DISCLOSURE OF OWNERSHIP/PRINCIPALS

		DIOCECCOI		11110111			
Business Entity Typ	e (Please select	one)					
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other	
Business Designati	on Group (Please	e select all that apply)				
MBE	□WBE	SBE	PBE		VET	DVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ci Business En		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Normalis and Ola	de Courte No	usada Danidanta	Familian d.		1,005		
Number of Cia	rk County Ne	vada Residents	Employea:		1,000	211 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 	
Corporate/Business Entity Name:		Sierra Health-Care Options, Inc (SHO)					
(Include d.b.a., if ap	plicable)						
Street Address:		2716 North	Tenaya W	ay v	Vebsite: WWW.SIE	errahealthcare	options.com
City, State and Zip Code:		Las Vegas, NV 89128		100	POC Name: Leslie Hare Email: leslie hare@uhc.com		
Telephone No:		702-242-7840		F	Fax No: 702-304-7411		
Nevada Local Street Address:				٧	Website:		
(If different from ab	ove)	anii ee ar					
City, State and Zip Code:		Local Fax No:		ocal Fax No:			
					Local POC Name:		
Local Telephone No:		Email:			mail:		
Sierra Health		ability companies, partnerships, limited partnershi			% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)		
<u>Jierra Freattri</u>	oervices,					10070	
Are any individu	al members, partne	y-traded corporations.	involved in the bus	siness entity,	a Clark County, Departm	s No vent of Aviation, Clark Cou	inty Detention
Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? Yes No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)							
 Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? 							
Yes	No (If)	yes, please complete the	Disclosure of Rela	ationship form	n on Page 2. If no, pleas	e.print N/A on Page 2.)	
land-use approvals, co	optract approvals, la	and sales, leases or excl	hanges without the	completed d	sclosure form.	rstand that the Board will a	not take action on
EXECUTA THIS	ue Preson	dent	Print Name	11128	Harr 12022)_	
1105			UalE				

Adriane Garcia

From: Garrett, Russell < Russ.Garrett@healthscopebenefits.com>

Sent: Wednesday, November 30, 2022 4:55 PM

To: Adriane Garcia

Subject: RE: SHO Utilization Review Contract 605520-19

Adriane,

I was incorrect and the disclosure Leslie completed was correct. Hopefully this list of board directors is what you needed.

Sierra Health-Care Options, Inc.

Directors			
Name	Title	Last Elected	
Clingo, Kyle Edward	Director	06/30/2022	
Giancursio, Donald James	Director	06/30/2022	
Schoener, Shaun Patrick	Director	06/30/2022	

Russ Garrett

Strategic Account Executive UMR/HealthSCOPE Benefits 27 Corporate Hill Dr. Little Rock, AR 72205

W: 763-292-6176 C: 602-790-9182

Russ.garrett@healthscopebenefits.com