



CONTACT INFORMATION	
Customer Service, Bilingual Support & Broker Services	877-238-6200 (Spanish - Option 4)
Commissions	877-238-6200
Claims	P.O. Box 14094 Lexington, KY 40512 1-877-973-3238

NEVADA COVERAGE	
Nevada HMO Counties	N/A
Nevada PPO Counties	www.aetnavision.com
Nevada Indemnity Counties	N/A

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?	No minimum
What states are allowed (or not allowed) for out-of-state coverage?	Call your Word & Brown representative
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	All Plans are offered
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	Vision has book rates for the entire 2-100 book of business.
Any other rules, restrictions, or guidelines not mentioned	None

PROVIDER NETWORKS	
N/A	
EyeMed Vision Care	
N/A	





RATING INFORMATION	
Group Size	2+
Rate Guarantee	4 years
Rates Vary by Industry?	No

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	2+
Employees	N/A
For Dependents	N/A
% of Total Cost	N/A

PARTICIPATION	
CONTRIBUTORY	
	Group Size
	2+
Employees	N/A
Dependents	N/A
NON-CONTRIBUTORY	
Employees	N/A
Dependents	N/A
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Please note: employees with group vision coverage do not count towards participation requirements.

OUT-OF-NETWORK CLAIM ADJUDICATION

N/A

COVERAGE REQUIREMENTS	
Are commission-only employees allowed?	No
Any ineligible industries?	Yes—if written standalone. Ineligible industries waived with prior employer-sponsored coverage
Virgin groups eligible?	Yes
Wage & tax statements required?	No

CARVE OUTS*	
Exclusions allowed by carrier	
Hourly/Salary?	No
Management/Non-management?	No
Union/Non-union?	No
Minimum group size	2+

^{*} 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

N/A

SPECIAL CONSIDERATIONS

N/A

