

Association Health Plans

Make Sense for Your Law Practice



Businesses with 2-50 employees can engage in collective buying power to access benefits and rates typically offered to Large Group employers.

- ✓ **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.clarkcountybar.org**.

Prominence[®]
Health Plan



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**
- With a variety of health plan options, **employees have choice** and can find the design that works best for them

Participating Areas Include:

Clark County and Nye County





2023/2024 Benefit Overview

All medical plan options were carefully designed for CCBA 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 OCTOBER 1, 2024

In-Network Benefits	HMO 2000	POS 1000* HMO/PPO	POS 3000* HMO/PPO	POS 5000* HMO/PPO	POS 7500* HMO/PPO	PPO 2500*	PPO HD 3000* ¹
Calendar Year Deductible (CYD)							
Individual	\$2,000	\$1,000/\$1,500	\$3,000/\$3,500	\$5,000/\$5,500	\$7,500/\$7,500	\$2,500	\$3,000
Family	\$6,000	\$2,000/\$3,000	\$6,000/\$7,000	\$10,000/\$11,000	\$15,000/\$15,000	\$5,000	\$6,000
Coinsurance							
	20%	20%	30%	30%	30%	30%	10%
Out-of-Pocket Maximum							
Single	\$6,850	\$4,000/\$6,500	\$6,850/\$8,150	\$7,300/\$8,000	\$8,550/\$8,550	\$8,150	\$5,000
Family	\$13,700	\$8,000/\$13,000	\$13,700/\$16,300	\$14,600/\$16,000	\$17,100/\$17,100	\$16,300	\$10,000
Provider Office Visits							
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$15/\$30 copay	\$25/\$50 copay	\$30/\$60 copay	\$30/\$60 copay	\$30 copay	CYD/10%
wellPortal Primary Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Specialist	\$50 copay	\$30/\$60 copay	\$50/\$80 copay	\$60/\$90 copay	\$60/\$90 copay	\$60 copay	CYD/10%
Emergency/Urgent Care							
Ambulance – Ground & Air	\$250 copay per trip	\$250 copay per trip	\$500 copay per trip	\$1,000 copay	\$1,500 copay per trip	\$500 copay per trip	CYD/10%
Emergency Room	CYD	\$500 copay	CYD/30%	\$1,000 copay	\$1,500 copay	CYD/30%	CYD/10%
Urgent Care	\$50 copay	\$50/\$100 copay	\$50/\$100 copay	\$50/\$100 copay	\$50/\$100 copay	\$50 copay	CYD/10%
Hospital/Facility/Surgical							
Outpatient Surgical	\$250 copay	\$250 copay/ CYD 20%	\$500 copay/ CYD 30%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	\$500 copay	CYD/10%
Inpatient Hospital	CYD/\$1,000 copay	CYD \$1,000/ CYD 20%	CYD \$2,000 copay/ CYD 30%	CYD/30%	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	\$15/\$30 copay	\$25/\$50 copay	\$30/ \$60 copay	\$30/\$60 copay	\$30 copay	CYD/10%
CT Scan & MRI	\$250 copay	\$250 copay/ CYD 20%	\$500 copay/ CYD 30%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	\$500 copay	CYD/10%
Complex Diagnostic	CYD/20%	\$250 copay/ CYD 20%	CYD/30%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	CYD/ 30%	CYD/10%
Maternity							
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay/CYD 20% per delivery	\$250 copay/CYD 30% per delivery	\$250 copay/CYD 30% per delivery	\$200 copay/CYD 30% per delivery	\$200 copay per delivery	CYD/10%
Delivery Room & Well-baby Hospital	CYD/\$1,000 copay	CYD \$1,000 copay/ CYD 20%	CYD \$2,000/ CYD 30%	CYD 30%/ CYD 30%	CYD 30%/CYD 30%	CYD/30%	CYD/10%
Mental Health/Alcohol & Drug Abuse Services							
Inpatient	CYD/\$1,000 copay	CYD \$1,000/ CYD 20%	CYD \$2,000/ CYD 30%	CYD 30%/ CYD 30%	CYD 30%/ CYD 30%	CYD/30%	CYD/10%
Outpatient	\$250 copay	\$250 copay/ CYD 20%	\$500 copay/ CYD 30%	\$1,000/ CYD 30%	\$1,500 copay/ CYD 30%	\$500 copay	CYD/10%
Office Visit	\$25 copay	\$15/\$30 copay	\$25/\$50 copay	\$30/\$60 copay	\$30/\$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.

*Indicates plans with national network access outside Nevada