

Association Health Plans for Nevada Hotel & Lodging

Don't Wait for Your Renewal to Get a Quote!

Rolling enrollment effective now, plans renew August 2021

Employers with 2 (unrelated) to 50 full-time employees can now offer insurance coverage for their employees and their families with a high-quality, affordable Association Health Plan medical plan from Prominence.



Not an Association member? www.nvhotels.com

Large Group Benefits for Small Employer Groups

- Coinsurance options – 0%, 20% and 30%
- Copays for widely used benefits like PCP visits, specialists and lab services
- Statewide HMO open access
- National Cigna PPO network access

Employers Have Options... and Flexibility

- Choose from six health plan options, including HSA-qualified – see reverse
- Affordable monthly premiums

PARTICIPATING AREAS INCLUDE:

Washoe County	Storey County
Clark County	Carson City
Douglas County	Nye County

PROMINENCE ASSOCIATION HEALTH PLANS

Our Association Health Plans allow small employers to join as one entity to purchase the type of coverage that is traditionally available to large group employers. This results in less expensive and richer health plan options that can then be passed along to the employee.

PLAN HIGHLIGHTS YOU DON'T WANT TO MISS!

- **NEW! Cigna National Network** - Prominence has partnered with Cigna to create a national network for use outside of Nevada for those members enrolled in an HMO Freedom or PPO health plan.
- **Teladoc** - 24/7 member care via telephone or video from licensed physicians, psychiatrists, clinical social workers and counselors for a \$0 cost share. Note, High Deductible Health Plans are subject to deductible first and benefits will be rendered at the contractual rate based upon type of service.
- **Comprehensive Provider Network** - Includes many notable and board certified physicians throughout the state, offering members excellent access to quality medical services.

Contact your broker or
PHP-GroupQuotes@uhsinc.com
for more information

NHLA member companies must meet eligibility requirements as determined by our partner Prominence Health Plan prior to final enrollment.



Prominence[®]
Health Plan

NEVADA HOTEL & LODGING ASSOCIATION BENEFIT GUIDE FOR 2020



Statewide HMO with no specialist referrals for members; benefits listed below are in-network; * indicates new plans with Cigna network access

In-Network Benefits	GROUPS CAN CHOOSE UP TO THREE PLANS TO ENROLL					
	HMO 2000	HMO 3000	HMO HD 3000 ¹	HMO Freedom 2000* ¹	PPO 1000*	PPO HDHP 3000* ¹
Calendar Year Deductible (CYD)						
Single	\$2,000	\$3,000	\$3,000	\$2,000	\$1,000	\$3,000
Family	\$6,000	\$9,000	\$6,000	\$6,000	\$3,000	\$6,000
Coinsurance						
	20%	30%	0%	30%	20%	0%
Out-of-Pocket Maximum						
Single	\$6,600	\$7,100	\$3,000	\$6,600	\$5,000	\$3,000
Family	\$13,200	\$14,200	\$6,000	\$13,200	\$10,000	\$6,000
Provider Office Visits						
Telemedicine - Teladoc	\$0 copay	\$0 copay	CYD/\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$30 copay	CYD/0%	\$30 copay	\$20 copay	CYD/0%
Specialist	\$50 copay	\$60 copay	CYD/0%	\$60 copay	\$40 copay	CYD/0%
Emergent/Urgent Care						
Ambulance – Ground & Air	CYD/20%	CYD/30%	CYD/0%	CYD/30%	CYD/20%	CYD/0%
Emergency Room	\$500 copay	\$500 copay	CYD/0%	\$750 copay	\$750 copay	CYD/0%
Urgent Care	\$50 copay	\$50 copay	CYD/0%	\$50 copay	\$40 copay	CYD/0%
Hospital/Facility/Surgical						
Outpatient Surgical	\$750 copay	\$1,000 copay	CYD/0%	\$750 copay	\$750 copay	CYD/0%
Inpatient Hospital	CYD/20%	CYD/30%	CYD/0%	CYD/30%	CYD/20%	CYD/0%
Pharmacy						
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic	\$15 copay	\$25 copay	CYD/0%	\$15 copay	\$15 copay	CYD/0%
Preferred Brand	\$40 copay	\$50 copay	CYD/0%	\$40 copay	\$40 copay	CYD/0%
Non-Preferred Brand	\$60 copay	\$75 copay	CYD/0%	\$60 copay	\$60 copay	CYD/0%
Specialty	20%	20%	CYD/0%	20%	20%	CYD/0%
Radiology						
Routine X-Ray & Diagnostic	\$25 copay	\$30 copay	CYD/0%	\$20 copay	\$20 copay	CYD/0%
CT Scan & MRI	\$250 copay	\$250 copay	CYD/0%	\$250 copay	\$200 copay	CYD/0%
Complex Diagnostic	\$350 copay	\$350 copay	CYD/0%	\$400 copay	\$350 copay	CYD/0%
Maternity						
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay per delivery	CYD/0% per delivery	\$200 copay per delivery	\$200 copay per delivery	CYD/0%
Delivery Room & Well-baby Hospital	CYD/20%	CYD/30%	CYD/0%	CYD/30%	CYD/20%	CYD/0%
Mental Health/Alcohol & Drug Abuse Services						
Inpatient	CYD/20%	CYD/30%	CYD/0%	CYD/30%	CYD/20%	CYD/0%
Outpatient	\$750 copay	\$1,000 copay	CYD/0%	\$750 copay	\$750 copay	CYD/0%
Office Visit	\$25 copay	\$30 copay	CYD/0%	\$30 copay	\$20 copay	CYD/0%
Lab and Pathology						
	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/0%
Durable Medical Equipment						
	CYD/20%	CYD/30%	CYD/0%	CYD/30%	CYD/20%	CYD/0%
Pediatric Dental & Vision - Diagnostic and Preventive (up to age 19)						
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

¹High Deductible Health Plans are subject to deductible first and benefits will be rendered at the contractual rate based upon type of service.

Refer to the Summary of Benefits document for benefit details, limitations and exclusions. This document is for plan comparison purposes only.

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