

Association Health Plans from Prominence Health Plan

Open enrollment dates vary based on group offer acceptance

2 - 50 Employees

FOR MORE INFORMATION, CONTACT Kathy Wells, Prominence Health Plan 775-770-9463 or Kathy.Wells@uhsinc.com

EMAIL GROUP QUOTES

PHP-GroupQuotes@uhsinc.com Your Sales Retention Representative will contact you

NEW!

All Health Plans Now Include Pediatric Dental & Vision!



Association Health Plans

Large Group Benefits for Small Employer Groups

- Coinsurance options 10%, 20% & 30%
- Copays for widely used benefits like PCP visits, specialists and lab services
- Statewide HMO open access and National PPO network access
- NEW! All plans now include pediatric dental and vision coverage (up to age 19)

Employers Have Options... and Flexibility

• Choose from three health plan options, including HSA-qualified

CLARK

• Affordable monthly premiums

WASHO

CARSON CITY DOUGLAS

PROMINENCE ASSOCIATION PLANS Carson City Nye Storey STOREY

Washoe

About Our Plans

HMO

Clark

Lyon

Douglas

Our statewide HMO network provides easy, accessible and comprehensive care for members no matter where they reside in the state. HMO members can see a specialist without a referral.

HMO Freedom

A unique plan that offers the freedom of a PPO with lower copays than a traditional HMO. Two benefit tiers include:

- Tier 1: In-state care from any in-network Prominence HMO provider. Outside Nevada, members receive in-network covered benefits from any Prominence First Health national provider within the custom network.
- Tier 2: Members have access to out-of-network covered benefits both in and out of state. Members must access the First Health national network provider directory available at ProminenceHealthPlan.com.

POS

Combines the convenience and low out-of-pocket expenses of an HMO, more freedom to choose a PPO provider and the flexibility to choose any licensed care provider - all in a three-tier benefit package.

PPO

Offers lower out-of-pocket costs for covered services when using in-network providers. With a Prominence PPO plan, members have access to a network of providers and hospitals including many of the highest guality providers in Nevada.

HMO & PPO Qualified HDHP's

Consumer-directed healthcare plans help employers manage costs, while providing convenience and flexibility to members. Employers can choose to contribute to the employee's Health Savings Account who can then use the account to pay for eligible medical expenses for themselves and their immediate family. Unused funds roll over annually.

ALL PROMINENCE HEALTH PLANS INCLUDE TELADOC TELEMEDICINE COVERAGE AND GO365 WELLNESS!

RENO + SPARKS CHAMBER ASSOCIATION BENEFIT GUIDE

chamber commerce

Statewide HMO with no specialist referrals for members OPEN TO EXISTING MEMBERSHIP ONLY; CURRENTLY NOT ACCEPTING NEW SALES

	GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL						
In-Network Benefits	HMO 2000	HMO 3000	HMO HD 3000	HMO Freedom 2000	PPO 1000	PPO HD 3000	
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 сорау	\$50/CYD/\$0	\$0 copay	\$0 сорау	\$50/CYD/\$0	
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 & Observation	\$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%	\$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 9	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 сорау	CYD/0%	
Lab and Pathology							
	No Charge	No Charge	CYD/\$0	No Charge	No Charge	CYD/\$0	
Durable Medical Equipment							
	CYD/20%	CYD/30%	CYD/0%	CYD/30%	CYD/20%	CYD/0%	
NEW BENEFIT! Pediatric Dental (up to	age 19) Diagnostic 8	& Preventive					
	No Charge	No Charge	CYD/\$0	No Charge	No Charge	No Charge	
NEW BENEFIT! Pediatric Vision (up to	age 19) Eye Exam						
	No Charge	No Charge	CYD/\$0	No Charge	No Charge	No Charge	

NEVADA BUILDERS ALLIANCE BENEFIT GUIDE



Statewide HMO with no specialist referrals for members

	GROUPS	CAN CHOOSE UP TO	THREE ASSOCIATIC	N HEALTH PLANS T	O ENROLL
In-Network Benefits	НМО 1	НМО 2	НМО 3	HMO Freedom 4	PPO 1
Calendar Year Deductible (CYD)					
Single	\$1,500	\$3,000	\$5,000	\$5,000	\$2,500
Family	\$4,500	\$9,000	\$10,000	\$10,000	\$7,500
Coinsurance					
	30%	30%	30%	30%	30%
Out-of-Pocket Maximum					
Single	\$5,500	\$6,600	\$6,600	\$6,600	\$6,600
Family	\$10,000	\$13,200	\$13,200	\$13,200	\$13,200
Provider Office Visits					
Telemedicine - Teladoc	\$0 copay	\$0 сорау	\$0 сорау	\$0 сорау	\$0 сорау
Primary Care Provider (PCP)	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$30 copay
Specialist	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$60 copay
Emergent/Urgent Care	tee cobay	tee cobay	too copuy	too copuy	tee copuy
Ambulance – Ground & Air	CYD/\$200 copay	CYD/30%	CYD/30%	CYD/30%	CYD/30%
Emergency Room	\$500 copay	\$750 copay	\$750 copay	\$750 copay	CYD/\$750 copay
5 ,	1.3	1 5	. 1.7	1.2	1.5
Urgent Care	\$50 сорау	\$50 сорау	\$50 сорау	\$50 copay	\$50 сорау
Hospital/Facility/Surgical	¢Γ00	CVD (20%)	CVD (20%)	¢750	CYD/30%
Outpatient Surgical & Observation	\$500 copay	CYD/30%	CYD/30%	\$750 copay	
Inpatient Hospital	CYD/30%	CYD/30%	CYD/30%	CYD/30%	CYD/30%
Pharmacy					
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge
Generic	\$15 copay	\$15 copay	\$15 copay	\$15 сорау	\$15 copay
Preferred Brand	\$40 copay	\$40 copay	\$40 сорау	\$40 сорау	\$40 copay
Non-Preferred Brand	\$60 copay	\$60 copay	\$60 copay	\$60 сорау	\$60 copay
Specialty	20%	20%	20%	20%	20%
Radiology					
Routine X-Ray & Diagnostic	\$25 copay	\$25 copay	\$25 copay	\$25 copay	30%
CT Scan & MRI	\$250 copay	\$250 copay	\$250 copay	\$250 copay	30%
Complex Diagnostic	\$250 copay	\$350 copay	\$350 copay	\$250 copay	30%
Maternity					
Prenatal care & delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per deliver
Delivery Room & Well-baby Hospital	CYD/30%	CYD/30%	CYD/30%	CYD/30%	CYD/30%
Mental Health/Alcohol & Drug Abuse	Services				
Inpatient	CYD/30%	CYD/30%	CYD/30%	CYD/30%	CYD/30%
Outpatient	\$500 copay	CYD/30%	CYD/30%	\$750 copay	CYD/30%
Office Visit	\$25 copay	\$25 сорау	\$25 copay	\$25 copay	\$30 copay
Lab and Pathology					
	No Charge	No Charge	CYD/\$0	No Charge	No Charge
Durable Medical Equipment					
	CYD/30%	CYD/30%	CYD/30%	CYD/30%	CYD/30%
NEW BENEFIT! Pediatric Dental (up t	o age 19) Diagnostic & Pr	eventive			
	No Charge	No Charge	No Charge	No Charge	No Charge
NEW BENEFIT! Pediatric Vision (up to	-	-	-	-	-
	No Charge	No Charge	No Charge	No Charge	No Charge

NORTHERN & SOUTHERN NEVADA DENTAL SOCIETY BENEFIT GUIDE

Statewide HMO with no specialist referrals for members



Southern Nevada

	GROU	GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL					
In-Network Benefits	HMO 2000	POS Tier 1 HMO	POS Tier 2 PPO	HMO Freedom 2000	PPO 1000	PPO HD 3000	
Calendar Year Deductible (CYD)							
Single	\$2,000	\$0	\$500	\$2,000	\$1,000	\$3,000	
Family	\$6,000	\$0	\$1,500	\$6,000	\$3,000	\$6,000	
Coinsurance							
	20%	N/A	20%	20%	30%	10%	
Out-of-Pocket Maximum							
Single	\$6,600	\$4,000	\$5,000	\$6,600	\$5,000	\$5,000	
Family	\$13,200	\$8,000	\$10,000	\$13,200	\$10,000	\$10,000	
Provider Office Visits							
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 сорау	\$50/CYD/\$0	
Primary Care Provider (PCP)	\$25 copay	\$20 copay	\$30 copay	\$30 copay	\$20 copay	CYD/10%	
Specialist	\$50 copay	\$40 copay	\$60 сорау	\$60 copay	\$40 copay	CYD/10%	
Emergent/Urgent Care							
Ambulance – Ground & Air	CYD/20%	\$200 copay	CYD/20%	CYD/20%	CYD/30%	CYD/10%	
Emergency Room	\$500 copay	\$250 copay	\$250 copay	\$750 copay	\$750 copay	CYD/10%	
Urgent Care	\$50 сорау	\$50 сорау	\$50 сорау	\$50 сорау	\$40 copay	CYD/10%	
Hospital/Facility/Surgical							
Outpatient Surgical & Observation	\$750 copay	\$250 copay	CYD/20%	\$750 copay	\$750 copay	CYD/10%	
Inpatient Hospital	CYD/20%	\$500 copay	CYD/20%	CYD/20%	CYD/30%	CYD/10%	
Pharmacy							
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	
Generic	\$15 copay	\$15 сорау	\$15 copay	\$15 copay	\$15 copay	CYD/10%	
Preferred Brand	\$40 copay	\$40 copay	\$40 сорау	\$40 copay	\$40 copay	CYD/10%	
Non-Preferred Brand	\$60 copay	\$60 copay	\$60 сорау	\$60 copay	\$60 copay	CYD/10%	
Specialty	20%	20%	CYD/20%	20%	30%	CYD/10%	
Radiology							
Routine X-Ray & Diagnostic	\$25 copay	\$20 сорау	CYD/20%	\$20 copay	\$20 copay	CYD/10%	
CT Scan & MRI	\$250 copay	\$50 copay	CYD/20%	\$250 copay	\$200 copay	CYD/10%	
Complex Diagnostic	\$350 copay	\$100 copay	CYD/20%	\$400 copay	\$350 copay	CYD/10%	
Maternity							
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	CYD/10%	
Delivery Room & Well-baby Hospital	CYD/20%	\$500 copay	CYD/20%	CYD/20%	CYD/30%	CYD/10%	
Mental Health/Alcohol & Drug Abuse	Services						
Inpatient	CYD/20%	\$500 copay	CYD/20%	CYD/20%	CYD/30%	CYD/10%	
Outpatient	\$750 copay	\$200 copay	CYD/20%	\$750 copay	\$750 copay	CYD/10%	
Office Visit	\$25 copay	\$20 сорау	\$30 сорау	\$30 copay	\$20 сорау	CYD/10%	
Lab and Pathology							
	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/10%	
Durable Medical Equipment							
	CYD/20%	\$50/\$100	CYD/20%	CYD/20%	CYD/30%	CYD/10%	
NEW BENEFIT! Pediatric Dental (up to	age 19) Diagnostic 8	& Preventive					
	No Charge	No Charge	CYD/\$0	No Charge	No Charge	No Charge	
NEW BENEFIT! Pediatric Vision (up to	age 19) Eye Exam						
	No Charge	No Charge	CYD/\$0	No Charge	No Charge	No Charge	

WASHOE COUNTY MEDICAL SOCIETY ASSOCIATION BENEFIT GUIDE

Statewide HMO with no specialist referrals for members



	GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL						
In-Network Benefits	HMO 2000	POS Tier 1 HMO	POS Tier 2 PPO	HMO Freedom 2000	PPO 1000	PPO HD 3000	
Calendar Year Deductible (CYD)							
Single	\$2,000	\$0	\$500	\$2,000	\$1,000	\$3,000	
Family	\$6,000	\$0	\$1,500	\$6,000	\$3,000	\$6,000	
Coinsurance							
	20%	N/A	20%	20%	30%	10%	
Out-of-Pocket Maximum							
Single	\$6,600	\$4,000	\$5,000	\$6,600	\$5,000	\$5,000	
Family	\$13,200	\$8,000	\$10,000	\$13,200	\$10,000	\$10,000	
Provider Office Visits							
Telemedicine - Teladoc	\$0 copay	\$0 сорау	\$0 copay	\$0 сорау	\$0 сорау	\$50/CYD/\$0	
Primary Care Provider (PCP)	\$25 copay	\$20 copay	\$30 copay	\$30 copay	\$20 copay	CYD/10%	
Specialist	\$50 copay	\$40 copay	\$60 copay	\$60 copay	\$40 copay	CYD/10%	
 Emergent/Urgent Care							
Ambulance – Ground & Air	CYD/20%	\$200 copay	CYD/20%	CYD/20%	CYD/30%	CYD/10%	
Emergency Room	\$500 copay	\$250 copay	\$250 copay	\$750 copay	\$750 copay	CYD/10%	
Urgent Care	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$40 copay	CYD/10%	
Hospital/Facility/Surgical							
Outpatient Surgical & Observation	\$750 copay	\$250 copay	CYD/20%	\$750 copay	\$750 copay	CYD/10%	
Inpatient Hospital	CYD/20%	\$500 copay	CYD/20%	CYD/20%	CYD/30%	CYD/10%	
Pharmacy		**** ****					
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	
Generic	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	CYD/10%	
Preferred Brand	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	CYD/10%	
Non-Preferred Brand	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	CYD/10%	
	20%	20%	CYD/20%	20%	30%	CYD/10%	
Specialty Badialary	20%	20%	CTD/20%	20%	30%	CTD/10%	
Radiology Routine X-Ray & Diagnostic	¢25 copov	¢20 copov	CYD/20%	¢20	¢20.0000	CYD/10%	
, 0	\$25 copay	\$20 copay		\$20 copay	\$20 copay	CYD/10%	
CT Scan & MRI	\$250 copay	\$50 copay	CYD/20%	\$250 copay	\$200 copay		
Complex Diagnostic	\$350 copay	\$100 copay	CYD/20%	\$400 copay	\$350 copay	CYD/10%	
Maternity	¢000	¢000	¢000	¢000	¢000		
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	CYD/10%	
Delivery Room & Well-baby Hospital	CYD/20%	\$500 copay	CYD/20%	CYD/20%	CYD/30%	CYD/10%	
Mental Health/Alcohol & Drug Abuse 9	Services						
Inpatient	CYD/20%	\$500 copay	CYD/20%	CYD/20%	CYD/30%	CYD/10%	
Outpatient	\$750 copay	\$200 copay	CYD/20%	\$750 copay	\$750 copay	CYD/10%	
Office Visit	\$25 copay	\$20 copay	\$30 copay	\$30 copay	\$20 copay	CYD/10%	
Lab and Pathology							
- 57	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/10%	
Durable Medical Equipment						2.27.070	
	CYD/20%	\$50/\$100	CYD/20%	CYD/20%	CYD/30%	CYD/10%	
NEW BENEFIT! Pediatric Dental (up to							
	No Charge	No Charge	CYD/\$0	No Charge	No Charge	No Charge	
NEW BENEFIT! Pediatric Vision (up to		go	0.0,40	. to sharge	i të sharge	. to only ge	
	No Charge	No Charge	CYD/\$0	No Charge	No Charge	No Charge	
				i io charge	ino charge		

NEVADA HOTEL & LODGING ASSOCIATION BENEFIT GUIDE

Statewide HMO with no specialist referrals for members



	GROU	PS CAN CHOOSE	UP TO THREE A	SSOCIATION HEA	LTH PLANS TO EN	NROLL
In-Network Benefits	HMO 2000	НМО 3000	HMO HD 3000	HMO Freedom 2000	PPO 1000	PPO HD 3000
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 сорау	\$0 сорау	\$50/CYD/\$0	\$0 сорау	\$0 сорау	\$50/CYD/\$0
Primary Care Provider (PCP)	\$25 сорау	\$30 сорау	CYD/0%	\$30 сорау	\$20 copay	CYD/0%
Specialist	\$50 сорау	\$60 сорау	CYD/0%	\$60 сорау	\$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 & Observation	\$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 сорау	\$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%	\$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 S	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 сорау	\$30 copay	CYD/0%	\$30 сорау	\$20 copay	CYD/0%
Lab and Pathology						
	No Charge	No Charge	CYD/\$0	No Charge	No Charge	CYD/\$0
Durable Medical Equipment						
	CYD/20%	CYD/30%	CYD/0%	CYD/30%	CYD/20%	CYD/0%
NEW BENEFIT! Pediatric Dental (up to	age 19) Diagnostic 8	& Preventive				
	No Charge	No Charge	CYD/\$0	No Charge	No Charge	No Charge
NEW BENEFIT! Pediatric Vision (up to	age 19) Eye Exam	-		-	-	
	No Charge	No Charge	CYD/\$0	No Charge	No Charge	No Charge

NEVADA OPTOMETRIC ASSOCIATION HEALTH PLAN BENEFIT GUIDE

Statewide HMO with no specialist referrals for members



In-Network Benefits HMO 2000 POS Tier 2 PPOS Tier 2 PPOS Tier 2 PPOS Tier 2 PPOS Tier 2 PPOS Calendar Year Deductible (CYD) 50 \$500 Single \$2,000 \$0 \$500 Family \$6,000 \$0 \$1,500 Consurance 20% \$0//A \$20% Cot-of-Pocket Maximum \$13,200 \$8,000 \$10,000 Family \$13,200 \$8,000 \$10,000 Provider Office Visits 50 \$20 \$20 copay \$30 copay Telemedicine - Teladoc \$0 copay \$0 copay \$20 copay \$30 copay Specialist \$500 copay \$20 copay \$20 copay \$20 copay Permegent/Ugent Care \$500 copay \$200 copay \$250 copay Mublance - Ground & Air CYD/20% \$500 copay \$500 copay Ungent Care \$500 copay \$500 copay \$500 copay Mublance - Ground & Air CYD/20% \$500 copay \$500 copay Ungent Care \$500 copay \$500 copay \$500 copay Prefere	HMO Freedom 2000 \$2,000 \$6,000 20% 20% \$6,600 \$13,200 \$0 copay \$30 copay \$30 copay \$60 copay \$60 copay \$50 copay \$50 copay	PPO 1000 \$1,000 \$3,000 30% \$5,000 \$10,000 \$0 copay \$20 copay \$40 copay \$40 copay \$750 copay \$40 copay	PPO HD 3000 \$3,000 \$6,000 10% \$5,000 \$10,000 \$50/CYD/\$0 CYD/10% CYD/10%
Single\$2,000\$0\$500Family\$6,000\$0\$1,500Coinsurance20%N/A20%Out-of-Pocket MaximumSingle\$6,600\$4,000\$5,000Family\$13,200\$8,000\$5,000Provider Office Visits\$0 copay\$0 copayProvider Office Visits\$0\$20 copay\$30 copayElemedicine - Teladoc\$0 copay\$0 copay\$00 copaySpecialist\$50 copay\$20 copay\$20 copaySpecialist\$50 copay\$20 copay\$250 copayEmergent/Urgent Care\$500 copay\$250 copay\$250 copayMulance - Ground & AirCYD/20%\$250 copay\$250 copayCoutpatient Surgical & Observation\$750 copay\$250 copay\$250 copayUrgent Care\$15 copay\$15 copay\$15 copayPharmacy\$15 copay\$20 copay\$40 copayPharmacy\$20 copay\$40 copay\$40 copayPrefered Brand\$40 copay\$40 copay\$40 copayNon-Preferred Brand\$40 copay\$20 copay\$40 copaySpecialty\$20 copay\$20 copay\$15 copayCord Specialty\$250 copay\$20 copay\$40 copayAndiogy\$20 copay\$20 copay\$40 copayPrefered Brand\$40 copay\$20 copay\$20 copayCord Specialty\$20 copay\$20 copay\$20 copayCord Specialty\$20 copay\$20 copay\$20	\$6,000 20% 20% \$6,600 \$13,200 \$0 copay \$30 copay \$60 copay \$60 copay	\$3,000 30% \$5,000 \$10,000 \$0 copay \$20 copay \$40 copay \$40 copay	\$6,000 10% \$5,000 \$10,000 \$50/CYD/\$0 CYD/10% CYD/10%
Family \$6,000 \$0 \$1,500 Coinsurance 20% N/A 20% Out-of-Pocket Maximum 20% N/A 20% Single \$6,600 \$4,000 \$5,000 Family \$13,200 \$8,000 \$10,000 Provider Office Visits V \$0 copay	\$6,000 20% 20% \$6,600 \$13,200 \$0 copay \$30 copay \$60 copay \$60 copay	\$3,000 30% \$5,000 \$10,000 \$0 copay \$20 copay \$40 copay \$40 copay	\$6,000 10% \$5,000 \$10,000 \$50/CYD/\$0 CYD/10% CYD/10%
Coinsurance 20% N/A 20% Out-of-Pocket Maximum 20% N/A 20% Single \$6,600 \$4,000 \$5,000 Family \$13,200 \$8,000 \$10,000 Provider Office Visits 50 copay \$0 copay \$0 copay Telemedicine - Teladoc \$0 copay \$20 copay \$30 copay Specialist \$50 copay \$40 copay \$60 copay Emergent/Urgent Care X200 copay \$250 copay Mabulance - Ground & Air CYD/20% \$200 copay \$250 copay Urgent Care \$50 copay \$250 copay \$250 copay Mobulance - Ground & Air CYD/20% \$50 copay \$250 copay Urgent Care \$50 copay \$250 copay \$250 copay Inpatient Hospital CYD/20% \$500 copay \$250 copay Preferred Brand \$40 copay \$40 copay \$40 copay No-Preferred Brand \$60 copay \$60 copay \$60 copay Specialty 20% 20% CYD/2	20% 20% \$6,600 \$13,200 \$0 copay \$30 copay \$60 copay \$60 copay	30% 30% \$5,000 \$10,000 \$0 copay \$20 copay \$40 copay \$40 copay \$40 copay	10% \$5,000 \$10,000 \$50/CYD/\$0 CYD/10% CYD/10%
20%N/A20%Out-of-Pocket Maximum\$6,600\$4,000\$5,000Family\$13,200\$8,000\$10,000Provider Office Visits\$0 copay\$0 copay\$0 copayPrimary Care Provider (PCP)\$25 copay\$20 copay\$30 copaySpecialist\$50 copay\$40 copay\$60 copayPrimary Care Provider (PCP)\$25 copay\$200 copay\$200 copaySpecialist\$500 copay\$200 copay\$250 copayAmbulance – Ground & AirCYD/20%\$200 copay\$250 copayPrimargency Room\$500 copay\$250 copay\$250 copayUrgent Care\$500 copay\$250 copay\$250 copayPoutpatient Surgical & Observation\$750 copay\$250 copay\$250 copayPreptatier Surgical & Observation\$750 copay\$250 copay\$15 copayPramay\$15 copay\$15 copay\$15 copayPreferred Brand\$40 copay\$40 copay\$40 copayNo-Preferred Brand\$60 copay\$60 copay\$60 copaySpecialty20%20%\$200 copayerSpecialty\$250 copay\$200 copayer\$200 copayerRoutine X-Ray & Diagnostic\$25 copay\$200 copay\$200 copayerCholex MRI\$250 copay\$200 copayer\$200 copayerCholex Diagnostic\$250 copay\$200 copayer\$200 copayerPrenatal Care & Delivery\$200 copayer\$200 copayer\$200 copayerDelivery Room & Well-baby Hospital\$200 copayer\$200 copayer	\$6,600 \$13,200 \$0 copay \$30 copay \$60 copay \$60 copay \$60 copay	\$5,000 \$10,000 \$0 copay \$20 copay \$40 copay \$40 copay	\$5,000 \$10,000 \$50/CYD/\$0 CYD/10% CYD/10%
Out-of-Pocket Maximum Single \$6,600 \$4,000 \$5,000 Family \$13,200 \$8,000 \$10,000 Provider Office Visits \$0 copay \$250 copay \$260 copay \$260 copay \$260 copay \$260 copay	\$6,600 \$13,200 \$0 copay \$30 copay \$60 copay \$60 copay \$60 copay	\$5,000 \$10,000 \$0 copay \$20 copay \$40 copay \$40 copay	\$5,000 \$10,000 \$50/CYD/\$0 CYD/10% CYD/10%
Single \$6,600 \$4,000 \$5,000 Family \$13,200 \$8,000 \$10,000 Provider Office Visits Image: Single S	\$13,200 \$0 copay \$30 copay \$60 copay CYD/20% \$750 copay	\$10,000 \$0 copay \$20 copay \$40 copay CYD/30% \$750 copay	\$10,000 \$50/CYD/\$0 CYD/10% CYD/10%
Family \$13,200 \$8,000 \$10,000 Provider Office Visits Image: State	\$13,200 \$0 copay \$30 copay \$60 copay CYD/20% \$750 copay	\$10,000 \$0 copay \$20 copay \$40 copay CYD/30% \$750 copay	\$10,000 \$50/CYD/\$0 CYD/10% CYD/10%
Provider Office Visits Telemedicine - Teladoc \$0 copay \$0 copay \$0 copay Primary Care Provider (PCP) \$25 copay \$20 copay \$30 copay Specialist \$50 copay \$40 copay \$60 copay Emergent/Urgent Care \$200 copay \$200 copay \$250 copay Emergency Room \$500 copay \$250 copay \$250 copay \$250 copay Urgent Care \$50 copay \$50 copay \$250 copay \$250 copay Hospital/Facility/Surgical Urgent Care \$50 copay \$250 copay CYD/20% Inpatient Hospital CYD/20% \$500 copay CYD/20% Inpatient Hospital CYD/20% \$500 copay CYD/20% Prefered Brand \$40 copay \$40 copay \$40 copay No-Preferred Brand \$60 copay \$60 copay \$60 copay Specialty 20% 20% CYD/20% CT Scan & MRI \$250 copay \$200 copay per \$200 copay per Generic \$350 copay \$200 copay CYD/20%	\$0 copay \$30 copay \$60 copay CYD/20% \$750 copay	\$0 copay \$20 copay \$40 copay CYD/30% \$750 copay	\$50/CYD/\$0 CYD/10% CYD/10%
Telemedicine - Teladoc\$0 copay\$0 copay\$0 copayPrimary Care Provider (PCP)\$25 copay\$20 copay\$30 copaySpecialist\$50 copay\$40 copay\$60 copayEmergent/Urgent Care\$200 copay\$200 copayAmbulance - Ground & AirCYD/20%\$200 copay\$250 copayUrgent Care\$500 copay\$250 copay\$250 copayHospital/Facility/SurgicalOutpatient Surgical & Observation\$750 copay\$250 copayCYD/20%Inpatient HospitalCYD/20%\$500 copayCYD/20%Pharmacy\$15 copay\$15 copayPDA-approved PreventiveNo ChargeNo ChargeNo ChargeGeneric\$15 copay\$40 copay\$40 copayPreferred Brand\$40 copay\$40 copay\$40 copaySpecialty20%20%CYD/20%Cr Scan & MRI\$250 copay\$200 copay PrideiredCr Scan & MRI\$250 copay\$200 copay PrideiredPrenatal Care & Delivery\$200 copay pretidelivery\$200 copay pretideliveryDelivery Room & Well-baby HospitalCYD/20%\$200 copay pretideliveryDelivery Room & Well-baby HospitalCYD/20%\$200 copay pretideliveryInpatientCYD/20%\$200 copay CYD/20%	\$30 copay \$60 copay CYD/20% \$750 copay	\$20 сорау \$40 сорау СҮD/30% \$750 сорау	CYD/10% CYD/10%
Primary Care Provider (PCP) \$25 copay \$20 copay \$30 copay Specialist \$50 copay \$40 copay \$60 copay Emergent/Urgent Care V V S200 copay S400 copay S400 copay Ambulance – Ground & Air CYD/20% \$200 copay CYD/20% Emergency Room \$500 copay \$250 copay \$250 copay Urgent Care \$50 copay \$500 copay \$500 copay Hospital/Facility/Surgical V V \$500 copay Outpatient Surgical & Observation \$750 copay \$250 copay CYD/20% Inpatient Hospital CYD/20% \$500 copay CYD/20% Pharmacy V Y Y Y FDA-approved Preventive No Charge No Charge No Charge Generic \$15 copay \$15 copay \$40 copay Non-Preferred Brand \$40 copay \$40 copay \$40 copay Specialty 20% 20% CYD/20% CYD/20% CT Scan & MRI \$250 copay \$200 copay per delivery	\$30 copay \$60 copay CYD/20% \$750 copay	\$20 сорау \$40 сорау СҮD/30% \$750 сорау	CYD/10% CYD/10%
Specialist \$50 copay \$40 copay \$60 copay Emergent/Urgent Care	\$60 copay CYD/20% \$750 copay	\$40 copay CYD/30% \$750 copay	CYD/10%
Emergent/Urgent CareAmbulance – Ground & AirCYD/20%\$200 copayCYD/20%Emergency Room\$500 copay\$250 copay\$250 copayUrgent Care\$50 copay\$50 copay\$50 copayHospital/Facility/SurgicalOutpatient Surgical & Observation\$750 copay\$250 copayCYD/20%Inpatient HospitalCYD/20%\$500 copayCYD/20%PharmacyFDA-approved PreventiveNo ChargeNo ChargeNo ChargeGeneric\$15 copay\$15 copay\$15 copayPreferred Brand\$40 copay\$40 copay\$40 copayNon-Preferred Brand\$60 copay\$60 copay\$60 copaySpecialty20%20%CYD/20%Cr Scan & MRI\$250 copay\$500 copayCYD/20%Complex Diagnostic\$250 copay\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryPrenatal Care & Delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryInpatientCYD/20%\$500 copayCYD/20%CYD/20%	CYD/20% \$750 copay	CYD/30% \$750 copay	
Ambulance – Ground & AirCYD/20%\$200 copayCYD/20%Emergency Room\$500 copay\$250 copay\$250 copayUrgent Care\$50 copay\$50 copay\$50 copayHospital/Facility/Surgical\$500 copay\$500 copayOutpatient Surgical & Observation\$750 copay\$250 copayCYD/20%Inpatient HospitalCYD/20%\$500 copayCYD/20%Pharmacy\$500 copay\$15 copayFDA-approved PreventiveNo ChargeNo ChargeNo ChargeGeneric\$15 copay\$15 copay\$15 copayPreferred Brand\$40 copay\$40 copay\$40 copayNon-Preferred Brand\$60 copay\$60 copay\$60 copaySpecialty20%20%CYD/20%CT Scan & MRI\$250 copay\$50 copayCYD/20%Complex Diagnostic\$250 copay\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryPrenatal Care & Delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryInpatientCYD/20%\$500 copayCYD/20%	\$750 copay	\$750 copay	CYD/10%
Ambulance – Ground & AirCYD/20%\$200 copayCYD/20%Emergency Room\$500 copay\$250 copay\$250 copayUrgent Care\$50 copay\$50 copay\$50 copayHospital/Facility/Surgical\$500 copay\$500 copayOutpatient Surgical & Observation\$750 copay\$250 copayCYD/20%Inpatient HospitalCYD/20%\$500 copayCYD/20%Pharmacy\$500 copay\$15 copayFDA-approved PreventiveNo ChargeNo ChargeNo ChargeGeneric\$15 copay\$15 copay\$15 copayPreferred Brand\$40 copay\$40 copay\$40 copayNon-Preferred Brand\$60 copay\$60 copay\$60 copaySpecialty20%20%CYD/20%CT Scan & MRI\$250 copay\$50 copayCYD/20%Complex Diagnostic\$250 copay\$200 copay per delivery\$200 copay per deliveryPrenatal Care & Delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryInpatientCYD/20%\$500 copayCYD/20%Mental Health/Alcohol & Drug AbusetCYD/20%\$500 copayCYD/20%InpatientCYD/20%\$500 copayCYD/20%	\$750 copay	\$750 copay	CYD/10%
Emergency Room\$500 copay\$250 copay\$250 copayUrgent Care\$50 copay\$50 copay\$50 copayHospital/Facility/SurgicalOutpatient Surgical & Observation\$750 copay\$250 copayCYD/20%Inpatient HospitalCYD/20%\$500 copayCYD/20%Pharmacy </td <td></td> <td></td> <td></td>			
Urgent Care\$50 copay\$50 copay\$50 copayHospital/Facility/SurgicalOutpatient Surgical & Observation\$750 copay\$250 copayCYD/20%Inpatient HospitalCYD/20%\$500 copayCYD/20%PharmacyFDA-approved PreventiveNo ChargeNo ChargeNo ChargeGeneric\$15 copay\$15 copay\$15 copayPreferred Brand\$40 copay\$40 copay\$40 copayNon-Preferred Brand\$60 copay\$60 copay\$60 copaySpecialty20%20%CYD/20%Cr Scan & MRI\$250 copay\$20 copayCYD/20%Complex Diagnostic\$350 copay\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryPrenatal Care & Delivery\$200 copay per delivery\$200 copay per			CYD/10%
Hospital/Facility/SurgicalStateOutpatient Surgical & Observation\$750 copay\$250 copayCYD/20%Inpatient HospitalCYD/20%\$500 copayCYD/20%PharmacyStateStateStateFDA-approved PreventiveNo ChargeNo ChargeNo ChargeGeneric\$15 copay\$15 copay\$15 copayPreferred Brand\$40 copay\$40 copay\$40 copayNon-Preferred Brand\$60 copay\$60 copaySpecialty20%20%CYD/20%Routine X-Ray & Diagnostic\$25 copay\$20 copayCYD/20%CT Scan & MRI\$250 copay\$50 copayCYD/20%Complex Diagnostic\$250 copay\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryPrenatal Care & Delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryInpatientCYD/20%\$500 copayCYD/20%		φ 4 0 copay	CYD/10%
Inpatient Hospital CYD/20% \$500 copay CYD/20% Pharmacy Pharmacy No Charge No Charge No Charge No Charge No Charge Generic \$15 copay \$15 copay \$15 copay \$15 copay \$15 copay \$40 copay \$20% \$20% \$20% \$20% \$20% \$20% \$20% \$20% \$20%			
Inpatient Hospital CYD/20% \$500 copay CYD/20% Pharmacy Pharmacy No Charge No Charge No Charge No Charge Stopay St	\$750 copay	\$750 copay	CYD/10%
FDA-approved PreventiveNo ChargeNo ChargeNo ChargeGeneric\$15 copay\$15 copay\$15 copayPreferred Brand\$40 copay\$40 copay\$40 copayNon-Preferred Brand\$60 copay\$60 copay\$60 copaySpecialty20%20%CYD/20%Routine X-Ray & Diagnostic\$25 copay\$20 copayCYD/20%CT Scan & MRI\$250 copay\$50 copayCYD/20%Complex Diagnostic\$350 copay\$100 copay per deliveryCYD/20%Prenatal Care & Delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryDelivery Room & Well-baby HospitalCYD/20%\$500 copayCYD/20%Mental Health/Alcohol & Drug Abuse to too\$500 copayCYD/20%CYD/20%\$500 copay\$200 copay per deliveryCYD/20%	CYD/20%	CYD/30%	CYD/10%
Generic\$15 copay\$15 copay\$15 copayPreferred Brand\$40 copay\$40 copay\$40 copayNon-Preferred Brand\$60 copay\$60 copay\$60 copaySpecialty20%20%CYD/20%Radiology20%20%CYD/20%Routine X-Ray & Diagnostic\$25 copay\$20 copayCYD/20%CT Scan & MRI\$250 copay\$50 copayCYD/20%Complex Diagnostic\$350 copay\$100 copayCYD/20%Maternity\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryPrenatal Care & Delivery\$200 copay per delivery\$200 copay\$200 copay <td></td> <td></td> <td></td>			
Generic\$15 copay\$15 copay\$15 copayPreferred Brand\$40 copay\$40 copay\$40 copayNon-Preferred Brand\$60 copay\$60 copay\$60 copaySpecialty20%20%CYD/20%Radiology20%20%CYD/20%Routine X-Ray & Diagnostic\$25 copay\$20 copayCYD/20%CT Scan & MRI\$250 copay\$50 copayCYD/20%Complex Diagnostic\$350 copay\$100 copayCYD/20%Maternity\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryPrenatal Care & Delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryDelivery Room & Well-baby HospitalCYD/20%\$500 copayCYD/20%InpatientCYD/20%\$500 copayCYD/20%	No Charge	No Charge	No Charge
Preferred Brand\$40 copay\$40 copay\$40 copayNon-Preferred Brand\$60 copay\$60 copay\$60 copaySpecialty20%20%CYD/20%Radiology20%20%CYD/20%Routine X-Ray & Diagnostic\$25 copay\$20 copayCYD/20%CT Scan & MRI\$250 copay\$50 copayCYD/20%Complex Diagnostic\$350 copay\$100 copayCYD/20%Maternity\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryPrenatal Care & Delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryDelivery Room & Well-baby HospitalCYD/20%\$500 copayCYD/20%InpatientCYD/20%\$500 copayCYD/20%	\$15 copay	\$15 copay	CYD/10%
Non-Preferred Brand\$60 copay\$60 copaySpecialty20%20%CYD/20%RadiologyRoutine X-Ray & Diagnostic\$25 copay\$20 copayCYD/20%CT Scan & MRI\$250 copay\$50 copayCYD/20%Complex Diagnostic\$350 copay\$100 copayCYD/20%MaternityPrenatal Care & Delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryDelivery Room & Well-baby HospitalCYD/20%\$500 copayCYD/20%InpatientCYD/20%\$500 copayCYD/20%	\$40 copay	\$40 copay	CYD/10%
Specialty20%20%CYD/20%RadiologyRoutine X-Ray & Diagnostic\$25 copay\$20 copayCYD/20%CT Scan & MRI\$250 copay\$50 copayCYD/20%Complex Diagnostic\$350 copay\$100 copayCYD/20%Maternity\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryPrenatal Care & Delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryDelivery Room & Well-baby HospitalCYD/20%\$500 copayCYD/20%InpatientCYD/20%\$500 copayCYD/20%	\$60 copay	\$60 copay	CYD/10%
RadiologyRoutine X-Ray & Diagnostic\$25 copay\$20 copayCYD/20%CT Scan & MRI\$250 copay\$50 copayCYD/20%Complex Diagnostic\$350 copay\$100 copayCYD/20%Maternity\$200 copay per delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryDelivery Room & Well-baby HospitalCYD/20%\$500 copayCYD/20%InpatientCYD/20%\$500 copayCYD/20%	20%	30%	CYD/10%
Routine X-Ray & Diagnostic\$25 copay\$20 copayCYD/20%CT Scan & MRI\$250 copay\$50 copayCYD/20%Complex Diagnostic\$350 copay\$100 copayCYD/20%Maternity\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryPrenatal Care & Delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryDelivery Room & Well-baby HospitalCYD/20%\$500 copayCYD/20%Mental Health/Alcohol & Drug Abuse ServicesEVD/20%\$500 copayCYD/20%			
CT Scan & MRI\$250 copay\$50 copayCYD/20%Complex Diagnostic\$350 copay\$100 copayCYD/20%Maternity\$200 copay per delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryPrenatal Care & Delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryDelivery Room & Well-baby HospitalCYD/20%\$500 copayCYD/20%Mental Health/Alcohol & Drug Abuse ServicesCYD/20%\$500 copayCYD/20%	\$20 сорау	\$20 copay	CYD/10%
Complex Diagnostic\$350 copay\$100 copayCYD/20%MaternityPrenatal Care & Delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryDelivery Room & Well-baby HospitalCYD/20%\$500 copayCYD/20%Mental Health/Alcohol & Drug Abuse ServicesCYD/20%\$500 copayCYD/20%	\$250 copay	\$200 copay	CYD/10%
Maternity \$200 copay per delivery \$200 copay per delivery \$200 copay per delivery \$200 copay per delivery Delivery Room & Well-baby Hospital CYD/20% \$500 copay CYD/20% Mental Health/Alcohol & Drug Abuse Services CYD/20% \$500 copay CYD/20%	\$400 copay	\$350 copay	CYD/10%
Prenatal Care & Delivery\$200 copay per delivery\$200 copay per delivery\$200 copay per deliveryDelivery Room & Well-baby HospitalCYD/20%\$500 copayCYD/20%Mental Health/Alcohol & Drug Abuse ServicesCYD/20%\$500 copayCYD/20%	,		
Mental Health/Alcohol & Drug Abuse Services Inpatient CYD/20% \$500 copay CYD/20%	\$200 copay per delivery	\$200 copay per delivery	CYD/10%
Inpatient CYD/20% \$500 copay CYD/20%	CYD/20%	CYD/30%	CYD/10%
Outpatient \$750 copay \$200 copay CYD/20%	CYD/20%	CYD/30%	CYD/10%
	\$750 copay	\$750 copay	CYD/10%
Office Visit \$25 copay \$20 copay \$30 copay	4, 30 copay	\$20 copay	CYD/10%
Lab and Pathology	\$30 copay		
No Charge No Charge No Charge		No Charge	CYD/10%
Durable Medical Equipment			
CYD/20% \$50/\$100 CYD/20%	\$30 copay	CYD/30%	CYD/10%
NEW BENEFIT! Pediatric Dental (up to age 19) Diagnostic & Preventive	\$30 copay		
No Charge No Charge CYD/\$0	\$30 copay No Charge		No Charge
NEW BENEFIT! Pediatric Vision (up to age 19) Eye Exam	\$30 copay No Charge	No Charge	
No Charge No Charge CYD/\$0	\$30 copay No Charge CYD/20%	No Charge	



About Prominence Health Plan

For more than 25 years Prominence Health Plan has been providing health service excellence and quality care to our customers. Our operations are locally managed and we deliver hands-on, personal support to those we serve.

Prominence offers a spectrum of products, including commercial group health plans - for both fully-insured and self-funded arrangements - along with Medicare Advantage plans. Since 2014, Prominence Health Plan has been owned and operated by a subsidiary of Universal Health Services, Inc., a Fortune 500 company named among the "World's Most Admired Companies".



Prominence Association Health Plans

In a dedicated effort to bring more affordable, high-quality health plans to small businesses throughout Nevada, Prominence Health Plan launched our Association Health Plans in partnership with key industries and businesses. 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.



How we make life easier... for our members and group clients

\$0 Telemedicine copay for

general and behavioral health sessions from licensed physicians, psychiatrists, clinical social workers and counselors - an obvious solution when members need care and a more convenient option to a traditional doctor visit

Specialized care access through **Centers of Excellence** facilities for care not available in the Prominence primary coverage areas

Travel reimbursement for pre-approved care to contracted facilities

Patient advocacy services for out-of-network patient liability through The Karis Group Member access to **CVS MinuteClinics**[®] nationwide for a PCP copay

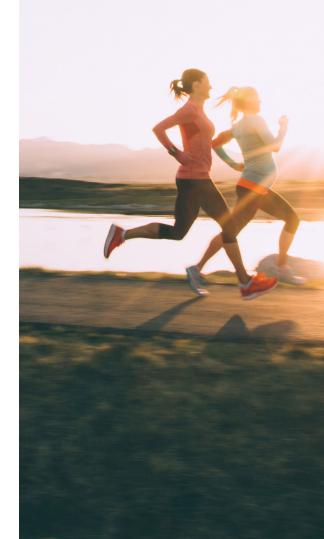
Virtual member ID card allows access to recent medical and pharmacy prescription claims

Comprehensive and interactive wellness packages from Go365

Care coordination for members including **preventive care outreach and high risk case management**

Friendly support from **a local Prominence Health Plan Customer Service** team

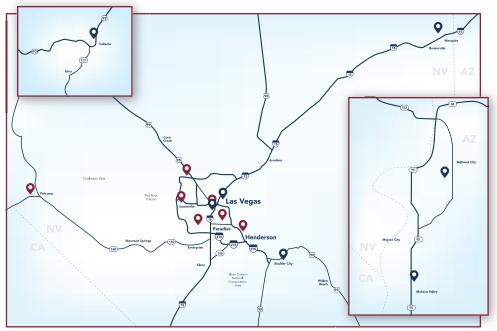




Prominence Health Plan Nevada Network



Northern Nevada



Facilities

Banner Churchill Community Hospital Banner Lassen Medical Center **Barton Memorial Hospital** Battle Mountain General Hospital **Boulder City Hospital** Carson Tahoe Regional Medical Center Carson Valley Medical Center Centennial Hills Hospital Medical Center **Desert Springs Hospital Medical Center Desert View Hospital** Grover C. Dils Medical Center* Henderson Hospital Humboldt General Hospital Incline Village Community Hospital Mesa View RegionalMedical Center* Mount Grant General Hospital North Vista Hospital Northeastern Nevada Regional Hospital

Southern Nevada

Northern Nevada Medical Center Pershing General Hospital* Saint Mary's Regional Medical Center South Lyon Medical Center Hospital Spring Valley Hospital Medical Center Summerlin Hospital Medical Center Tahoe Forest Hospital University Medical Center Valley Hospital Medical Center Valley View Medical Center* Western Arizona Regional Medical Center* William Bee Ririe Hospital

• UHS Facilities * PPO only contracted facility

HMO NETWORK SUMMARY

NORTHERN NEVADA

- ✓ 15 Hospitals
- ✓ 15 Urgent Care
- ✓ 475+ Primary Care Providers
- ✓ 50+ Pediatric Specialists
- ✓ 80+ OB/GYNs
- 🗸 20+ Labs

SOUTHERN NEVADA

- ✓ 9 Hospitals
- 🗸 15 Urgent Care
- ✓ 1 Free-standing Emergency
- ✓ 500+ Primary Care Providers
- ✓ 40+ Pediatric Specialists
- ✓ 75+ OB/GYNs
- 🗸 10+ Labs

PPO NETWORK SUMMARY

NORTHERN NEVADA

- ✓ 16 Hospitals
- ✓ 15 Urgent Care
- ✓ 480+ Primary Care Providers
- ✓ 20+ Pediatric Specialists
- ✓ 65+ OB/GYNs
- 🗸 50+ Labs

SOUTHERN NEVADA

- ✓ 14 Hospitals
- ✓ 47 Urgent Care
- ✓ 1 Free-standing Emergency
- ✓ 765+ Primary Care Providers
- ✓ 50+ Pediatric Specialists
- ✓ 150+ OB/GYNs
- 🗸 65+ Labs

Association Health Plan Underwriting & Enrollment Requirements

Open Enrollment/Quoting Period

Small employer groups can enroll into an Association Health Plan throughout the year. Reno + Sparks Chamber of Commerce currently open to existing membership only.

Renewal Dates

Dates vary depending upon the organization offering the Association Health Plans. Contact PHPgroupquotes@uhsinc.com for more information.

Benefit Plans

Employer groups have a variety of benefit plans from which to choose. Please refer to organization-specific documents for detailed plan designs. Employer groups can enroll into three plans or less.

Counties

Employer groups must be headquartered in designated counties specific to the industry association.

Membership

At the time of enrolling in the Association Health Plans, employer groups must be members of the designated industry association.

Group Types

- Newly formed employer groups in business at least one year (proof of business license and establishment date).
- Virgin employer groups in business at least one year (no prior insurance, must provide proof of business, payroll and, if required, quarterly wages and tax documents).

Group Size / Enrollment (including in-state and out-of-state requirements)

- Small Employer Groups Two to 50 full-time eligible employees.
- Minimum Enrollees Two full-time enrolled employees, unrelated and after creditable coverage waivers. Sole Proprietors and one employee are not allowed.
- Participation 75% of the staff excluding waivers due to creditable coverage.
- Document the number of employees who waive due to creditable coverage in section 5D on the Master Application.
- Group Contribution 50%
- Out-of-state Minimum 10 employees enrolled in an in-state medical plan. Out-of-state employees cannot exceed 15% of in-state employees enrolled.
- Documents to Complete Master Application and Member Enrollment forms.

Rates

- Quoted rates are subject to change and are based on a group's final enrollment census.
- 30-day Enrollment Audit After the initial enrollment/effective date, a 30-day audit will be conducted to confirm that no material changes to the initial enrollment have occurred.
 - If there is a significant change in the first 30 days, rates could change Prominence
 Health Plan reserves the right, based on termed and/or additional members added, to adjust the rates retroactively to the first day of the policy period.
 - o After the 30-day enrollment audit, no subsequent enrollment changes will be audited until the regularly scheduled renewal.

Enrollment Process

Quote – Complete the provided census sheet and submit to php-groupquotes@uhsinc.com.

FOR MORE INFORMATION, CONTACT

Kathy Wells, Prominence Health Plan 775-770-9463 or Kathy.Wells@uhsinc.com

EMAIL GROUP QUOTES

PHP-GroupQuotes@uhsinc.com Your Sales Retention Representative will contact you

Member details include:

- Gender & date of birth
- Zip code (used if members reside out of state)
- Enrollment tier (Employee EE; Employee Spouse - ES; Employee & Child- EC; Employee & Family - EF)
- Current carrier
- Current renewal date

Enrollment - Complete the provided enrollment forms and submit to php-groupquotes@uhsinc.com

- Master Group Application
- New Enrollment Member Enrollment forms (Spanish Available)
- New Member Continuity of Care forms (if applicable) (Spanish Available)
- Premium payment:
 - o Complete the Prominence ACH form to process your initial and monthly premiums

