



**CONTACT INFORMATION**

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

**NEVADA COVERAGE**

|                           |  |
|---------------------------|--|
| Nevada HMO Counties       | N/A  |
| Nevada PPO Counties       | <a href="http://www.aetnavision.com">www.aetnavision.com</a> |
| 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**

|                   |                    |
|-------------------|--------------------|
| HMO Network       | N/A                |
| PPO Network       | EyeMed Vision Care |
| Indemnity Network | 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        |

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