

# Affordable Health Insurance for Your Employees

## Choose Association Health Plans for Better Rates!

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? Enroll at [www.nvhotels.com](http://www.nvhotels.com)

### Large Group Benefits for Small Employer Groups

- A range of coinsurance options
- Copays for widely used benefits like PCP visits, specialists and lab services
- Statewide HMO open access
- National PPO network access

### Employers Have Options... and Flexibility

- Choose from six health plan options, including HSA-qualified & a new POS option - see reverse
- Affordable monthly premiums



**PARTICIPATING AREAS INCLUDE:** Carson City, Clark County, Douglas County, Lyon County, Nye County, Storey County & Washoe 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! wellPORTAL Primary Care Provider Network** - Members in southern Nevada can earn up to \$120 annually for getting the care they need from the region's top doctors.
- **National Network** - Prominence has partnered with Cigna to allow access to a national network for use outside of Nevada for members enrolled in either a POS, HMO Freedom or PPO health plan.
- **Teladoc** - 24/7 care via telephone or video from licensed physicians, psychiatrists, 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 service rate.

Contact your broker or [PHP-GroupQuotes@uhsinc.com](mailto: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**<sup>®</sup>  
Health Plan



# 2021/2022 BENEFIT OVERVIEW

Featuring a NEW POS health plan option!

Statewide HMO with no specialist referrals for members; benefits listed below are in-network;

\* indicates plans with national network access outside Nevada

**PLANS RENEW AUGUST 1, 2022**

**GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL**

In-Network Benefits	HMO 2000	HMO 3000	POS 1000 HMO/PPO*	HMO Freedom 2000*	PPO 1000*	PPO HDHP 3000* <sup>1</sup>
<b>Calendar Year Deductible (CYD)</b>						
Single	\$2,000	\$3,000	\$1,000/\$1,500	\$2,000	\$1,000	\$3,000
Family	\$6,000	\$9,000	\$2,000/\$3,000	\$6,000	\$3,000	\$6,000
<b>Coinsurance</b>						
	20%	30%	20%	30%	20%	0%
<b>Out-of-Pocket Maximum</b>						
Single	\$6,600	\$7,100	\$4,000/\$6,500	\$6,600	\$5,000	\$3,000
Family	\$13,200	\$14,200	\$8,000/\$13,000	\$13,200	\$10,000	\$6,000
<b>Provider Office Visits</b>						
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$30 copay	\$15/\$30 copay	\$30 copay	\$20 copay	CYD/0%
wellPORTAL Primary Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Specialist	\$50 copay	\$60 copay	\$30/\$60 copay	\$60 copay	\$40 copay	CYD/0%
<b>Emergent/Urgent Care</b>						
Ambulance – Ground & Air	CYD/20%	CYD/30%	\$250 copay	CYD/30%	CYD/20%	CYD/0%
Emergency Room	\$500 copay	\$500 copay	\$500 copay	\$750 copay	\$750 copay	CYD/0%
Urgent Care	\$50 copay	\$50 copay	\$50/\$100 copay	\$50 copay	\$40 copay	CYD/0%
<b>Hospital/Facility/Surgical</b>						
Outpatient Surgical & Observation	\$750 copay	\$1,000 copay	\$250 copay/CYD 20%	\$750 copay	\$750 copay	CYD/0%
Inpatient Hospital	CYD/20%	CYD/30%	CYD \$1,000/CYD 20%	CYD/30%	CYD/20%	CYD/0%
<b>Pharmacy</b>						
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic	\$15 copay	\$25 copay	\$25 copay	\$15 copay	\$15 copay	CYD/0%
Preferred Brand	\$40 copay	\$50 copay	\$50 copay	\$40 copay	\$40 copay	CYD/0%
Non-Preferred Brand	\$60 copay	\$75 copay	\$75 copay	\$60 copay	\$60 copay	CYD/0%
Specialty	20%	20%	20%	20%	20%	CYD/0%
<b>Radiology</b>						
Routine X-Ray & Diagnostic	\$25 copay	\$30 copay	\$15/\$30 copay	\$20 copay	\$20 copay	CYD/0%
CT Scan & MRI	\$250 copay	\$250 copay	\$250 copay/CYD 20%	\$250 copay	\$200 copay	CYD/0%
Complex Diagnostic	\$350 copay	\$350 copay	\$250 copay/CYD 20%	\$400 copay	\$350 copay	CYD/0%
<b>Maternity</b>						
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay/ CYD 20% per delivery	\$200 copay per delivery	\$200 copay per delivery	CYD/0%
Delivery Room & Well-baby Hospital	CYD/20%	CYD/30%	CYD \$1,000 copay/ CYD 20% per delivery	CYD/30%	CYD/20%	CYD/0%
<b>Mental Health/Alcohol &amp; Drug Abuse Services</b>						
Inpatient	CYD/20%	CYD/30%	CYD \$1,000/CYD 20%	CYD/30%	CYD/20%	CYD/0%
Outpatient	\$750 copay	\$1,000 copay	\$250 copay/CYD 20%	\$750 copay	\$750 copay	CYD/0%
Office Visit	\$25 copay	\$30 copay	\$15/\$30 copay	\$30 copay	\$20 copay	CYD/0%
<b>Lab and Pathology</b>						
	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/0%
<b>Durable Medical Equipment</b>						
	CYD/20%	CYD/30%	CYD/20%	CYD/30%	CYD/20%	CYD/0%
<b>Pediatric Dental &amp; Vision - Diagnostic and Preventive (up to age 19)</b>						
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

<sup>1</sup> High 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.