Association Health Plans

Make Sense for Your Small Business



- OFFER comprehensive health coverage for enrolled members & dependents
- SAVE up to an average of 30% in premium costs compared to other options
- SHARE those savings with your employees
- **ACCESS** a large and comprehensive statewide provider network
- **RETAIN** workforce talent with valuable health insurance and employee benefits
- **ENROLL** at any time!

Ready to learn more or request a quote?

Contact your broker or Prominence direct at 888-840-9080 or visit www.prominencehealthplan.com/ahp

Not an association member? Learn more at www.nvhotels.com.





by our partner Prominence Health Plan prior to final enrollment.

NHLA member companies must meet eligibility requirements as determined



A Pricing Model That Works in Your Favor

Because premium rates are the same for all employees - and not dependent upon age there is an ease of administration which leads to greater employee satisfaction.

No Cost COBRA Administration

We can make your day-to-day operations easier too! As part of our services, Prominence will provide required employee and dependent Qualifying Event Notifications at **NO COST** through our partner Cobra Control Services.

Health Plan Highlights

- Statewide HMO with **no specialist** referrals required
- PPO & POS health plans include access to a national network for those members who live, work or travel out-of-state
- 24/7 care via telephone or video from licensed physicians, psychiatrists and counselors for a \$0 cost share
- Members in southern Nevada can earn up to \$120 per year for engaging with the wellPORTAL primary care network

Participating Areas Include:

Carson City, Clark County, Douglas County, Lyon County, Nye County, Storey County & Washoe County





2023/2024 Benefit Overview

All medical plan options were carefully designed for NHLA members. Businesses can offer up to THREE different health plans, so employees have a choice when it comes to what works best for them. Benefits listed below are in-network.

PLANS RENEW AUGUST 1, 2024

In-Network Benefits	HMO 2000	HMO 3000	HMO 6000	POS 3000 HMO/PPO*	POS 5000 HMO/PPO*	PPO 1000*	PPO HDHP 3000*1
Calendar Year Deductible (CY	(D)						
Single	\$2,000	\$3,000	\$6,000	\$3,000/\$3,500	\$5,000/\$5,500	\$1,000	\$3,000
Family	\$6,000	\$9,000	\$12,000	\$6,000/\$7,000	\$10,000/\$11,000	\$3,000	\$6,000
Coinsurance							
	20%	30%	40%	30%	30%	20%	0%
Out-of-Pocket Maximum							
Single	\$6,600	\$7,100	\$8,150	\$6,850/\$8,150	\$7,300/\$8,000	\$5,000	\$3,000
Family	\$13,200	\$14,200	\$16,300	\$13,700/\$16,300	\$14,600/\$16,000	\$10,000	\$6,000
Provider Office Visits							
Telemedicine - Teladoc	\$0 сорау	\$0 copay	\$0 copay	\$0 сорау	\$0 copay	\$0 copay	CYD/\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$30 copay	\$35 copay	\$25/\$50 copay	\$30/\$60 copay	\$20 copay	CYD/0%
wellPORTAL Primary Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Specialist	\$50 copay	\$60 copay	\$70 copay	\$50/\$80 copay	\$60/\$90 copay	\$40 copay	CYD/0%
Emergent/Urgent Care							
Ambulance – Ground & Air	CYD/20%	CYD/30%	\$1,000 copay per trip	\$500 copay per trip	\$1,000 copay	CYD/20%	CYD/0%
Emergency Room	\$500 copay	\$500 copay	\$2,000 copay	CYD 30%	\$1,000 copay	\$750 copay	CYD/0%
Urgent Care	\$50 copay	\$50 copay	\$70 copay	\$50/\$100 copay	\$50/ \$100 copay	\$40 copay	CYD/0%
Hospital/Facility/Surgical							
Outpatient Surgical & Observation	\$750 copay	\$1,000 copay	\$1,000 copay	\$500 copay/CYD 30%	\$1,000 copay/CYD 30%	\$750 copay	CYD/0%
Inpatient Hospital	CYD/20%	CYD/30%	CYD/40%	CYD \$2,000/CYD 30%	CYD/30%	CYD/20%	CYD/0%
Pharmacy							
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic	\$15 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$15 copay	CYD/0%
Preferred Brand	\$40 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$40 copay	CYD/0%
Non-Preferred Brand	\$60 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$60 copay	CYD/0%
Specialty	20%	20%	20%	20%	20%	20%	CYD/0%
Radiology							
Routine X-Ray & Diagnostic	\$25 copay	\$30 copay	\$35 copay	\$25 / \$50 copay	\$30 / \$60 copay	\$20 copay	CYD/0%
CT Scan & MRI	\$250 copay	\$250 copay	\$1,000 copay	\$500 copay/CYD 30%	\$1,000 copay/ CYD 30%	\$200 copay	CYD/0%
Complex Diagnostic	\$350 copay	\$350 copay	\$2,000 copay	CYD 30%	\$1,000 copay/ CYD 30%	\$350 copay	CYD/0%
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/0%
Delivery Room & Well-baby Hospital	CYD/20%	CYD/30%	CYD/40%	CYD \$2,000/CYD 30%	CYD/30%	CYD/20%	CYD/0%
Mental Health/Alcohol & Dru	a Abuse Services						
Inpatient	CYD/20%	CYD/30%	CYD/40%	CYD \$2,000/CYD 30%	CYD/30%	CYD/20%	CYD/0%
Outpatient	\$750 copay	\$1,000 copay	\$1,000 copay	\$500 copay/CYD 30%	\$1,000/CYD 30%	\$750 copay	CYD/0%
Office Visit	\$25 copay	\$30 copay	\$35 copay	\$25/\$50 copay	\$30/\$60 copay	\$20 copay	CYD/0%
Lab and Pathology							
	Na Chara	No Chara	Na Chama	Na Chama	Na Chara	Na Chara	CVD /00/
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/0%
Pediatric Dental & Vision - Di	agnostic and Pre	ventive (up to a	ge 19)				
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge