

2020 Association Health Plans for Nevada Landscape Association

*Don't Wait for Your Renewal to Get a Quote!
Open enrollment begins October 2020!*

Nevada Landscape Association 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? www.nevadanla.com

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 Cigna 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:

Washoe County Carson City
Douglas County Clark County
Storey County Nye County
Lyon 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!

- **Cigna National Network** - Prominence has collaborated with Cigna to create a national network for use outside of Nevada for those members enrolled in either a POS or PPO health plan.
- **Teladoc** - 24/7 member care via telephone or video from licensed physicians, psychiatrists, clinical social workers 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 rate based upon type of service.
- **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



Prominence[®]
Health Plan



NEVADA LANDSCAPE ASSOCIATION BENEFIT GUIDE FOR 2020



Statewide HMO with no specialist referrals for members; benefits listed below are in-network; * indicates plans with Cigna network access

GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL						
NVL Association Health Plans	HMO 1000	HMO 4000	HMO 7000	POS 1000 HMO/PPO*	POS 4000 HMO/PPO*	PPO HDHP 6900* ¹
Calendar Year Deductible (CYD)						
Individual	\$1,000	\$4,000	\$7,000	\$1,000/\$1,500	\$4,000/\$4,000	\$6,900
Family	\$3,000	\$8,000	\$14,000	\$2,000/\$3,000	\$8,000/\$8,000	\$13,800
Coinsurance						
	20%	30%	50%	20%/20%	30%/30%	0%
Out-of-Pocket Maximum						
Single	\$4,000	\$7,100	\$8,150	\$4,000/\$6,500	\$7,300/\$8,000	\$6,900
Family	\$8,000	\$14,200	\$16,300	\$8,000/\$13,000	\$14,600/\$16,000	\$13,800
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	\$15/\$30 copay	\$30/\$60 copay	CYD/0%
Specialist	\$50 copay	\$70 copay	\$70 copay	\$30/\$60 copay	\$60/\$90 copay	CYD/0%
Emergency/Urgent Care						
Ambulance – Ground & Air	\$250 copay per trip	\$500 copay per trip	\$1,000 copay per trip	\$250 copay per trip	\$1,000 copay per trip	CYD/0%
Emergency Room	\$500 copay	\$1,000 copay	\$1,000 copay	\$500 copay	\$1,000 copay	CYD/0%
Urgent Care	\$50 copay	\$70 copay	\$70 copay	\$50/\$100 copay	\$50/\$100 copay	CYD/0%
Hospital/Facility/Surgical						
Outpatient Surgical	\$250 copay	\$1,000 copay	\$1,000 copay	\$250 copay/ CYD 20%	\$100 copay/ CYD 30%	CYD/0%
Inpatient Hospital	CYD/\$1,000 copay	CYD/30%	CYD/50%	CYD \$1,000/ CYD 20%	CYD 30%/CYD 30%	CYD/0%
Pharmacy						
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic/Brand/Non-Brand	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	CYD/0%
Specialty	20%	20%	20%	20%	20%	CYD/0%
Radiology						
Routine X-Ray & Diagnostic	\$25 copay	\$35 copay	\$35 copay	\$15/\$30 copay	\$30/\$60 copay	CYD/0%
CT Scan & MRI	\$250 copay	\$1,000 copay	\$1,000 copay	\$250 copay/ CYD 20%	\$1,000 copay/ CYD 30%	CYD/0%
Complex Diagnostic	\$250 copay	\$1,000 copay	\$2,000 copay	\$250 copay/ CYD 20%	\$1,000 copay/ CYD 30%	CYD/0%
Maternity						
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay/CYD 20% per delivery	\$200 copay/CYD 30% per delivery	CYD/0%
Delivery Room & Well-baby Hospital	CYD/\$1,000 copay	CYD/30%	CYD/50%	CYD \$1,000 copay/ CYD 20% per delivery	CYD 30%/CYD 30%	CYD/0%
Mental Health/Alcohol & Drug Abuse Services						
Inpatient	CYD/\$1,000 copay	CYD/30%	CYD/50%	CYD \$1,000/ CYD 20%	CYD 30%/CYD 30%	CYD/0%
Outpatient	\$250 copay	\$1,000 copay	\$1,000 copay	\$250 copay/ CYD 20%	\$1,000 copay/ CYD 30%	CYD/0%
Office Visit	\$25 copay	\$35 copay	\$35 copay	\$15/\$30 copay	\$30/\$60 copay	CYD/0%
Lab and Pathology						
	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/0%
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.