



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!**

Prominence[®]
Health Plan

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)

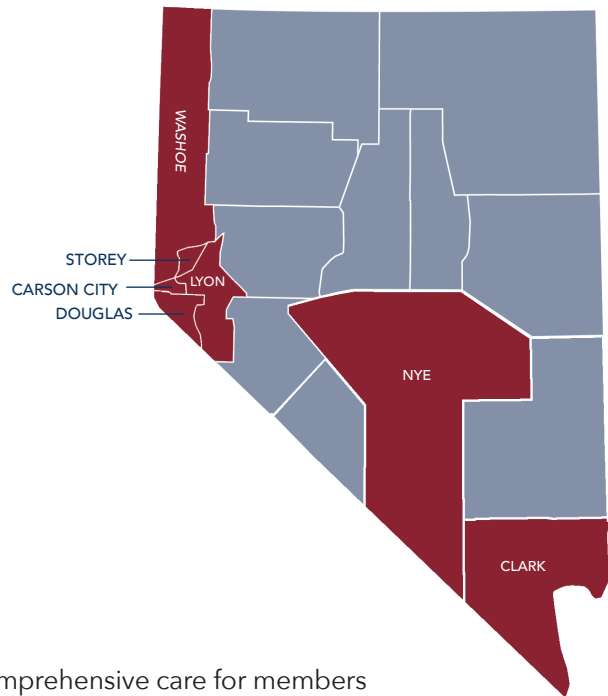
Employers Have Options... and Flexibility

- Choose from three health plan options, including HSA-qualified
- Affordable monthly premiums

PROMINENCE ASSOCIATION PLANS

Carson City
Clark
Douglas
Lyon

Nye
Storey
Washoe



About Our Plans

HMO

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 quality 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



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

In-Network Benefits	GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL					
	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 copay	\$50/CYD/\$0	\$0 copay	\$0 copay	\$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 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	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 & 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

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

NEVADA BUILDERS ALLIANCE BENEFIT GUIDE



Statewide HMO with no specialist referrals for members

In-Network Benefits	GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL				
	HMO 1	HMO 2	HMO 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 copay	\$0 copay	\$0 copay	\$0 copay
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					
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
Urgent Care	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Hospital/Facility/Surgical					
Outpatient Surgical & Observation	\$500 copay	CYD/30%	CYD/30%	\$750 copay	CYD/30%
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 copay	\$15 copay
Preferred Brand	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Non-Preferred Brand	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$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 delivery
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 copay	\$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 to age 19) Diagnostic & Preventive					
	No Charge	No Charge	No Charge	No Charge	No Charge
NEW BENEFIT! Pediatric Vision (up to age 19) Eye Exam					
	No Charge	No Charge	No Charge	No Charge	No Charge

Refer to the Summary of Benefits document for benefit details, limitations and exclusions.
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NORTHERN & SOUTHERN NEVADA DENTAL SOCIETY BENEFIT GUIDE



Northern Nevada
DENTAL SOCIETY



Southern Nevada
DENTAL SOCIETY

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 copay	\$0 copay	\$0 copay	\$0 copay	\$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%
Specialty	20%	20%	CYD/20%	20%	30%	CYD/10%
Radiology						
Routine X-Ray & Diagnostic	\$25 copay	\$20 copay	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 copay	\$30 copay	\$30 copay	\$20 copay	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 & 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

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

WASHOE COUNTY MEDICAL SOCIETY ASSOCIATION BENEFIT GUIDE



Statewide HMO with no specialist referrals for members

In-Network Benefits	GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL					
	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 copay	\$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%
Specialty	20%	20%	CYD/20%	20%	30%	CYD/10%
Radiology						
Routine X-Ray & Diagnostic	\$25 copay	\$20 copay	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 copay	\$30 copay	\$30 copay	\$20 copay	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 & 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

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

NEVADA HOTEL & LODGING ASSOCIATION BENEFIT GUIDE



Statewide HMO with no specialist referrals for members

In-Network Benefits	GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL					
	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 copay	\$50/CYD/\$0	\$0 copay	\$0 copay	\$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 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	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 & 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

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

NEVADA OPTOMETRIC ASSOCIATION HEALTH PLAN 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 copay	\$0 copay	\$0 copay	\$0 copay	\$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%
Specialty	20%	20%	CYD/20%	20%	30%	CYD/10%
Radiology						
Routine X-Ray & Diagnostic	\$25 copay	\$20 copay	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 copay	\$30 copay	\$30 copay	\$20 copay	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 & 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

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



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



Southern Nevada

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

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 Regional Medical Center*
- Mount Grant General Hospital
- North Vista Hospital
- Northeastern Nevada Regional Hospital

- 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

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 PHP-groupquotes@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.
 - o 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

The logo for Prominence Health Plan features the word "Prominence" in a large, dark blue serif font, with a small red diamond above the letter "i". Below it, the words "Health Plan" are written in a smaller, red sans-serif font.