Plan Beneficiary Premium payment to United on or before the Effective Date. In the event acceptance of this Agreement is made with the initial payment of the Plan Beneficiary Premium, Group shall provide United with an executed copy of this Agreement within sixty (60) calendar days of such payment. Acceptance by any of these methods shall render all terms and provisions of this Agreement binding on the parties.

7.10 Entire Agreement. This Agreement, with its exhibits, constitutes the entire agreement between the parties governing the subject matter of this Agreement. This Agreement replaces any prior written or oral communications or agreements between the parties relating to the subject matter of this Agreement. The headings and titles within this Agreement are for convenience only and are not part of the Agreement.

7.11 No Third Party Beneficiaries. Except as otherwise expressly indicated in this Agreement, nothing in this Agreement shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

7.12 Superseding of Other Agreements. The Plan replaces and supersedes any previous Plan between United and Group.

7.13 Indemnification. The parties each agree to indemnify, defend and hold the other party, and its affiliates, harmless, and to accept all legal and financial responsibility for any liability (including reasonable attorneys' fees) arising out of its own failure to perform its material obligations as set forth in this Agreement, or under Medicare Laws and Regulations.

7.14 ERISA. United makes no representations or determinations regarding whether the arrangement contemplated by this Agreement constitutes an employee welfare benefit plan under the Employee Retirement Income Security Act ("ERISA"), 29 USC § 1001 et seq. This determination is solely the responsibility of Group. United will administer this Agreement in accordance with the requirements of Medicare Laws and Regulations and applicable state laws and is not responsible for complying with the provisions of ERISA or administering any applicable obligations that may arise under ERISA, including those relating to claims procedures or appeals, providing summary plan descriptions, required filings, member materials or disclosures. United is neither the plan administrator nor named fiduciary of the employee benefit welfare plan, as those terms are used in ERISA.

7.15 Proprietary Business Information. Each party will limit the use of the other's Proprietary Business Information to only the information required to administer the Plan, to perform under this Agreement, or as otherwise permitted under this Agreement. Neither party will disclose the other's Proprietary Business Information to any person or entity other than to the disclosing party's employees, subcontractors, or authorized agents needing access to such information to administer the Plan, to perform under this Agreement, or as otherwise permitted under this Agreement, except that United's Financial PBI cannot be disclosed by Customer to any third party without United's express written consent. This provision shall survive the termination of this Agreement.

7.16 Mediation and Arbitration. The parties will work together in good faith to resolve any disputes about their business relationship. If the parties are unable to resolve the dispute within thirty (30) calendar days following the date one party sent written notice to the other party, and if any party wishes to pursue the dispute, the pursuing party may request non-binding mediation, within ninety (90) calendar days following the date one party sent written notice to the other party, facilitated by a third-party neutral mutually agreeable to both parties. The mediation shall be held in Hennepin County, Minnesota. If agreement is not reached at the mediation, the pursuing party may submit the dispute to arbitration in accordance with the rules of the American Arbitration Association. In no event may arbitration be initiated more than one (1) year following the sending of written notice of the dispute, and no dispute may be initiated before the pursuing party submits to non-binding mediation. Any arbitration proceeding under this Agreement shall be conducted in Hennepin County, Minnesota. The arbitrators may construe or interpret but shall not vary or ignore the terms of this Agreement, shall have no authority to award any punitive or exemplary damages and shall be bound by controlling law. Each party shall be responsible for its own costs, including attorneys' fees, incurred in connection with any arbitration. The parties acknowledge that because this Agreement affects interstate commerce, the Federal Arbitration Act applies. Notwithstanding the provisions of this Section 7.16, if any party would reasonably suffer irreparable and immediate injury as a result of another party's breach or violation of any provision of this Agreement for which there would be no adequate remedy at law, such party may seek preliminary and other injunctive relief against any such breach or violation in a court having jurisdiction over the parties and the subject matter of the dispute.

7.17 Protected Health Information Certification. In executing this Agreement, Group certifies that as plan sponsor it has in place appropriate Plan documents necessary to demonstrate compliance with applicable privacy requirements of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations as amended from time to time (collectively, "HIPAA"). The Group further certifies that its Plan documents meet the following requirements: (a) Plan documents describe employees or classes of employees or other persons under the control of the plan sponsor to be given access to the protected health information to be disclosed, provided that any employee or person who receives protected health information relating to payment under, health care operations of, or other matters pertaining to the group health plan in the ordinary course of business must be included in such description; (b) restrict the access to and use by such employees and other persons described in the above to the plan administration functions that the Plan Sponsor performs for the group health plan; (c) provide an effective mechanism for resolving any issues of noncompliance by persons described above with the plan document

provisions required by law; and (d) the Plan documents comply with the requirements of 45 C.F.R. Section 164.504(f)(2) and that the plan sponsor will safeguard and limit the use and disclosure of protected health information that the plan sponsor may receive from United to perform the plan administration functions.

Specifically, the plan sponsor will:

a. Not use or further disclose the information other than as permitted or required by the plan documents or as required by law;

b. Ensure that any agents, including a subcontractor, to whom it provides protected health information received from United, agree to the same restrictions and conditions that apply to the plan sponsor with respect to such information;

c. Not use or disclose the information for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor;

d. Report to United any use or disclosure of the information that is inconsistent with the uses or disclosures provided for of which it becomes aware;

e. Make available protected health information in accordance with 45 CFR §164.524;

f. Make available protected health information for amendment and incorporate any amendments to protected health information in accordance with 45 CFR §164.526;

g. Make available the information required to provide an accounting of disclosures in accordance with 45 CFR §164.528;

h. Make its internal practices, books and records relating to the use and disclosure of protected health information received from United available in response to an inquiry from United or an appropriate regulatory entity for purposes of determining compliance with federal privacy requirements;

i. If feasible, return or destroy all protected health information received from the United that the plan sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose of which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

Clark County, Nevada
Clark County Government Center
500 South Grand Central Parkway
Las Vegas, NV 89155

By: _____
Authorized Signature

Print Name: _____

Print Title: _____

Date: _____

UnitedHealthcare Insurance Company
185 Asylum Street
Hartford, CT 06103-3408

By: _____
Authorized Signature

Print Name: _____

Print Title: _____

Date: _____

Southern Nevada Health District
Group Insurance Rates – Active Employees
Plan Year January 1, 2019 – December 31, 2019

Clark County Insurance

Medical Plan(s)	CC Self-funded PPO or Health Plan of Nevada HMO
Dental Plan	PPO Dental or HMO Dental
Vision Benefit(s)	PPO Plan (Eyemed) or HPN Vision (Eyemed)
Employee Life	$20,000, reduced at age 70 to $1,000 for ee only
Spouse Life	$5,000 if on health plan
Child Life	$1,000-$2,500 depending on age if on health plan
Long Term Disability	60% of pay
AD&D	$20,000

Clark County Self Funded PPO Plan

Coverage	***Actual Cost*	*SNHD Pays* * up to	Employee *Monthly cost*	Employee *Per Payperiod (24)*
Employee Only	$531.08	FULL COST	**$ 0.00**	**$ 0.00**
Employee + Spouse	$981.86	$750.00	**$231.86**	**$115.93**
Employee + Child(ren)	$961.20	$750.00	**$211.20**	**$105.60**
Employee + Family	$1,366.98	$950.00	**$416.98**	**$208.49**

***Actual Cost includes premium for: medical, vision, dental and prescription, along with LTD and basic life insurance*
**Funding by Health District includes subsidy for premium for: medical, vision, dental and prescription, along with LTD and basic life insurance*

Health Plan of Nevada - HPN

Coverage	***Actual Cost*	*SNHD PAYS* up to	*Monthly cost*	*Per Payperiod (24)*
Employee Only	$583.20	FULL COST	**$ 0.00**	**$ 0.00**
Employee + Spouse	$1,081.12	$750.00	**$331.12**	**$165.56**
Employee + Child(ren)	$1,057.72	$750.00	**$307.72**	**$153.86**
Employee + Family	$1,514.88	$950.00	**$564.88**	**$282.44**

***Actual Cost includes premium for: medical, vision, dental and prescription, along with LTD and basic life insurance*
**Funding by Health District includes subsidy for premium for: medical, vision, dental and prescription, along with LTD and basic life insurance*

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.myhpnonline.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-777-1840 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Not Applicable	Not Applicable
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$6,000/Member and $12,000/Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Penalties for not obtaining any required prior authorization, premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.myhpnonline.com/Member/Doctor-or-Provider or call 1-800-777-1840 for a list of Plan Providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		HMO Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$10 copay/visit	Not Covered	None
	Specialist visit	$20 copay/visit	Not Covered	Member pays for cost of services if prior authorization is not obtained. Plan Providers seen without a referral $50 copay/visit.
	Preventive care/ screening/ immunization	No charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	$5 copay/service	Not Covered	Member pays for cost of services if prior authorization is not obtained.
	Imaging (CT/PET scans, MRIs)	$10 copay/service	Not Covered	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.myhpnonline.com	Tier 1	$20 copay/prescription (retail) $50 copay/prescription (mail)	Not Covered	You have a 3-Tier pharmacy plan. Covers up to a 30-day retail supply or up to a 90-day mail order supply. Member pays for cost of services if prior authorization or step therapy is not obtained.
	Tier 2	$40 copay/prescription (retail) $100 copay/prescription (mail)	Not Covered	
	Tier 3	$70 copay/prescription (retail) $175 copay/prescription (mail)	Not Covered	
	Tier 4	Not Covered	Not Covered	Not Applicable.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$75 copay/admit	Not Covered	Member pays for cost of services if prior authorization is not obtained.
	Physician/surgeon fees	$10 copay/surgery	Not Covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		HMO Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	ER Physician: No charge ER Facility: $100 copay/visit	ER Physician: No charge ER Facility: $100 copay/visit	You may be balance billed from Non-Plan Providers.
	Emergency medical transportation	$50 copay/trip	$50 copay/trip	
	Urgent care	$20 copay/visit	$20 copay/visit	You may be balance billed from Non-Plan Providers.
If you have a hospital stay	Facility fee (e.g., hospital room)	$250 copay/admit	Not Covered	Member pays for cost of services if prior authorization is not obtained.
	Physician/surgeon fees	No charge	Not Covered	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$10 copay/visit	Not Covered	Member pays for cost of services if prior authorization is not obtained.
	Inpatient services	$250 copay/admit	Not Covered	
If you are pregnant	Office visits	No charge	Not Covered	Routine prenatal care obtained from a Plan Provider is covered at no charge. Maternity care may include tests and services described elsewhere in the SBC (i.e. Lab).
	Childbirth/delivery professional services	No charge	Not Covered	Childbirth/delivery professional services includes Anesthesia and Physician Surgical Services. Member pays for cost of services if prior authorization is not obtained.
	Childbirth/delivery facility services	$250 copay/admit	Not Covered	Member pays for cost of services if prior authorization is not obtained.
If you need help recovering or have other special health needs	Home health care	No charge	Not Covered	Does not include Specialty Prescription Drugs. Member pays for cost of services if prior authorization is not obtained.
	Rehabilitation services	$5 copay/visit	Not Covered	Coverage is limited to 60 days/visits per year. Member pays for cost of services if prior authorization is not obtained.
	Habilitation services	$5 copay/visit	Not Covered	Coverage is limited to 60 days/visits per year. Member pays for cost of services if prior authorization is not obtained.

Common Medical Event	Services You May Need	What You Will Pay: HMO Provider (You will pay the least)	What You Will Pay: Non-Plan Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you need help recovering or have other special health needs	Skilled nursing care	$250 copay/admit	Not Covered	Coverage is limited to 100 days. Member pays for cost of services if prior authorization is not obtained.
	Durable medical equipment	No charge	Not Covered	For purchase or rental at HPN's option. Purchases are limited to a single type of DME, including repair and replacement, every 3 years. Member pays for cost of services if prior authorization is not obtained.
	Hospice services	$250 copay/admit	Not Covered	Member pays for cost of services if prior authorization is not obtained.
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Your plan may include certain vision and/or dental services. Please refer to your plan documents for more information.
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Abortion (except for rape, incest, life at risk)
- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Chiropractic care
- Hearing aids
- Limited infertility treatment
- Private-duty nursing

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. For group health coverage subject to ERISA, contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Nevada Department of Insurance at 888-872-3234 or www.doi.nv.gov or call 1-800-777-1840

Does this plan provide Minimum Essential Coverage?

Yes. If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards?

Yes. If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en español, llame al número de teléfono de servicio al cliente que se incluye en este documento.

Tagalog (Tagalog): Para sa tulong sa Tagalog, tawagan ang numero ng serbisyo sa customer na kabilang sa dokumentong ito.

Chinese (中文): 若需要中文协助，请拨打本文件内的客户服务电话。

Navajo (Dine): Dine k'ehji shich'i' hadoodzih ninizingo, koji' hodiilnih dine yikah 'anidaalwoji ei binumber dii naaltsoos bikaa doo.

----------*To see examples of how this plan might cover costs for a sample medical situation, see the next section*----------

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a baby

(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$0.00
Specialist copayment	$20.00
Hospital (facility) copayment	$250.00
Other copayment	$0.00

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	$12,700.00
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$0.00
Copayments	$700.00
Coinsurance	$100.00
What isn't covered	
Limits or exclusions	$0.00
The total Peg would pay is	$800.00

Managing Joe's type 2 diabetes

(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$0.00
Specialist copayment	$20.00
Hospital (facility) copayment	$75.00
Other copayment	$5.00

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	$7,400.00
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$0.00
Copayments	$1,700.00
Coinsurance	$0.00
What isn't covered	
Limits or exclusions	$0.00
The total Joe would pay is	$1,700.00

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

The plan's overall deductible	$0.00
Specialist copayment	$20.00
Hospital (facility) copayment	$75.00
Other copayment	$5.00

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	$1,900.00
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$0.00
Copayments	$400.00
Coinsurance	$0.00
What isn't covered	
Limits or exclusions	$0.00
The total Mia would pay is	$400.00

The plan would be responsible for the other costs of these EXAMPLE covered services.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.
Online: UHC_Civil_Rights@uhc.com
Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.
If you need help with your complaint, please call the phone number listed within your Summary of Benefits and Coverage (SBC).

You can also file a complaint with the U.S. Dept. of Health and Human Services.
Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)
Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

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 phone number listed within your Summary of Benefits and Coverage (SBC).

English: You have the right to get help and information in your language at no cost. To request an interpreter, call the phone number listed within this Summary of Benefits and Coverage (SBC).

This letter is also available in other formats like large print. To request the document in another format, please call the phone number listed within your Summary of Benefits and Coverage (SBC).

Español (Spanish): Usted tiene derecho a recibir ayuda e información en su idioma sin costo. Para pedir un intérprete, llame al número de teléfono que figura en este Resumen de Beneficios y Cobertura.

Tagalog (Tagalog): May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang libre. Upang humiling ng interpreter, tawagan ang numero ng telepono na nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

繁體中文 (Chinese):
您有權利以您的母語免費取得協助和資訊。若需申請口譯服務，請打本福利摘要 (SBC) 內含的電話號碼。

한국어(Korean): 귀하는 무료로 귀하의 언어를 통해 도움 및 정보를 받으실 권리가 있습니다. 통역사를 요청하시려면 본 혜택 및 보장 요약서(Summary of Benefits and Coverage, SBC)에 기재된 전화번호로 전화하십시오.

Tiếng Việt (Vietnamese): Quý vị có quyền nhận hỗ trợ và thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu thông dịch viên, hãy gọi số điện thoại được liệt kê trong Tóm tắt quyền lợi và khoản đài thọ (Summary of Benefits and Coverage, SBC) này.

አማርኛ (Amharic):- የለምንም ወጪ እርዳታና መረጃ የማግኘት መብት አለዎት። አስተርጓሚ ለመጠየቅ፣ በዚህ Summary of Benefits and Coverage/የጥቅማጥቅሞችና የሽፋን ማጠቃለያ (SBC) ውስጥ የተዘረዘረውን የቴሌፎን ቁጥር ይደውሉ።

ภาษาไทย (Thai):
คุณมีสิทธิ์รับความช่วยเหลือและข้อมูลเป็นภาษาของคุณเองได้โดยไม่เสียค่าใช้จ่ายใด ๆ ถ้าต้องการล่ามแปล โปรดโทรศัพท์ถึงหมายเลขโทรศัพท์ที่อยู่ในเอกสาร "สาระสำคัญเกี่ยวกับผลประโยชน์และการคุ้มครอง (Summary of Benefits and Coverage หรือ SBC)" นี้

日本語 (Japanese):
ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をご希望の場合は、本「保障および給付の概要」（Summary of Benefits and Coverage、SBC）に記載されている電話番号にお電話ください。

العربية (Arabic): لديك الحق في الحصول على المساعدة بلغتك دون تكلفة. لطلب مترجم، اتصل برقم الهاتف المدرج في موجز المزايا والتغطية هذا (SBC).

Русский (Russian): Вы вправе получать помощь и информацию на родном языке без дополнительной оплаты. Чтобы заказать услуги переводчика, обращайтесь по номеру, указанному в данном Обзоре льгот и страхового покрытия (Summary of Benefits and Coverage, SBC)

Français (French): Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander l'aide d'un interprète, veuillez appeler le numéro de téléphone figurant dans ce Sommaire des prestations et de la couverture.

فارسی (Persian): شما حق دارید که راهنمایی و اطلاعات را به طور رایگان به زبان خودتان دریافت کنید. برای درخواست مترجم شفاهی، با شماره ای که در این خلاصه مزایا و پوشش (SBC) قید شده تماس بگیرید.

Gagana fa'a Sāmoa (Samoan): E iai lau aia tatau e maua ai le fesoasoani ma faamatalaga i lau gagana e aunoa ma se totogi. Ina ia talosaga mo se tagata faaliliu, telefoni i le numera o lisi atu i totonu o lenei Otootoga o Faamanuiaga ma le Kavaina (SBC).

Deutsch (German): Sie haben das Recht, kostenlos Hilfe und Informationen in Ihrer Sprache zu erhalten. Zur Anforderung eines Dolmetschers wenden Sie sich bitte telefonisch an die in dieser Zusammenfassung der Leistungen und des Versicherungsschutzes aufgeführte Rufnummer.

Ilokano (Ilocano): Addaan ka ti karbengan nga makaala iti tulong ken impormasion ayan iti lenguahem nga awan bayad na. Tapno agkiddaw iti tagapataros, awagan ti numero ti telepono nga nakalista iti uneg iti Dagup dagiti Benipisyo ken Pannakasakup (SBC).

CLARK COUNTY 2019 PLAN

Questions About Your Health Plan Member Services
Toll-free at **1-800-777-1840**

24/7 Telephone Advice Nurse
Toll-free at **1-800-288-2264**

Provider Appointments
Southwest Medical
(Southern Nevada)
702-877-5199 or your provider's office

Health Education and Wellness
Toll-free at **1-800-720-7253**

Health Plan of Nevada's Products and Services Sales Office
Toll-free at **1-800-873-0004**

TTY users please call **711**

myHPNonline.com

- For 2019, the three-tier prescription drug copayments will remain at $20/$40/$70.
- The following services provided at UMC facilities are not subject to a copayment: Inpatient Hospital Facility Services, Outpatient Surgery and Ambulatory Surgical Services.

Clark County Dental and Vision - Benefit Plan Summary

Dental		
Preventive Care		Maximum benefit for all Covered Dental Services is $2,000 per Member per Calendar Year.
Examination (twice per calendar year)	No charge	
Full-mouth X-rays (once per calendar year)	No charge	
Cleaning (twice per calendar year)	No charge	
Basic Dental Care		
Fillings/Restoration	No charge	
Endodontics (root canals, pulpotomy)	No charge	
Crowns and Inlays	$25 per tooth	
Major Dental Care		
Oral Surgery	No charge	
Orthodontia	20% of charges	
(dependent children age 8 to 18, treatment must begin before age 19)		

Form No. Plan 305/330 Clark Co. only (rev 2016)

Vision	
Examination *(once every 12 months)*	$10
Lenses *(one pair every 24 months)*	No charge
Frames *(one pair every 24 months)*	Charges in excess of $60 allowance

Form No. HPNVision.2016

URGENT CARE

Urgent care conditions are non-life threatening and may include:

- Ear infections
- Colds and other respiratory problems including coughs and congestion
- Sprains and strains
- Most abdominal pain
- Vomiting and diarrhea
- Most cuts, burns, fevers and back pain

EMERGENCY CARE

Emergency room visits are for the sudden onset of a life-threatening condition and may include:

- Serious burns
- Major trauma
- Poisoning
- Serious breathing difficulties
- Heavy bleeding
- Severe chest pain
- Sudden paralysis

If you have a life-threatening situation, call **911** or go to the nearest hospital emergency room right away. The emergency room is for the treatment of life-threatening conditions which require immediate medical attention. If not a true emergency, you may be responsible for the entire cost of the visit.

What is a telephone advice nurse?

Day or night, holiday or weekend, our telephone advice nurse is available to provide you with helpful medical advice and can help you decide whether to seek urgent care, emergency care or schedule an appointment with your provider.

Just call toll-free **1-800-288-2264**.

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.

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

clarkcoHPNbenefits.com

Health plan coverage provided by Health Plan of Nevada.