We want to be your partner in good health.

SIERRA HEALTH AND LIFE
MEMBER GUIDE

We want to be your partner in good health.
AT SIERRA HEALTH AND LIFE (SHL), WE STRIVE TO PROVIDE QUALITY HEALTH CARE COVERAGE THAT’S AFFORDABLE, CONVENIENT, AND EASILY ACCESSIBLE. The following pages will provide you with a description of your Preferred Provider Organization (PPO) plan, and give you information and resources on how best to use it.
Sierra Health and Life (SHL) has been providing quality health plans in Nevada and 43 other states for over 100 years.

The following pages present an overview of your Sierra Health and Life benefits. The sections titled “Introducing Your Benefits,” “Measuring Quality,” and “How to Reach Us,” contain information applying to all members.

You will also find a section about our Preferred Provider plans. This section will help you understand how your plan type works. With this plan, we hope you are pleased with our benefits and services.

For specific details about your plan, refer to your SHL Certificate of Coverage, Attachment A Benefit Schedule, applicable Endorsements and Riders, and Exclusions of Coverage. Copies of these documents are available online or upon request.

Plan documents govern in resolving any benefit questions or payments.

If you have questions or need additional information, please call our Member Services at 702-242-7700 or 1-800-888-2264.

If you need help with communication, such as the services of a language interpreter, please call Member Services.
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INTRODUCING YOUR BENEFITS

Online Member Center

You can find information about your benefits through our online member center - 24/7/365. Take advantage of these convenient service features:

- View, your plan documents
- Change your address
- View, email or print your virtual health plan ID card
- Request replacement health plan ID cards
- Verify your coverage for pharmacy, dental, or vision services
- Check your copayment amounts for medical services
- Review the status of a claim
- Find out who is on record as your primary care provider (PCP)
- Check the status of a prior authorization request
- Find out how much has been applied toward your deductible, if applicable

Simply visit us at mySHLonline.com. First-time visitors will need to register. Member medical information is confidential and is only available to you and your provider.

Member Services

If you have a question about your health plan benefits or need some help in selecting a provider, call Member Services. Member Services representatives are available to assist you Monday through Friday, 8 a.m. to 5 p.m. You may also call after hours and leave a message. Your call will be returned the next business day. Call us at 702-242-7700 or 1-800-888-2264, TTY, 711.

HPN/SHL Symptom Checker

Now you have a great tool to guide you on what type of care (if any) you may need. You may also find symptom relief for minor illnesses and injuries.

Use the HPN/SHL Symptom Checker on your computer or mobile device (available in English and Spanish). You can select your symptoms and get information on ways which may help you feel better. It’s easy and available 24/7.

The HPN/SHL Symptom Checker app is available for iOS® and Android® devices in the App Store® online store or Google Play™ store. The app has additional features and you can take it with you wherever you go.

Simply visit mySHLonline.com. Or visit the App Store or Google Play store to download the app for free.

Telephone Advice Nurse Service

Sierra Health and Life offers a 24-hour Telephone Advice Nurse. This means, day or night, holiday or weekend, our Telephone Advice Nurse is available to provide you with advice or help you decide whether to seek urgent care, emergency care, or schedule an appointment with your provider. Just call 702-242-7330 or 1-800-288-2264, TTY, 711.
NowClinic® 24/7 Online Services

When you’re not feeling so great, but it’s not an emergency, it can be tough to find time to see a doctor. Sierra Health and Life members have a convenient option which fits busy lifestyles.

Use NowClinic to connect with Southwest Medical and NowClinic providers via secure webcam, chat, phone, or mobile app anytime, 24/7/365. The wait is typically less than 10 minutes*, and you can connect wherever it’s convenient for you. You can even skip the short wait by asking the doctor to text you when he or she is ready.

NowClinic lets you talk just like you would in an exam room with providers who can diagnose, provide care recommendations, and prescribe**, if appropriate, for simple care needs such as flu, sinusitis, insomnia, and pink eye.

Most plans have the same copay as a walk-in clinic visit, so it’s both less expensive and easier than a typical trip to your family doctor.

To enroll, visit NowClinic.com or download the NowClinic mobile application for iOS® and Android™ devices from the App Store® online store or Google Play™ store. Complete the short enrollment process and make sure to enter your name as it appears on your health plan ID card. Now a provider will be a click away when you need one.

*Stats reported as of June 2016, but not guaranteed.
**The conditions treated are subject to NowClinic provider discretion and may require a visual interaction such as a webcam. Video may also be required for prescribing.

NowClinic is not intended to address emergency or life-threatening medical conditions. Please call 911 or go to the emergency room under those circumstances.

NowClinic providers do not replace your primary care physician. The services are not covered by Medicare and may not be covered by your private health plan or Medicaid, so check with them prior to using the services. If not covered, the consumer is responsible for paying the fees at the time of service. If covered, copays and deductibles may apply. NowClinic providers do not prescribe controlled substances and reserve the right to refuse to prescribe other drugs that are restricted by state law or may be harmful or non-therapeutic. Providers may also decline an individual as a patient if the medical problem presented is not appropriate for NowClinic care or for misuse of services. All trademarks are the property of their respective owners.

Urgent Care

Consider visiting a facility which provides urgent care services when your medical condition requires prompt attention, such as:

- Ear infections
- Colds and other respiratory problems
- Sprains and strains
- Most abdominal pain
- Vomiting and diarrhea
- Most cuts
- Most burns
- Most fractures
- Most back pain

Emergency Care

A true emergency medical condition is when symptoms are severe enough you could reasonably expect serious danger to your health, such as the conditions listed below. In an emergency, no matter if you are at home or out of town, call 911 or go to the nearest hospital emergency room.

- Serious burns
- Major trauma
- Poisoning
- Serious breathing difficulties
- Heavy bleeding
- Severe chest pain
- Sudden paralysis
Health Education and Wellness

Whether you want to eat right, exercise more, stop smoking or relax, you have a wide range of resources to help you stay healthy. Our staff includes 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)
- Diabetes management
- Heart health - cholesterol, blood pressure, triglycerides
- Smoking cessation
- Weight management - adult and children adolescents

Online Health Education Resources

Our Health Education and Wellness (HEW) division has a long history of providing quality health education in a face-to-face setting. HEW has expanded its services to provide some of the same health education programs on the Internet. Log in to the online member center to access webisodes such as:

- Blood glucose meter use
- Foot care
- Insulin injection technique using an insulin pen or a syringe
- Three phases of a workout
- Waist circumference measurement
- Balancing food choices
- Sodium
- Tour of a buffet
- Bathing/burping a baby
- Using a car seat
- One minute stress workout
- Deep breathing exercise
- Stop smoking
- Preventive health care visit
- Walking

To register for a class or consultation, or for more information, call 702-877-5356 or 1-800-720-7253, TTY, 711.

Program for Chronic Conditions

Sierra Health and Life offers members a Disease Management Program. This program is designed to help you reach your long term health goals by educating you on how best to manage your asthma or diabetes.

Program Highlights

As a member of the Disease Management Program, you will receive valuable information to assist you with managing your health. Some examples are:

- One-on-one coaching by a specially trained Registered Nurse (RN) Health Coach to teach you how best to manage your condition and improve your overall health and well-being. Nurses call on your schedule.
- Assistance with medication questions or problems related to asthma or diabetes
- Information about how best to take your medicine, tips for exercising, keeping a healthy diet, how to quit smoking and triggers for asthma
- Logs to record key health care information like your weight and blood sugar levels, if you have diabetes and peak flow meter readings, if you have asthma

Who Can Join the Program?

Members with one or more of the health problems listed below can join the program.

- Adults and children with asthma
- Adults with diabetes

The Disease Management Program is free to all eligible members of Sierra Health and Life. You may opt-out of the program any time after joining. To join the Disease Management Program, please call 702-242-7346 or 1-877-692-2059, TTY, 711. This program provides support and does not replace the treatment plans put into place by your provider. Always talk to your provider about any important health issues.
Understand Your Pharmacy Benefits

If your plan includes pharmacy benefits, you have prescription drug coverage from network pharmacies and mail order. Your copayment is based on levels called a prescription tier. The costs are lower on tier 1 and higher on tier 3 or tier 4 if applicable. To find what tier your medication is on, go to mySHLonline.com.

Use our contracted mail order pharmacy to save time and money. Visit mySHLonline.com to download an order form. Complete the order form and mail it with your prescription to the address provided. Your provider should write your prescription for a 90-day supply with refills when appropriate (not a 30-day supply with three refills). Need assistance? Fill out Section 1 of the OptumRx fax order form. Then ask your provider to fill out Section 2 and fax the form for you.

You may be required to try step therapy. This means you must try certain drugs to treat your medical condition before we’ll cover another drug for that condition. You may submit an exception request to waive step therapy requirements or quantity limit restrictions. The exception request form is available at mySHLonline.com. For a list of medications requiring step therapy or to download an exception request form, go to mySHLonline.com. mySHLonline.com.mne.com.
What’s Prior Authorization?

If your doctor wants to prescribe you a drug that the plan has specific requirements for use or is not on the PDL, you may need prior authorization. Prior authorization is the process of notification and approval for a prescription drug which has certain restrictions or is not on the PDL. This process is usually requested by your doctor and is necessary to provide you with the most appropriate and cost-effective health care possible. If prior authorization is not received before you pick up your prescription drug, you may be responsible for the cost of the drug. Please refer to your Certificate of Coverage or Agreement of Coverage and your plan documents for more details on how prior authorization works.

Are There Limits on Dosage and Refills?

A pharmacy may refuse to fill or refill a prescription order when in the professional judgment of the pharmacist the prescription should not be filled. Benefits for prescriptions for mail order drugs submitted following Sierra Health and Life’s receipt of notice of a member’s termination will be limited to the appropriate therapeutic supply from the date the notice of termination is received to the effective date of termination of the member.

If Sierra Health and Life determines you may be using prescription drugs in a harmful or abusive manner, or with harmful frequency, your selection of plan pharmacies may be limited. If this happens, we may require you to select a single plan pharmacy which will provide and coordinate all future pharmacy services. Benefit coverage will be paid only if you use the assigned single plan pharmacy. If you do not make a selection within thirty-one (31) days of the date you are notified, then we will select a single plan pharmacy for you.

What’s an Exception Request?

An exception request allows you, your provider, or someone on your behalf to ask that the plan waive step therapy requirements or quantity limit restrictions. The exception request form is available at mySHLonline.com or Member Services at 1-800-888-2264, TTY, 711.
Measuring Quality

We’re committed to improving the quality of health care and services for our members. The goals of our quality program are to measure, monitor and analyze the outcomes of health care and services received by health plan members. Then we plan and carry out focused quality initiatives for health plan members and providers in order to improve those outcomes. Each year we develop a quality improvement work plan, which is monitored by the health plan’s Quality Improvement Committee and evaluated annually by the health plan’s board of directors. If you have any comments or questions about our quality program and ongoing quality initiatives, please contact our Quality Improvement department at 702-242-7735, TTY, 711.

Appropriate, Timely and Necessary Patient Care

If you are admitted into a hospital, rehabilitation center or other inpatient facility, Sierra Health and Life will monitor your care by performing initial and ongoing reviews. This is to make sure the care you receive is appropriate, provided in the right setting, and medically necessary. Our case managers will provide these reviews either at the hospital or by telephone with one of the facility’s nurses or your attending physician.

Hospital Discharge Planning

If you are hospitalized, our case manager will begin working with you and your provider within the first 24 hours of admission. We will arrange for any ongoing care, services, and equipment you may need after leaving the hospital. Depending on your situation, these plans could include transfer to another facility, such as a rehabilitation hospital. Or, you may be discharged home to continue treatment on an outpatient basis. Be sure to contact your PCP, so he/she can coordinate your follow-up care.

Your PCP will help coordinate your care if you should ever need to be admitted to a hospital on a non-emergency basis. To ensure you get appropriate, quality care in a timely manner and pay the lowest out-of-pocket costs possible, we’ve contracted with most area hospitals. Please refer to your plan documents for details about any copayments and/or coinsurance which may be related to hospital visits, physician services, and anesthesia. For a complete list of hospitals, please refer to your provider directory.

Evaluating Care You Received

If you are admitted to a non-contracted facility or receive care or services outside of the Sierra Health and Life service area, we may perform a retrospective review (after care was received) to evaluate the appropriateness of the medical care, services, treatments, and procedures you received. As part of this process, we will review your medical records, admitting diagnosis, and presenting symptoms.

New Medical Technology

For safety reasons, Sierra Health and Life formally evaluates new and emerging medical discoveries before including them in our member benefit package. Conducted by a highly-skilled technical staff, including physicians, our review process evaluates new technology against medical standards and clinical research to assess effectiveness and safety:
- New medical procedures, drugs, and devices
- New applications of existing technologies

If you, your providers, or other interested parties would like to submit a request for the review of new medical technology, please contact Member Services at the number on your health plan ID card.

No Incentives for Prior Authorization Denials

Who makes the decisions concerning your care? You and your provider. Sierra Health and Life prohibits the compensation of physicians, other health care professionals, or staff to be based upon or used as incentive for the denial of benefits. All decisions regarding your benefits are given special consideration based on your medical needs and appropriateness of the care and service.

Sierra Health and Life employees who perform utilization review duties do not receive any incentives, financial, or otherwise, to encourage their denial of benefits. This means we provide no incentive for anyone on our team to restrict benefits from our members. For more information, please call Member Services at the number on your health plan ID card.
Internal and External Review for Denial of Benefits

If a benefit is denied, Sierra Health and Life provides internal review to help ensure member satisfaction in the medical decision-making process. Additionally, external independent review is provided by a panel of impartial medical professionals for eligible denials which have already undergone internal review.

Expedited appeals are available when decisions are needed quickly. For additional information, please refer to your plan documents online or call Member Services.

Your Right to an Appeal

How do you appeal a decision which may adversely affect your coverage, benefits, or relationship with Sierra Health and Life?

An appeal is a request for Sierra Health and Life to review a decision regarding the denial of coverage for health care benefits or services. Members have 180 days from the date of the denial to file an appeal. You or your provider may submit a request or initiate an appeal for the informal review of a decision by calling Member Services or mailing a written request to: Appeals and Grievances Department Sierra Health and Life P.O. Box 15645 Las Vegas, NV 89114-5645

Prior Authorization

Prior authorization is the process of notification and approval for certain types of health care services, treatment, or equipment by Sierra Health and Life. This step is necessary to ensure benefit payment. Please consult your plan documents for detailed information about the health care services, treatments, and equipment requiring prior authorization.

Except in cases of medical emergency, referrals for out-of-area care require prior authorization before benefits may be paid. You, a family member, your provider, or a representative from a licensed facility may contact Member Services for information regarding the status of a prior authorization.

All prior authorization requests requiring a medical or clinical decision are reviewed by a licensed physician or under the supervision of one. Furthermore, only a physician may deny a request. Our medical director reviews each request on a case-by-case basis, taking any special circumstances into consideration.

If your request is denied or you have any questions regarding a prior authorization, you may call Member Services. To initiate an appeal of a prior authorization decision, call Member Services or write to: Appeals and Grievances Department Sierra Health and Life P.O. Box 15645 Las Vegas, NV 89114-5645

If You Have a Complaint

We’ll definitely want to know. We strive to meet your expectations in every way. If you are ever dissatisfied with services or care, or with the operations or administration of your health plan, please call Member Services or write a letter to Sierra Health and Life. Either way, you will receive a written response to your complaint.
How to Submit a Claim

Out-of-area hospitals and providers usually bill Sierra Health and Life directly for services other than your copayment. If you are required to pay up front, please obtain your medical records and all bills from the provider. Please make a copy for your personal records. Be sure your member ID number is on all documents, and then mail the originals directly to Sierra Health and Life.

Claims Administration Sierra Health and Life P.O. Box 15645 Las Vegas, NV 89114-5645

Know Your Privacy Rights

We’re careful to protect your privacy. This includes oral, written and electronic information. We only share protected health information (PHI) with individuals or entities responsible for coordinating your health care or administering your health benefits, unless we have your permission. And, of course, we share PHI in accordance with state and federal law. We also require our contracted providers to take similar steps to protect your PHI.

We may use your medical data to promote and improve the quality of care you receive. When we conduct research and measure quality, we use summary information whenever possible, not PHI. When we use PHI, steps are taken to help protect it. We do not allow PHI to be used for research by organizations without your consent.

You have the right to access your medical records. Contact your provider to request a copy. When you request your medical records to be shared with others, you may be required to sign an authorization form.

We may ask you for permission to use your personal data for non-routine purposes. Of course, when we ask, you have the right to refuse. If you lack the ability to authorize a release, we obtain authorization from persons recognized by state and federal laws to give such permissions.

To review our entire privacy policy, visit mySHLonline.com.
Getting to Know Your Preferred Provider Plan

With Sierra Health and Life’s Preferred Provider Medical Plans, you have a choice of two benefit levels: preferred plan provider and non-plan provider. You can choose from among these two levels each and every time you access health care services. When you select services from the preferred plan provider benefit level, you will have lower out-of-pocket costs.

Selecting or Changing Your Provider

Preferred Plan Provider Benefits give you a large selection of providers to choose from with set copayments for routine services. For non-routine covered services, you will pay coinsurance after meeting your calendar year deductible. Preferred Plan Provider Benefits include:
  ▪ Access to plan providers including physicians at Southwest Medical Associates in Southern Nevada
  ▪ Access to specialists without a referral
  ▪ Low out-of-pocket costs

Non-Plan Provider Benefits give you the freedom to see any licensed health care provider. This benefit level offers you the most flexibility, but your out-of-pocket costs will be higher. Routine care and all other services have a calendar year deductible and coinsurance. With Sierra Health and Life’s Preferred Provider Medical Plans, you can choose your benefit level at the time of service, allowing you to control your out-of-pocket expenses while receiving a full range of health benefits.

The Sierra Health and Life provider directory contains information to help you narrow your choices. You’ll find the specialty, office address, telephone number and board certification status of every contracted provider in our network. To view our provider directory online, go to mySHLonline.com. To get a copy, contact your employer’s benefits department or Member Services at 702-242-7700 or 1-800-888-2264.

Southwest Medical Associates Southern Nevada

The relationship you have with your doctor is important to us. That’s why we offer you a large network of health care providers.

We have the resources to offer you a full spectrum of care. If you’re a member living in Southern Nevada, you also have access to Southwest Medical Associates, one of Nevada’s largest multi-specialty medical groups. Throughout the Las Vegas Valley and Pahrump, Southwest Medical has:
  ▪ 350 providers
  ▪ 25 care centers
  ▪ 7 on-site laboratories
  ▪ 6 urgent cares
  ▪ 6 convenient cares
  ▪ 2 outpatient surgery centers • A mobile medical center

In addition, you can take advantage of Southwest Medical’s Urgent Care Home Waiting Room service, express check-in and SMA app.

Visit smalv.com to find the Southwest Medical location nearest you. If you need help scheduling an appointment with a Southwest Medical provider, please call 702-877-5199. For a complete list of providers, visit mySHLonline.com.

Routine Appointments

To make an appointment, just call your provider’s office. If you are a Southern Nevada member and have selected a provider with Southwest Medical, please call their scheduling center at 702-877-5199, TTY, 711 or go online to smalv.com. If you have a provider outside of Southwest Medical, call your provider’s office directly. If you need to cancel an appointment, please be sure to call 24 hours in advance.
Specialty and Hospital Services

To receive the lowest out-of-pocket costs for specialty services, make sure you choose a Preferred Plan Provider. Depending on your plan, there may also be a cost share (such as a copayment or coinsurance) for X-rays or tests your provider orders for you.

If you are scheduled for an elective or non-emergency hospitalization or surgical procedure, your provider will request prior authorization from Sierra Health and Life. Be sure the hospital has the prior authorization. Without it, you may be responsible for all costs incurred. You are covered for unplanned emergency hospitalization, but special rules apply in those situations.

For more information, please contact Member Services or refer to your plan documents online.

Care Away From Home

If you become sick or injured while traveling outside Sierra Health and Life’s service area, please follow these simple steps:

For Urgent Care — Sierra Health and Life covers urgently needed services if you are in the United States. When you are outside of our service area, it is not necessary to notify Sierra Health and Life in advance. However, please notify Member Services as soon as reasonably possible. For more information, call Member Services.

In Case of Emergency — Call 911 or go to the nearest hospital emergency room. If possible, show your health plan ID card. Please contact Member Services within 48 hours, or as soon as reasonably possible to have your plan benefits reviewed for medically necessary services following or related to emergency care.

Benefits for follow-up care for an injury or illness are limited to care received before you can safely return to Sierra Health and Life service area. Follow-up care should be coordinated by your provider. For additional information, please refer to your plan documents online.

Behavioral Health Services

Behavioral Healthcare Options (BHO) provides professional counseling, telephone consultations, and online resources to help you find the right solutions to life’s challenges and maintain a balanced and healthy life.

For confidential counseling services, including referrals to a psychologist, psychiatrist or mental health provider, call BHO at 702-364-1484 or 1-800-873-2246, TTY, 711.

The helpline can be reached after hours by calling 1-800-873-2246 and selecting option one. You may find more information online at bhoptions.com. If you have benefits for Behavioral Healthcare Options Plus, please consult your plan documents for information about additional services.
Member Rights and Responsibilities

Sierra Health and Life (SHL) is committed to ensuring that members are treated in a manner that respects their rights and promotes effective healthcare. Sierra Health and Life has also identified its expectations of members’ responsibilities in this joint effort. Sierra Health and Life’s statement regarding Members’ Rights and Responsibilities includes the following:

1. To be treated with respect and dignity and every effort made to protect your privacy.
2. To select a primary care provider from SHL’s extensive provider list including the right to refuse care from specific practitioners.
3. To be provided the opportunity to voice complaints or appeals about the plan and/or the care provided.
4. To receive information about the plan, its services, its providers, and members’ rights and responsibilities.
5. To participate with your primary care provider in the decision making process regarding your healthcare.
6. To make recommendations regarding the organization’s members’ rights and responsibilities policies.
7. To have a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
8. To have direct access to women’s health services for routine and preventive care.
9. To have direct access to medically necessary specialist care in conjunction with an approved treatment plan developed with the primary care physician. Required authorizations should be for an adequate number of direct access visits.
10. To have access to emergency healthcare services in cases where a “prudent layperson” acting reasonably, would have believed that an emergency existed.
11. To formulate Advance Directives.
12. To have access to your medical records in accordance with applicable state and federal laws.

Member’s Responsibilities

1. To know how SHL’s Managed Care Program operates.
2. To provide, to the extent possible, information that SHL and its providers need in order to provide the best care possible.
3. To take responsibility for maximizing health habits and to follow the healthcare plan that you, your physician and SHL have agreed upon.
4. To consult your primary care physician and SHL before seeking non-emergency care in the service area. We urge you to consult your physician and SHL when receiving urgently needed care while temporarily outside the SHL service area.
5. To obtain prior authorization from SHL and your physician for any routine or elective surgery, hospitalization, or diagnostic procedures.
6. To be on time for appointments and provide timely notification when canceling any appointment you cannot keep.
7. To pay all applicable copayments at the time of service.
8. To avoid knowingly spreading disease.
9. To recognize the risks and limitations of medical care and the healthcare professional.
10. To be aware of the healthcare provider’s obligation to be reasonably efficient and equitable in providing care to other patients in the community.
11. To show respect for other patients, healthcare providers, and plan representatives.
12. To abide by administrative requirements of SHL, healthcare providers, and government health benefit programs.
13. To report wrongdoing and fraud to appropriate resources or legal authorities.
14. To know your medications. Keep a list and bring it with you to your appointment with our primary care provider.
15. To address medication refill needs at the time of your office appointment. When you obtain your last refill, notify the office that you will need refills at that time. Do not wait until you are out of your medication.
16. To report all side effects of medications to your primary care provider. Notify your primary care provider if you stop taking your medications for any reason.
17. To ask questions during your appointment time regarding physical complaints, medications, any side effects, etc.
18. To understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
How to Reach Us

24-Hour Telephone Advice Nurse Service
702-242-7330 or 1-800-288-2264, TTY, 711.

Member Services
702-242-7700 or 1-800-888-2264, TTY, 711.
Office hours are 8 a.m. to 5 p.m. Monday through Friday, local time

Online Member Center
mySHLonline.com

Health Education and Wellness Division
702-877-5356 or 1-800-720-7253, TTY, 711

Behavioral Healthcare Options
Routine calls and after-hours helpline
702-364-1484 or 1-800-873-2246, TTY, 711

Claims Administration - Mailing Address
P.O. Box 15645
Las Vegas, NV 89114-5645

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