

# 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.wcmsnv.org](http://www.wcmsnv.org)**



### 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 seven health plan options, including HSA-qualified - 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!

- **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 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

REV MAY22



# 2022/2023 BENEFIT OVERVIEW

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, 2023**

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

| In-Network Benefits   | HMO 2000                 | HMO 3000                 | NEW PLAN! HMO 6000       | POS 3000 HMO/POS*                | NEW PLAN! POS 5000* HMO/PPO      | PPO 1000*                | PPO HDHP 3000* <sup>1</sup> |
|---|--------------------------|--------------------------|--------------------------|----------------------------------|----------------------------------|--------------------------|-----------------------------|
| <b>Calendar Year Deductible (CYD)</b>   |                          |                          |                          |                                  |                                  |                          |                             |
| Single  | \$2,000                  | \$3,000                  | \$6,000                  | \$3,000/\$3,500                  | \$5,000/\$5,500                  | \$1,000                  | \$3,000                     |
| Family  | \$6,000                  | \$9,000                  | \$12,000                 | \$6,000/\$7,000                  | \$10,000/\$11,000                | \$3,000                  | \$6,000                     |
| <b>Coinsurance</b>  |                          |                          |                          |                                  |                                  |                          |                             |
|   | 20%                      | 30%                      | 40%                      | 30%                              | 30%                              | 20%                      | 0%                          |
| <b>Out-of-Pocket Maximum</b>  |                          |                          |                          |                                  |                                  |                          |                             |
| Single  | \$6,600                  | \$7,100                  | \$8,150                  | \$6,850/\$8,150                  | \$7,300/\$8,000                  | \$5,000                  | \$3,000                     |
| Family  | \$13,200                 | \$14,200                 | \$16,300                 | \$13,700/\$16,300                | \$14,600/\$16,000                | \$10,000                 | \$6,000                     |
| <b>Provider Office Visits</b>   |                          |                          |                          |                                  |                                  |                          |                             |
| Telemedicine - Teladoc  | \$0 copay                | \$0 copay                | \$0 copay                | \$0 copay                        | \$0 copay                        | \$0 copay                | CYD/\$0 copay               |
| Primary Care Provider (PCP)   | \$25 copay               | \$30 copay               | \$35 copay               | \$25/\$50 copay                  | \$30/\$60 copay                  | \$20 copay               | CYD/0%                      |
| wellPORTAL Primary Care   | \$0 copay                | \$0 copay                | \$0 copay                | \$0 copay                        | \$0 copay                        | N/A                      | N/A                         |
| Specialist  | \$50 copay               | \$60 copay               | \$70 copay               | \$50/\$80 copay                  | \$60/\$90 copay                  | \$40 copay               | CYD/0%                      |
| <b>Emergent/Urgent Care</b>   |                          |                          |                          |                                  |                                  |                          |                             |
| Ambulance – Ground & Air  | CYD/20%                  | CYD/30%                  | \$1,000 copay per trip   | \$500 copay per trip             | \$1,000 copay                    | CYD/20%                  | CYD/0%                      |
| Emergency Room  | \$500 copay              | \$500 copay              | \$2,000 copay            | CYD 30%                          | \$1,000 copay                    | \$750 copay              | CYD/0%                      |
| Urgent Care   | \$50 copay               | \$50 copay               | \$70 copay               | \$50/\$100 copay                 | \$50/ \$100 copay                | \$40 copay               | CYD/0%                      |
| <b>Hospital/Facility/Surgical</b>   |                          |                          |                          |                                  |                                  |                          |                             |
| Outpatient Surgical & Observation   | \$750 copay              | \$1,000 copay            | \$1,000 copay            | \$500 copay/CYD 30%              | \$1,000 copay/CYD 30%            | \$750 copay              | CYD/0%                      |
| Inpatient Hospital  | CYD/20%                  | CYD/30%                  | CYD/40%                  | CYD \$2,000/CYD 30%              | CYD/30%                          | CYD/20%                  | CYD/0%                      |
| <b>Pharmacy</b>   |                          |                          |                          |                                  |                                  |                          |                             |
| FDA-approved Preventive   | No Charge                | No Charge                | No Charge                | No Charge                        | No Charge                        | No Charge                | No Charge                   |
| Generic   | \$15 copay               | \$25 copay               | \$25 copay               | \$25 copay                       | \$25 copay                       | \$15 copay               | CYD/0%                      |
| Preferred Brand   | \$40 copay               | \$50 copay               | \$50 copay               | \$50 copay                       | \$50 copay                       | \$40 copay               | CYD/0%                      |
| Non-Preferred Brand   | \$60 copay               | \$75 copay               | \$75 copay               | \$75 copay                       | \$75 copay                       | \$60 copay               | CYD/0%                      |
| Specialty   | 20%                      | 20%                      | 20%                      | 20%                              | 20%                              | 20%                      | CYD/0%                      |
| <b>Radiology</b>  |                          |                          |                          |                                  |                                  |                          |                             |
| Routine X-Ray & Diagnostic  | \$25 copay               | \$30 copay               | \$35 copay               | \$25 / \$50 copay                | \$30 / \$60 copay                | \$20 copay               | CYD/0%                      |
| CT Scan & MRI   | \$250 copay              | \$250 copay              | \$1,000 copay            | \$500 copay/CYD 30%              | \$1,000 copay/ CYD 30%           | \$200 copay              | CYD/0%                      |
| Complex Diagnostic  | \$350 copay              | \$350 copay              | \$2,000 copay            | CYD 30%                          | \$1,000 copay/ CYD 30%           | \$350 copay              | CYD/0%                      |
| <b>Maternity</b>  |                          |                          |                          |                                  |                                  |                          |                             |
| Prenatal Care & Delivery  | \$200 copay per delivery | \$200 copay per delivery | \$200 copay per delivery | \$250 copay/CYD 30% per delivery | \$250 copay/CYD 30% per delivery | \$200 copay per delivery | CYD/0%                      |
| Delivery Room & Well-baby Hospital  | CYD/20%                  | CYD/30%                  | CYD/40%                  | CYD \$2,000/CYD 30%              | CYD/30%                          | CYD/20%                  | CYD/0%                      |
| <b>Mental Health/Alcohol &amp; Drug Abuse Services</b>                          |                          |                          |                          |                                  |                                  |                          |                             |
| Inpatient   | CYD/20%                  | CYD/30%                  | CYD/40%                  | CYD \$2,000/CYD 30%              | CYD/30%                          | CYD/20%                  | CYD/0%                      |
| Outpatient  | \$750 copay              | \$1,000 copay            | \$1,000 copay            | \$500 copay/CYD 30%              | \$1,000/CYD 30%                  | \$750 copay              | CYD/0%                      |
| Office Visit  | \$25 copay               | \$30 copay               | \$35 copay               | \$25/\$50 copay                  | \$30/\$60 copay                  | \$20 copay               | CYD/0%                      |
| <b>Lab and Pathology</b>  |                          |                          |                          |                                  |                                  |                          |                             |
|   | No Charge                | No Charge                | No Charge                | No Charge                        | No Charge                        | No Charge                | 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                | 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.