



Jack Kim, Senior Associate General Counsel
UnitedHealthcare Employer & Individual
NV018-S500 2720 N. Tenaya Way, Las Vegas, NV 89128
Tel (702) 240-8890 Fax (866) 383-0428

December 12, 2018

Honorable Barbara Richardson
Commissioner of Insurance, State of Nevada
Nevada Division of Insurance
1818 East College Pkwy, Suite 103
Carson City, NV 89706

RE: Information Association Health Plan filing

Dear Commissioner Richardson,

We are pleased to submit the information filing for an Association Health Plan (AHP) that will be offered through the Plumbers Heating Cooling Contractors of Nevada (PHCCN). The AHP will be called the PHCCN Health Plan and will be available to members in good standing with the association.

The following items are included in the information filing for the PHCCN Health Plan.

1. A copy of the PHCC's Articles of Incorporation. (Attachment 1)
2. A copy of the PHCC's Bylaws. (Attachment 2)
3. The PHCC's mission is dedicated to the promotion, advancement, education and training of the industry for the protection of the environment and the health, safety and comfort of the community. Additional information regarding the activities and benefits the PHCC of Nevada provides to its members can be obtained at their website <https://phccnv.com/>.
4. SERFF number of the documents that have been previously approved by the DOI.

Form Type	SERFF Number	Form Number in Informational Filing
Employer Application	SRHA-131600687 SRHA-131601554	18HS_GAHP_ST_GRP_APP
Employee Enrollment Form	SRHA-131069140 SRHA-131069140	18HS_GAHP_ENROLL_CHG
HPN Group Association Evidence of Coverage	SRHA-131446999	19H_GAHP_EOC
SHL Group Association Certificate of Coverage	SRHA-131447046	19S_GAHP_COC
HPN Benefit Schedule	SRHA-131109170	19H_GAHP_SOL_HMO_15 19H_GAHP_SOL_POS_20_0_1500_20_IP 19H_GAHP_POS_15_0_1000_20_IP

Form Type	SERFF Number	Form Number in Informational Filing
		19H_GAHP_HMO_30_5000_4A 19H_GAHP_HMO_30_500_3D 19H_GAHP_HMO_20_2000_3D 19H_GAHP_HMO_20_1500_1D 19H_GAHP_HMO_20_1000_3D
SHL Benefit Schedule	SRHA-131109180	19S_GAHP_SOL_PPO_20_500_20 19S_GAHP_SOL_HSA_PPO_3000_20
HPN Prescription Drug Rider	SRHA-131109170	19H_GAHP_3T_RX_15_40_60_2_5X 19H_GAHP_3T_RX_25_50_75_2_5X
SHL Prescription Drug Rider	SRHA-131109180	19S_GAHP_3T_RX_15_40_60_30_2_5X
SHL Vision Certificate of Coverage	Prior to 2007	19S_GAHP_VPPO_VCOC_FAM
SHL Dental Certificate of Coverage	SRHA-129642340	19S_GAHP_DPPO_DCOC_FAM_ORTHO
Vision Benefit Schedule	SRHA-131594638	19S_GAHP_SAV_FAM_OPT1
Dental Benefit Schedule	Prior to 2007	19S_GAHP_DPPO_PLAN1_FAM_ORTHO
HPN Service Area	SRHA-131446999	19H_GAHP_ATTB
SHL Services Requiring Prior Authorization	SRHA-131522828	19S_KN_SN_ATTB
SHL HSA RX Attachment	SRHA-131447046	19S_GAHP_ATTC

5. M-1 form. (Attachment 3)
6. Health Plan of Nevada/Sierra Health and Life will be collecting premiums and paying claims. The AHP will not be retaining an administrator to perform these functions.
7. UHC and the PHCC members plan to market the AHP through producers that are appointed with UHC and who are members of the PHCC. Additionally, the PHCC will, collectively and individually, market the availability of the AHP to its members. The marketing will include both print and electronic media. We consider these documents privileged and confidential until we make them available to the public. (Attachment 4)
8. The AHP will be limited to eligible small employers located in the state of Nevada.

Sincerely,



Jack Kim