PENDING CARRIER APPROVAL





CONTACT INFORMATION

Member Support	Aetna Member Support - 800-872-3862
Commissions	Aetna Member Support - 800-872-3862
Claims	Aetna Member Support - 800-872-3862

NEVADA COVERAGE

Nevada PPO Counties	All

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE	
Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	10%
What states are allowed (or not allowed) for out-of-state coverage?	Contact your Word & Brown representative
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	Depends on location and plan selected
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	Employer ZIP Code
Any other rules, restrictions, or guidelines not mentioned:	None

DUAL OPTION (MIX & MATCH)

Yes

PROVIDER NETWORKS

PPO Network

Refer to Aetna Plan Guide



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RATING INFORMATION

Group Size	2-50
Rate Guarantee	12 months
Rates Vary by Industry?	N/A

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	2-3	4-5
Employees	100%	50%
For Dependents	0%	0%
% of Total Cost	N/A	N/A

PARTICIPATION	
CONTRIBUTORY	

CONTRIBUTORI		
	Group Size	
	2-3	4-5
Employees	100% except valid waivers	50% except valid waivers
Dependents	N/A	N/A
NON-CONTRIBUTORY		
Employees	100% valid waivers	100% valid waivers
Dependents	0	0

OUT-OF-NETWORK CLAIM ADJUDICATION

Contact your Word & Brown representative

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	No
Are 1099 employees allowed?	No
Any ineligible industries?	Yes
Virgin groups eligible?	Yes
Wage & tax reports required?	Yes

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	N/A
Management/Non-management?	N/A
Union/Non-union?	N/A
Minimum group size	N/A

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

No

SPECIAL CONSIDERATIONS

No

