

Affordable Health Insurance for Your Practice Employees

Choose Association Health Plans for Better Rates!

Washoe County Medical Society members 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

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 *Affiliate programs available

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 for more information!



Prominence[®]
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/PPO	NEW PLAN! POS 5000* HMO/PPO	PPO 2500*	PPO HDHP 3000* ¹
Calendar Year Deductible (CYD)							
Individual	\$2,000	\$3,000	\$6,000	\$3,000/\$3,500	\$5,000/\$5,500	\$2,500	\$3,000
Family	\$6,000	\$6,000	\$12,000	\$6,000/\$7,000	\$10,000/\$11,000	\$5,000	\$6,000
Coinsurance							
	20%	30%	40%	30%	30%	30%	10%
Out-of-Pocket Maximum							
Single	\$6,850	\$8,150	\$8,150	\$6,850/\$8,150	\$7,300/\$8,000	\$8,150	\$5,000
Family	\$13,700	\$16,300	\$16,300	\$13,700/\$16,300	\$14,600/\$16,000	\$16,300	\$10,000
Provider Office Visits							
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	\$30 copay	CYD/10%
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	\$60 copay	CYD/10%
Emergent/Urgent Care							
Ambulance – Ground & Air	\$250 copay per trip	\$500 copay per trip	\$1,000 copay per trip	\$500 copay per trip	\$1,000 copay	\$500 copay per trip	CYD/10%
Emergency Room	CYD	CYD/\$2,000 copay	\$2,000 copay	CYD 30%	\$1,000 copay	CYD/30%	CYD/10%
Urgent Care	\$50 copay	\$60 copay	\$70 copay	\$50/\$100 copay	\$50/ \$100 copay	\$50 copay	CYD/10%
Hospital/Facility/Surgical							
Outpatient Surgical	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay/CYD 30%	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Inpatient Hospital	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/40%	CYD \$2,000/CYD 30%	CYD/30%	CYD/30%	CYD/10%
Pharmacy							
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic/Brand/Non-Brand	\$15/\$40/\$60	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$10/\$30/\$50	CYD/10%
Specialty	20%	20%	20%	20%	20%	20%	CYD/10%
Radiology							
Routine X-Ray & Diagnostic	\$25 copay	\$30 copay	\$35 copay	\$25/\$50 copay	\$30 copay/ \$60 copay	\$30 copay	CYD/10%
CT Scan & MRI	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay/CYD 30%	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Complex Diagnostic	CYD/20%	CYD/30%	\$2,000 copay	CYD 30%	\$1,000 copay/ CYD 30%	CYD/ 30%	CYD/10%
Maternity							
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/10%
Delivery Room & Well-baby Hospital	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/40%	CYD \$2,000/CYD 30%	CYD/30%	CYD/30%	CYD/10%
Mental Health/Alcohol & Drug Abuse Services							
Inpatient	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/40%	CYD \$2,000/CYD 30%	CYD/30%	CYD/30%	CYD/10%
Outpatient	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay/CYD 30%	\$1,000/ CYD 30%	\$500 copay	CYD/10%
Office Visit	\$25 copay	\$30 copay	\$35 copay	\$25/\$50 copay	\$30 copay/ \$60 copay	\$30 copay	CYD/10%
Lab and Pathology							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/10%
Pediatric Dental & Vision - Diagnostic and Preventive (up to age 19)							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

¹ 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.