

Affordable Health Insurance for Society Members



Choose Association Health Plans for Better Rates!

Northern Nevada Dental 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.nndental.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 six health plan options, including HSA-qualified – see reverse
- Affordable monthly premiums



PARTICIPATING AREAS INCLUDE: Douglas County, Lyon County, Storey County, Washoe County & Carson City

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!

- **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.
- **Comprehensive Provider Network** - Includes many notable and board certified physicians throughout the state, offering members excellent access to quality medical services.

Contact your broker or PHP-GroupQuotes@uhsinc.com for more information!



Northern Nevada
DENTAL SOCIETY

Prominence[®]
Health Plan

REV JUN22



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 SEPTEMBER 1, 2023

In-Network Benefits	GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL					
	HMO 2000	NEW PLAN! HMO 4000	NEW PLAN! HMO 6000	NEW PLAN! POS 4000* HMO/PPO	PPO 2500*	PPO HDHP 3000 10%* ¹
Calendar Year Deductible (CYD)						
Single	\$2,000	\$4,000	\$6,000	\$4,000/ \$4,000	\$2,500	\$3,000
Family	\$6,000	\$8,000	\$12,000	\$8,000/ \$8,000	\$5,000	\$6,000
Coinsurance						
	20%	30%	40%	30%	30%	10%
Out-of-Pocket Maximum						
Single	\$6,850	\$7,100	\$8,150	\$7,300/ \$8,000	\$8,150	\$5,000
Family	\$13,700	\$14,200	\$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	CYD/\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$35 copay	\$35 copay	\$30/\$60 copay	\$30 copay	CYD/10%
Specialist	\$50 copay	\$70 copay	\$70 copay	\$60/\$90 copay	\$60 copay	CYD/10%
Emergency/Urgent Care						
Ambulance – Ground & Air	\$250 copay per trip	\$500 copay per trip	\$1,000 copay per trip	\$1,000 copay per trip	\$500 copay per trip	CYD/10%
Emergency Room	CYD	\$1,000 copay	\$2,000 copay	\$1,000 copay	CYD/30%	CYD/10%
Urgent Care	\$50 copay	\$70 copay	\$70 copay	\$50/\$100 copay	\$50 copay	CYD/10%
Hospital/Facility/Surgical						
Outpatient Surgical	\$250 copay	\$1,000 copay	\$1,000 copay	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Inpatient Hospital	CYD/\$1,000 copay	CYD/30%	CYD/40%	CYD/30%	CYD/30%	CYD/10%
Pharmacy						
FDA- Approved Preventive	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	CYD/10%
Specialty	20%	20%	20%	20%	20%	CYD/10%
Radiology						
Routine X-Ray & Diagnostic	\$25 copay	\$35 copay	\$35 copay	\$30/\$60 copay	\$30 copay	CYD/10%
CT Scan & MRI	\$250 copay	\$1,000 copay	\$1,000 copay	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Complex Diagnostic	CYD/20%	\$1,000 copay	\$2,000 copay	\$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	\$200 copay/CYD 30% per delivery	\$200 copay per delivery	CYD/10%
Delivery Room & Well-baby Hospital	CYD/\$1,000 copay	CYD/30%	CYD/40%	CYD/30%	CYD/30%	CYD/10%
Mental Health/Alcohol & Drug Abuse Services						
Inpatient	CYD/\$1,000 copay	CYD/30%	CYD/40%	CYD/30%	CYD/30%	CYD/10%
Outpatient	\$250 copay	\$1,000 copay	\$1,000 copay	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Office Visit	\$25 copay	\$35 copay	\$35 copay	\$30/\$60 copay	\$30 copay	CYD/10%
Lab and Pathology						
	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

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.