



# Welcome to the new online experience for HPN/SHL.

From our home page see the new graphic for online quote and enrollment. Click and you're on your way.

Skip Navigation Links

HOME | SEARCH OUR SITE | CONTACT US | SITE MAP | PRIVACY | BILLING

HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

ABOUT US | PLAN OPTIONS | MEMBERS & GUESTS | EMPLOYERS | BUSINESS | PROVIDERS | PROVIDER DIRECTORY | OTHER COMPANY WEB SITES

HPN@YourService  
We're at Your Service

### Obtain a Health Insurance Quote

[Applications](#) [Quote](#) [My Account](#) [Log Out](#)

#### Search and Compare Health Insurance Plans

Why do we need this information

Zip Code \*   
Date of Birth \*   
Gender \*  Male  Female  
Tobacco Use

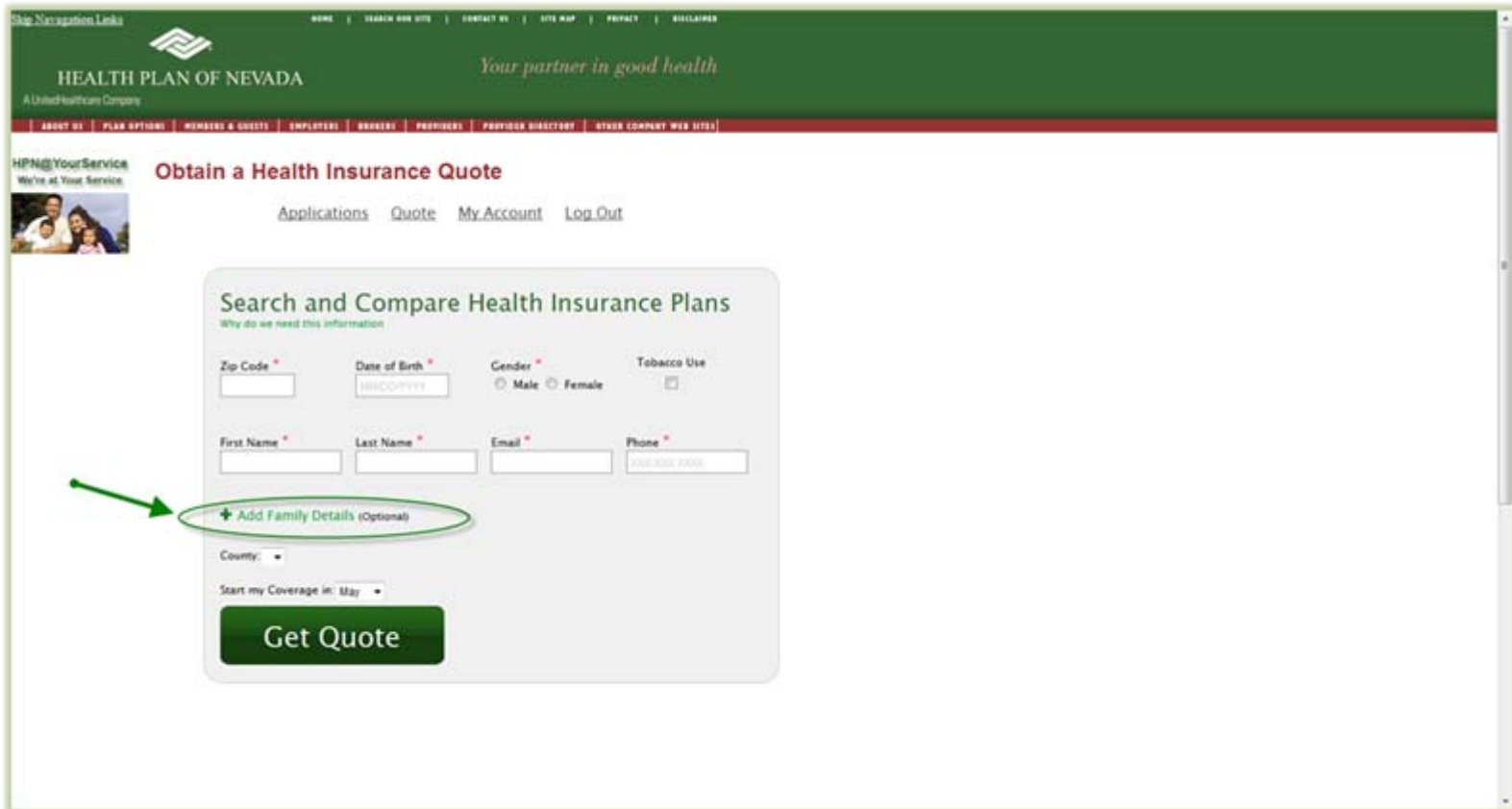
First Name \*   
Last Name \*   
Email \*   
Phone \*

[+ Add Family Details \(Optional\)](#)

County: ▾

Start my Coverage in: May ▾

**Get Quote**



Complete the Required Information including ZIP Code, Date of Birth, Gender, Tobacco Use, Name, Email, Telephone, and Start Date.

Please Note the “Add Family Details” Button to add a spouse and/or children.

Skip Navigation Links

HOME | SEARCH OUR SITE | CONTACT US | SITE MAP | PRIVACY | BILLBOARD

**HEALTH PLAN OF NEVADA**  
A UnitedHealthcare Company

Your partner in good health

ABOUT US | PLAN OPTIONS | MEMBERS & LOGO | Health Plan of Nevada (A UnitedHealthcare Company) | DIRECTORY | OTHER COMPANY WEB SITES

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### Obtain a Health Insurance Quote

Applications Quote My Account Log Out

Your health plan options cover 1 person in Clark County, effective 06/15/2011 [Update](#)

Sort By: Price Deductible Office Visit / Co-Pay Print

**Broker Information**

Name: Health Plan Of Nevada  
Email: hpn\_shi@prospengine.com  
Phone: 702-821-2200

Viewing 14 of 14 Plans

**Providers**

All  
 Health Plan of Nevada  
 Sierra Health and Life

**Plan Type**

All  
 PPO / Network  
 POS  
 HSA  
 HMO

**Price Range**

All

Plan Type	Deductible	Co-insurance	Office Visit	Benefits	Price	Action
PPO	\$10,000	30%	\$50 Copay	Rx Coverage Preventative Care No Application Fee	\$35 <sup>00</sup> /mo.	<a href="#">Compare</a> <a href="#">Find a Doctor</a> <a href="#">View Details</a> <a href="#">APPLY</a>
PPO	\$7,500	30%	\$50 Copay	Rx Coverage Preventative Care No Application Fee	\$38 <sup>00</sup> /mo.	<a href="#">Compare</a> <a href="#">Find a Doctor</a> <a href="#">View Details</a> <a href="#">APPLY</a>
PPO	\$5,000	20%	\$50 Copay	Rx Coverage Preventative Care No Application Fee	\$51 <sup>00</sup> /mo.	<a href="#">Compare</a> <a href="#">Find a Doctor</a> <a href="#">View Details</a> <a href="#">APPLY</a>

Get Started With No Obligation

View your quote options on this page. From here you can view details, compare plans, find a doctor in the provider directory, and Apply!!

Skip Navigation Links


HOME | SEARCH FOR SITE | CONTACT US | SITE MAP | PRIVACY | POLICIES

HEALTH PLAN OF NEVADA *Your partner in good health*

A UnitedHealthcare Company

ABOUT US | PLAN OPTIONS | MEMBERS & CUSTOMERS | EMPLOYERS | BENEFITS | PROVIDERS | PORTFOLIO DIRECTORY | OTHER COMPANY WEB SITES

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We're at Your Service



## Obtain a Health Insurance Quote

PLEASE  
-- DO NOT CLOSE THIS PAGE --

- (1) Please complete the application and submit for approval.
- (2) Please click [here](#) to continue your application.
- (3) If you would like assistance with your application or have any problems, please call us at 702-821-2200

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This Page will appear as a transition to the application page and will remain open until the user closes it.

In the case that a user has a pop-up blocker or an older browser you can click on the “here” link in line 2. to get to the application page.

SIERRA HEALTH AND LIFE  
A UnitedHealthcare Company

Plan Details  
Plan: PPO Plan 1  
Type: PPO  
Deductible: \$2,500  
Co-insurance: 20%  
Office Visit: \$40 Copay  
Monthly Payment: \$85.00

Your personal information is **SECURE**.

Verified  
Trusted

Application for Health Coverage <sup>\*</sup> = Required

**Personal Information**

**Primary Information**

First Name <sup>\*</sup> Middle Last Name <sup>\*</sup> Suffix <sup>\*</sup>  
HPINTEST 20110512 Choose One

Height <sup>\*</sup> Weight <sup>\*</sup> Birthplace <sup>\*</sup>

Address <sup>\*</sup> City <sup>\*</sup> State <sup>\*</sup> Zip <sup>\*</sup>  
Choose a state 89123

Check here if Billing Address is different

Marital Status <sup>\*</sup> Date of Marriage Social Security Number <sup>\*</sup>  
Choose One

Email Address <sup>\*</sup> Home Phone <sup>\*</sup> Business Phone  
HPINTEST@hprtest.com 702-821-2200

Occupation

Check here if employed

SAVE NEXT

Here you are at the first page of the application. As you see on the top navigation bar this is a simple 5 step process.

Complete all of the information as required, then click next. Also note, the “Save” button on the bottom left. Clicking this will allow a user to save their application and resume at a later time.

The screenshot displays the 'Application for Health Coverage' interface. At the top, a progress bar shows five steps: 1. Personal Information, 2. Health Questions (highlighted in red), 3. Contact Information, 4. Checkout, and 5. E-Sign. On the left side, the 'Plan Details' section lists: Plan: PPO Plan 1, Type: PPO, Deductible: \$2,500, Co-insurance: 20%, Office Visit: \$40 Copay, and Monthly Payment: \$83.00. Below this, a security notice states 'Your personal information is SECURE.' and a 'Verified Trusted' logo is visible. The main content area is titled 'Application for Health Coverage' and 'Health Questions'. It includes a sub-header '(Include information on ALL Eligible Family Members you wish to cover.)' and a list of questions with 'Yes' and 'No' radio button options. The questions are:
 

- Do you currently have, or has anyone applying for coverage had prior healthcare coverage in the past twelve (12) months? \*
- Is either the applicant, spouse, or any female Eligible Family Member(s), whether or not listed on the application currently pregnant? \*
- Is any male listed on this application expecting a child with anyone, even if the mother is not listed on this application? \*
- Has anyone applying for healthcare coverage smoked or used any form of a tobacco product within the past twelve (12) months including, but not limited to the following: cigarettes, pipe, cigar, snuff, or chewing tobacco? \*
- Has anyone applying for healthcare coverage consumed alcoholic beverages in any form within the past five (5) years? \*
- Within the past five (5) years, has anyone applying for coverage had treatment for, been arrested for, or used any drug which was not prescribed by a physician such as amphetamines or other stimulants, barbiturates or other depressants, cocaine, heroin or other narcotics, LSD or other hallucinogens, marijuana, hashish or tranquilizers? \*
- Has anyone applying for coverage ever had his/her driver's license suspended or revoked for driving while intoxicated, or ever been convicted of a felony? \*
- Has any person listed on this application within the past five (5) years ever had any signs or symptoms, been consulted for, received advice, sought treatment, had treatment recommended, received treatment, been surgically treated or been hospitalized for any of the following conditions, diseases or disorders?
  - Heart/Circulatory System – aneurysm, arteriosclerosis, chest pain, coronary heart disease, elevated cholesterol, heart attack, heart murmur, high or low blood pressure, palpitations, pacemaker, phlebitis, stroke, transient ischemic attacks (TIA), varicose veins, or any other disease or disorder of the heart/circulatory system? \*
  - Lungs/Respiratory System – allergies, asthma, bronchitis, chronic obstructive

Step 2. Complete the Health Questions. Each 'Yes' answer will result in an expansion box requesting further details. In addition, you can see that the "Plan Details" and security features are displayed and consistent in the left column throughout the application process.

SIERRA HEALTH AND LIFE  
A UnitedHealthcare Company

Plan Details

Plan:  
PPO Plan 1

Type:  
PPO

Deductible:  
\$2,500

Co-insurance:  
20%

Office Visit:  
\$40 Copay

Monthly Payment:  
\$85.00

Your personal information is SECURE.

Verified Trusted

1 Personal Information 2 Health Questions 3 Contact Information 4 Checkout 5 E-Sign

Application for Health Coverage \* = Required

Contact Information

Verification Telephone Call

Preferred Language if other than English:

Telephone Number \* Time \* Location \*  
702-621-2200 Choose One Choose One

Alternate Telephone Number: Time: Location:  
Choose One Choose One

Legal Representative Information

Is this application being signed by someone other than the applicant? \*  Yes  No

SAVE BACK NEXT

Complete the contact information page, and drop down information for the telephone interview.

This application process has validation built in. This results in applications that are thoroughly completed, reducing the need for follow-up application questions.

SIERRA HEALTH AND LIFE  
A UnitedHealthcare Company

Plan Details

Plan:  
PPO Plan 1

Type:  
PPO

Deductible:  
\$2,500

Co-insurance:  
20%

Office Visit:  
\$40 Copay

Monthly Payment:  
\$83.00

Your personal information is **SECURE**.

Verified Tracked

Application for Health Coverage

Checkout

Initial Payment

Cardholder Information:

Cardholder \*  
Choose an Applicant

Credit/Debit Card Number \* Expiration Month \* Expiration Year \* Card Type \*

Choose a Month Choose One Choose One

Monthly Payments

Your preferred monthly payment method: \* Sure Pay (EFT)

Bank Account Information:

Bank Name \* Account Type \*

Choose One

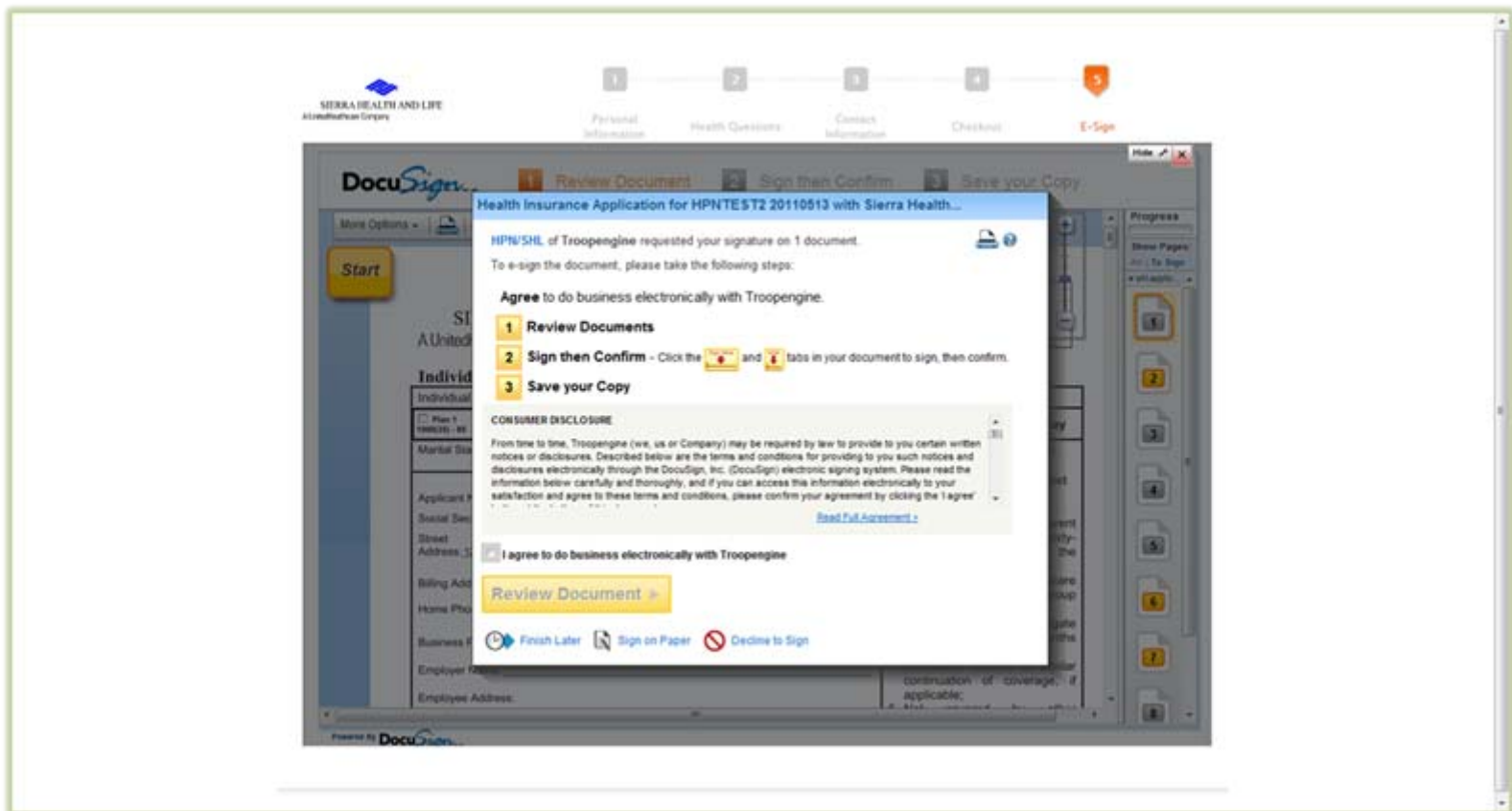
Routing Number \* Account Number \* Confirm Account Number \*

Check Here if Account Holder is different than applicant

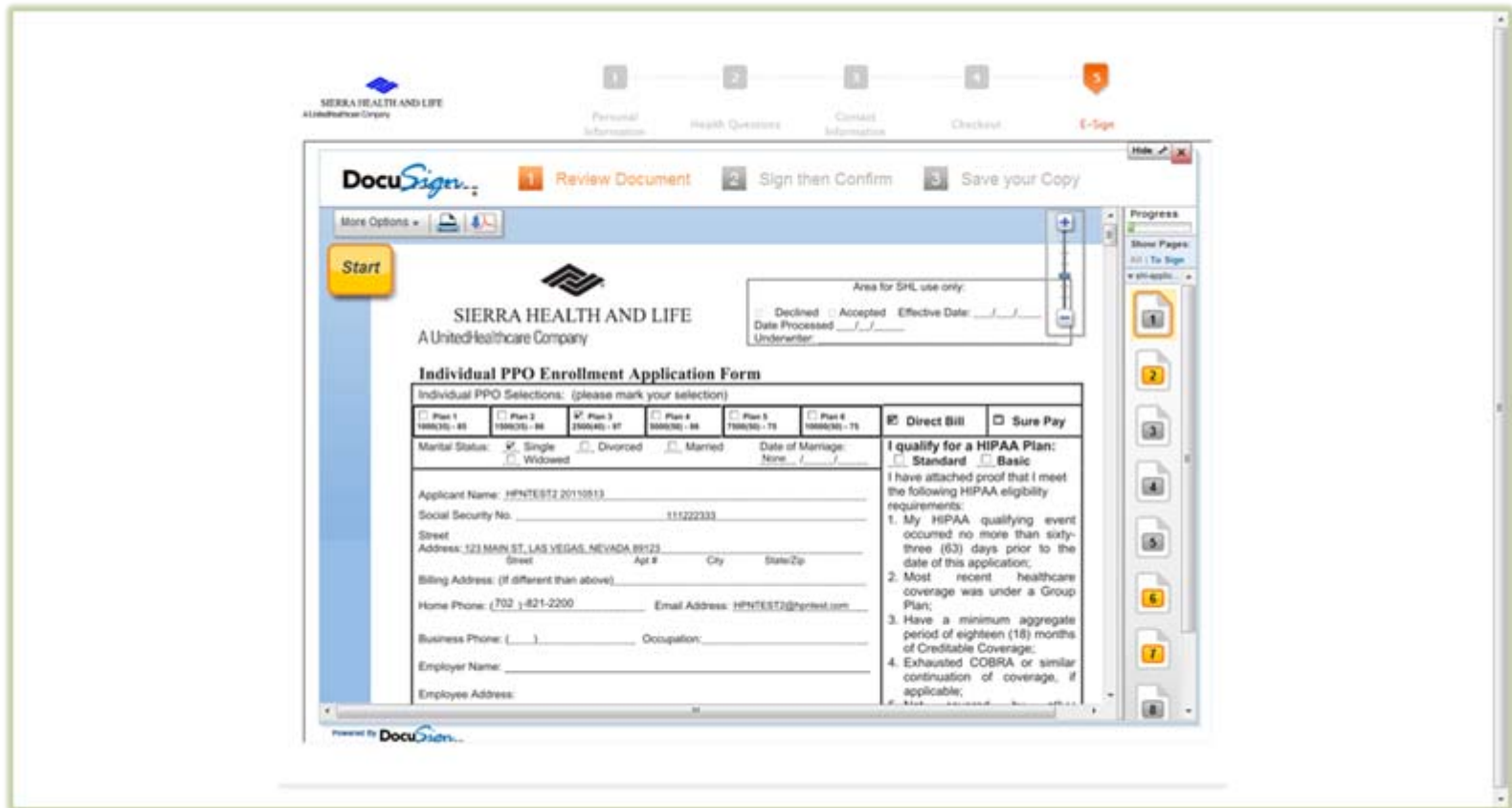
SAVE BACK NEXT

Now we are ready for payment information. Choices for initial payment are Credit or Debit card.

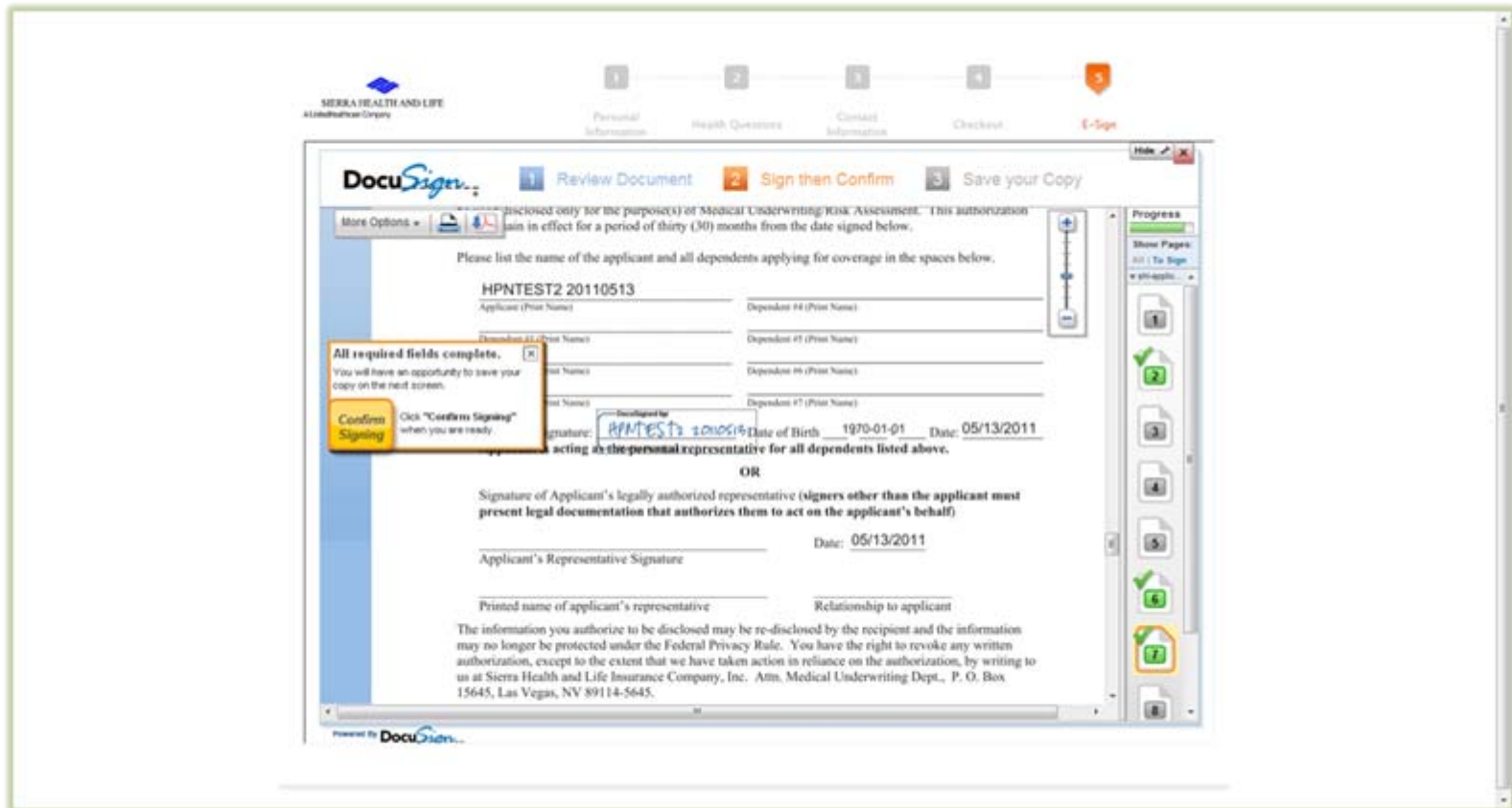
Ongoing monthly payments can be either Direct Bill or Sure Pay. If Sure Pay is chosen banking information is required on screen.



This begins the e-signature process. The user will now proceed to review their documents by checking the 'agree' box, and clicking the 'Review Document' button.



Now the user sees all of the information they previously input on the final application.



The consumer clicks to sign in all indicated areas, proceeds to “Confirm Signing” and the process is complete. The completed application is sent directly to HPN/SHL for processing representative and underwriting.