

High-Quality Health Care You AND Your Employees Can Get Excited About

Association Health Plans for businesses 2 to 50 are designed for multiple employers to join together and offer health benefits for their businesses under one plan. This increases the number of plan participants, which qualifies the association as a Large Group.

With the Power of a Large Group Comes Large Group Advantages

- ✓ **OFFER** comprehensive health coverage for enrolled members & dependents
- ✓ **SAVE** in premium costs compared to other options
- ✓ **ACCESS** a large and comprehensive statewide provider network
- ✓ **RETAIN** workforce talent with valuable health insurance and employee benefits
- ✓ **ENROLL** at any time!

More Good Stuff...

- A range of **eight** different health plans – your business can offer up to three for employee choice
- All HMO plans are statewide with **no specialist referrals required**
- Members in southern Nevada can **earn up to \$120 per year** for engaging with the wellPORTAL primary care network
- Prominence provides required COBRA employee and dependent **Qualifying Event Notifications at no cost**

PPO Plans Offer Network Choice!



PPO Select – A more affordable option where members have access to contracted providers throughout Nevada



PPO Freedom – With an added layer of coverage, enrolled members tap into a national PPO network when outside Nevada, ideal for employees who live, work or travel out-of-state

Introducing Teladoc Primary360

From routine checkups to ongoing care, visits with U.S. board-certified PCPs are easy to schedule and include preventive care, prescriptions, lab orders and screenings and support for chronic conditions. The Primary360 PCP appointment is a \$0 copay (CYD/\$0 for HD plans).

Available ONLY to members enrolled in the PPO Select 17, 21 and HD 12 plans. All Prominence members have access to Teladoc for 24/7 general and mental health.



Participating Areas Include:

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

Prominence
Health

60TH ANNIVERSARY NEVADA BUILDERS ALLIANCE
BUILDING A BETTER NEVADA

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.nevadabuilders.org

Businesses can offer to up THREE different health plans; in-network benefits are listed below.

PLANS RENEW JUNE 1, 2026								
In-Network Benefits	AHP HMO 9	AHP HMO 17	AHP HMO 21	AHP PPO SELECT 17	AHP PPO SELECT 21	AHP PPO HD SELECT 12 ¹	AHP PPO FREEDOM 9 [*]	AHP PPO FREEDOM 17 [*]
Calendar Year Deductible (CYD)								
Individual	\$2,500	\$4,000	\$5,500	\$4,000	\$5,500	\$3,300	\$2,500	\$4,000
Family	\$5,000	\$8,000	\$11,000	\$8,000	\$11,000	\$6,600	\$5,000	\$8,000
Coinsurance								
	20%	30%	30%	30%	30%	20%	30%	30%
Out-of-Pocket Maximum								
Individual	\$8,500	\$8,500	\$9,200	\$8,500	\$9,200	\$8,300	\$9,200	\$8,500
Family	\$17,000	\$17,000	\$18,400	\$17,000	\$18,400	\$16,600	\$18,400	\$17,000
Provider Office Visits								
Primary Care Provider (PCP)	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	CYD/20%	\$25 copay	\$25 copay
Specialist	\$50 copay	\$50 copay	\$70 copay	\$50 copay	\$70 copay	CYD/20%	\$50 copay	\$50 copay
24/7 Gen Medical - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay	\$0 copay	\$0 copay
PrimaryCare360 - Teladoc	N/A	N/A	N/A	\$0 copay	\$0 copay	CYD/\$0 copay	N/A	N/A
wellPORTAL Primary Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay	\$0 copay	\$0 copay
Emergent/Urgent Care								
Ambulance – Ground & Air (per trip)	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay	\$1,000 copay	CYD/20%	\$500 copay	\$500 copay
Emergency Room	CYD/20%	CYD/\$2,000 copay	\$2,000 copay	CYD/\$2,000 copay	\$2,000 copay	CYD/20%	CYD/30%	CYD/\$2,000 copay
Urgent Care	\$50 copay	\$50 copay	\$70 copay	\$50 copay	\$70 copay	CYD/20%	\$50 copay	\$50 copay
Hospital/Facility/Surgical								
Outpatient Surgical	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay	\$1,000 copay	CYD/20%	\$500 copay	\$500 copay
Inpatient Hospital	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/30%	CYD/\$2,000 copay	CYD/30%	CYD/20%	CYD/30%	CYD/\$2,000 copay
Pharmacy								
FDA-approved Preventive	No Charge	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	CYD/20%	\$15/\$40/\$60	\$25/\$50/\$75
Specialty	20%	20%	20%	20%	20%	CYD/20%	20%	20%
Radiology								
Routine X-Ray & Diagnostic	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	CYD20%	\$25 copay	\$25 copay
CT Scan & MRI	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay	\$1,000 copay	CYD/20%	\$500 copay	\$500 copay
Complex Diagnostic	CYD/20%	CYD/30%	\$2,000 copay	CYD/30%	\$2,000 copay	CYD/20%	CYD/30%	CYD/30%
Maternity								
Prenatal Care & Delivery (per delivery)	\$200 copay	\$200 copay	\$200 copay	\$200 copay	\$200 copay	CYD/20%	\$200 copay	\$200 copay
Delivery Room & Well-baby Hospital	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/30%	CYD/\$2,000 copay	CYD/30%	CYD/20%	CYD/30%	CYD/\$2,000 copay
Mental Health/Alcohol & Drug Abuse Services								
Office Visit	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	CYD/20%	\$25 copay	\$25 copay
Outpatient	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay	\$1,000 copay	CYD/20%	\$500 copay	\$500 copay
Inpatient	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/30%	CYD/\$2,000 copay	CYD/30%	CYD/20%	CYD/30%	CYD/\$2,000 copay
Lab and Pathology								
	No Charge	No Charge	No Charge	No Charge	No Charge	CYD20%	No Charge	No Charge
Pediatric Dental & Vision - Diagnostic and Preventive (up to age 19)								
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

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

¹ High Deductible Health Plans are subject to deductible first and benefits will be rendered at the contractual rate based upon type of service.

***Indicates plans with national network access outside Nevada**