

Nevada Builders Alliance & Prominence Health Plan

New Group Enrollment through 2019!

Nevada Builders Alliance 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 medical plan from Prominence. Employer groups must be new to Prominence.

Large Group Benefits for Small Employer Groups

- Coinsurance benefits at 30%
- Copays for widely used benefits like PCP Visits, Specialists and Lab Services
- Statewide HMO open access and National PPO network access

Employers Have Options... and Flexibility

- Choose from five comprehensive health plans - see reverse
- Affordable monthly premiums
- Dental, Vision and Life ancillary products
- FREE Cobra Administration for groups with 20+ FTEs

PARTICIPATING AREAS INCLUDE:

Washoe County	Storey County
Clark County	Carson City
Douglas County	Gardnerville
Lyon County	Zephyr Cove

Both the broker and the group must be a member of the Nevada Builders Alliance and in good standing (\$250 annual fee). Membership is company-based, not by individual.

Additionally, groups must be licensed within the construction industry.

ABOVE & BEYOND MEMBER VALUE

- **Teladoc** - 24/7 member care via telephone or video from licensed physicians, psychiatrists, clinical social workers and counselors for a \$0 cost share.
- **Karis** - Patient advocacy service offering bill negotiation for out-of-network medical bills.
- **Dedicated Support** - Friendly support from a local Prominence Health Plan customer service team.

CONTACT YOUR BROKER FOR MORE INFORMATION!



NEVADA BUILDERS ALLIANCE BENEFIT GUIDE

2-50 Employees | Nevada
Enrollment begins January 2019 for
groups new to Prominence
Effective Dates February - December 2019

Statewide HMO with no specialist referrals for members

In-Network Benefits	GROUPS CAN CHOOSE UP TO THREE 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
Emergency/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%

All Prominence health plans include Teladoc medical & behavioral services and patient advocacy from Karis.

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