

Prominence Health Plan

2020 Small Group Plan Options**

(Plans with Embedded go365 Benefits)

Group Name: Lizette Ordones
Account Manager:
Broker:

2020 Q4 SG Rates & Plans - Rating Area 3 Carson NV
Lizette Ordones
0

Effective Date: October 1, 2020
Through Date: September 30, 2021

Table with columns: Age, # of Members*, and 20 columns of rates for various plan options (HMO U.S.A., Freedom Plus, etc.) for ages 0-14 to 64+.

Total Premium

Summary row for Total Premium across all plan options.

NOTE: Rates are proposed for the effective date above. A rate is required after this date. Rates are based on the 89701 zip code area. Final rates will be based on actual effective date, actual location, enrolled census, final benefits selected, PIP's underwriting rules plus state and federal laws in effect upon acceptance by Prominence Health Plan (PHP).

** Due to ACA rating rules, a maximum of 3 children under the age of 21 per family are included in the under age 21 count for rating purposes.

** HMO plans are not available to employees that reside outside of Nevada.

**Prominence Health Plan
2020 Small Group Plans - (NV)**

HMO

Plan Name	PCP/ Specialist Copays	Deductible (3x Family)	Coinsurance	OOPM ⁽¹⁾ (2x Family)	Inpatient Copay	Emergency Room	Urgent Care	Rx	Metal Tier
Prominence Nevada HMO Select 250	\$10/\$20	\$250	10%	\$3,000	\$750	\$250	\$60	\$10/25/40	Platinum
Prominence Nevada HMO Select 500	\$20/\$40	\$500	20%	\$6,000	CYD/Coins	\$500	\$75	\$15/40/60	Gold
Prominence Nevada HMO Select 1000	\$25/\$50	\$1,000	20%	\$5,000	CYD/Coins	\$500	\$75	\$20/40/65	Gold
Prominence Nevada HMO Select 2500	\$50/\$100	\$2,500	30%	\$8,150	CYD/Coins	\$1,000	\$100	\$30/60/90	Silver
Prominence Nevada HMO Select 3500	\$50/\$100	\$3,500	30%	\$8,150	CYD/Coins	\$1,000	\$100	\$30/60/90	Silver
Prominence Nevada HMO Select 5000	\$50/\$100	\$5,000 ⁽²⁾	30%	\$8,150	CYD/Coins	CYD/Coins	\$100	\$30/60/90	Silver
Prominence Nevada HMO Select 6000	\$50/\$100	\$6,000 ⁽²⁾	30%	\$8,150	CYD/Coins	CYD/Coins	\$100	\$25/60/90	Silver
Prominence Nevada HMO Select 8150	\$60/\$100	\$8,150 ⁽²⁾	0%	\$8,150	CYD/Coins	CYD/Coins	CYD/Coins	\$40; CYD + \$100/CYD + \$150	Bronze

HMO - Freedom Plus

Plan Name	PCP/ Specialist Copays In- Network	Deductible (3x Family)	Coinsurance (In/Out of network)	OOPM (2x Family) (In/Out of network)	Inpatient Copay (In/Out of network)	Emergency Room	Urgent Care In Network	Rx	Metal Tier
		(In/Out of network)							
Prominence Nevada Freedom Plus 250	\$10/\$20	\$250/\$750	10%/30%	\$3,000/\$6,000	\$750/CYD+Coins	\$150	\$60	\$10/25/40	Platinum
Prominence Nevada Freedom Plus 500	\$20/\$40	\$500/\$1,500	20%/50%	\$6,000/\$15,000	CYD/Coins	\$500	\$75	\$15/40/60	Gold
Prominence Nevada Freedom Plus 1000	\$25/\$50	\$1,000/\$3,000	20%/50%	\$5,000/\$15,000	CYD/Coins	\$500	\$75	\$20/40/65	Gold
Prominence Nevada Freedom Plus 2500	\$50/\$100	\$2,500/\$7,500	30%/50%	\$8,150/\$24,450	CYD/Coins	\$1,000	\$100	\$30/60/90	Silver
Prominence Nevada Freedom Plus 3500	\$50/\$100	\$3,500/\$10,500	30%/50%	\$8,150/\$24,450	CYD/Coins	\$1,000	\$100	\$30/60/90	Silver
Prominence Nevada Freedom Plus 5000	\$50/\$100	\$5,000 ⁽²⁾ /\$15,000 ⁽²⁾	30%/50%	\$8,150/\$24,450	CYD/Coins	CYD/30%	\$100	\$30/60/90	Silver
Prominence Nevada Freedom Plus 6000	\$50/\$100	\$6,000 ⁽²⁾ /\$18,000 ⁽²⁾	30%/50%	\$8,150/\$24,450	CYD/Coins	CYD/30%	\$100	\$25/60/90	Silver
Prominence Nevada Freedom Plus 8150	\$60/\$100	\$8,150 ⁽²⁾ /\$24,450 ⁽²⁾	0%/50%	\$8,150/\$24,450	CYD/Coins	CYD/0%	CYD/Coins	\$40/CYD+\$100/CYD+\$150	Bronze

HMO - H.S.A./HD

Plan Name	PCP/ Specialist Copays	Deductible (2x Family)	Coinsurance	OOPM ⁽¹⁾ (2x Family)	Inpatient Copay	Emergency Room	Urgent Care	Rx	Metal Tier
Prominence Nevada HMO H.S.A. 2800	CYD/Coins	\$2,800	0%	\$2,800	CYD/Coins	CYD/Coins	CYD/Coins	CYD/Coins	Silver
Prominence Nevada HMO H.S.A. 3000	CYD/Coins	\$3,000	20%	\$5,000	CYD/Coins	CYD/Coins	CYD/Coins	CYD then \$25/\$50/\$75	Silver
Prominence Nevada HMO H.S.A. 5000	CYD/Coins	\$5,000	20%	\$5,500	CYD/Coins	CYD/Coins	CYD/Coins	CYD/Coins	Silver
Prominence Nevada HMO H.S.A. 6000	CYD/Coins	\$6,000	30%	\$6,650	CYD/Coins	CYD/Coins	CYD/Coins	CYD/Coins	Bronze
Prominence Nevada HMO H.S.A. 6750	CYD/Coins	\$6,750	0%	\$6,750	CYD/Coins	CYD/Coins	CYD/Coins	CYD/Coins	Bronze

All HMO small group plans include pediatric dental with preventive/basic/major/orthodontics in-network covered at member cost of \$0/20%/50%/50%; out-of-network at 30%/50%/50%/80%/80%.
Deductibles, Coins and copayments accrue toward the out-of-pocket maximum (OOPM). Use of the emergency room for non-emergency conditions cannot be used to satisfy the OOPM:

Point of Service (POS)

Plan Name	PCP/ Specialist Copays HMO/PPO	Deductible (3x Family) (In/Out of network)	Coinsurance (In/Out of network)	OOPM (2x Family) (In/Out of network)	Inpatient Copay (In/Out of network)	Emergency Room	Urgent Care	Rx	Metal Tier
Prominence Nevada POS Triple Choice 250	\$10/\$20 \$20/\$40	\$250/\$500/\$1,500	10%/20%/50%	\$3,000/\$4,000/\$6,000	CYD + Coins + \$500/ CYD + Coins/CYD + Coins	\$150	\$60/\$60/CYD+Coins	\$10/25/40	Platinum
Prominence Nevada POS Triple Choice 500	\$20/\$40 \$40/\$60	\$500/\$1,000/\$6,000	20%/30%/50%	\$6,000/\$6,600/\$19,800	CYD/Coins	\$500	\$75/\$150/CYD+Coins	\$15/40/60	Gold
Prominence Nevada POS Triple Choice 1000	\$25/\$50 \$40/\$60	\$1,000/\$2,000/\$9,000	30%/30%/50%	\$5,000/\$6,600/\$22,050	CYD/Coins	\$500	\$75/\$150/CYD+Coins	\$20/40/65	Gold
Prominence Nevada POS Triple Choice 2500	\$50/\$100 \$60/\$110	\$2,500/\$5,000 ⁽²⁾ /\$18,000 ⁽²⁾	30%/30%/50%	\$8,150/\$8,150/\$24,450	CYD/Coins	\$1,000	\$100/\$150/CYD+Coins	\$30/60/90	Gold
Prominence Nevada POS Triple Choice 3500	\$50/\$100 \$60/\$110	\$3,500/\$6,000 ⁽²⁾ /\$21,000 ⁽²⁾	30%/40%/50%	\$8,150/\$8,150/\$24,450	CYD/Coins	\$1,000	\$100/\$150/CYD+Coins	\$30/60/90	Silver
Prominence Nevada POS Triple Choice 5000	\$50/\$100 \$60/\$110	\$5,000/\$7,000 ⁽²⁾ /\$22,050 ⁽²⁾	30%/40%/50%	\$8,150/\$8,150/\$24,450	CYD/Coins	CYD/30%	\$100/\$110/CYD+Coins	\$30/60/90	Silver
Prominence Nevada POS Triple Choice 6000	\$50/\$100 \$70/\$125	\$6,000 ⁽²⁾ /\$8,150 ⁽²⁾ /\$21,000 ⁽²⁾	30%/0%/50%	\$8,150/\$8,150/\$24,450	CYD/Coins	\$500	\$100/\$150/CYD+Coins	\$25/60/90	Silver
Prominence Nevada POS Triple Choice 8150	\$60/\$100 \$70/\$125	\$8,150 ⁽²⁾ /\$8,150 ⁽²⁾ /\$24,450 ⁽²⁾	0%/0%/50%	\$8,150/\$8,150/\$24,450	CYD/Coins	CYD/0%	CYD/Coins	\$40/CYD+\$100/CYD+\$150	Bronze

PPO

Plan Name	PCP/ Specialist Copays In- Network	Deductible (3x Family) (In/Out of network)	Coinsurance (In/Out of network)	OOPM ⁽¹⁾ (2x Family) (In/Out of network)	Inpatient Copay (In/Out of network)	Emergency Room	Urgent Care In Network	Rx	Metal Tier
Prominence Nevada PPO Choice 250	\$10/\$20	\$250/\$750	10%/30%	\$3,000/\$6,000	\$750/ CYD+Coins	\$150	\$60	\$10/25/40	Platinum
Prominence Nevada PPO Choice 500	\$20/\$40	\$500/\$1,500	20%/50%	\$5,000/\$15,000	CYD/Coins	\$500	\$75	\$15/40/60	Gold
Prominence Nevada PPO Choice 1000	\$25/\$50	\$1,000/\$3,000	20%/50%	\$5,000/\$18,000	CYD/Coins	\$500	\$75	\$20/40/65	Gold
Prominence Nevada PPO Choice 2500	\$50/\$100	\$2,500/\$7,500	30%/50%	\$8,150/\$24,450	CYD/Coins	\$1,000	\$100	\$30/60/90	Silver
Prominence Nevada PPO Choice 3500	\$50/\$100	\$3,500/\$10,500	30%/50%	\$8,150/\$24,450	CYD/Coins	\$1,000	\$100	\$30/60/90	Silver
Prominence Nevada PPO Choice 5000	\$50/\$100	\$5,000 ⁽²⁾ /\$15,000 ⁽²⁾	30%/50%	\$8,150/\$24,450	CYD/Coins	CYD/30% Coins	\$100	\$30/60/90	Silver
Prominence Nevada PPO Choice 6000	\$50/\$100	\$6,000 ⁽²⁾ /\$18,000 ⁽²⁾	30%/50%	\$8,150/\$24,450	CYD/Coins	CYD/30% Coins	\$100	\$25/60/90	Silver
Prominence Nevada PPO Choice 8150	\$60/\$100	\$8,150 ⁽²⁾ /\$24,450 ⁽²⁾	0%/50%	\$8,150/\$24,450	CYD/Coins	CYD/0% Coins	CYD/Coins	\$40/CYD+\$100/CYD+\$150	Bronze

PPO H.S.A.

Plan Name	PCP/ Specialist Copays In- Network	Deductible (3x Family) (In/Out of network)	Coinsurance (In/Out of network)	OOPM ⁽¹⁾ (2x Family) (In/Out of network)	Inpatient Copay (In/Out of network)	Emergency Room	Urgent Care	Rx	Metal Tier
Prominence Nevada PPO H.S.A. Choice 2800	CYD/Coins	\$2,800/\$5,000	0%/50%	\$2,800/\$7,500	CYD/Coins	CYD/Coins	CYD/Coins	CYD/Coins	Platinum
Prominence Nevada PPO H.S.A. Choice 3000	CYD/Coins	\$3,000/\$9,000	20%/50%	\$5,000/\$15,000	CYD/Coins	CYD/20%	CYD/Coins	CYD then \$25/50/75	Silver
Prominence Nevada PPO H.S.A. Choice 5000	CYD/Coins	\$5,000/\$15,000	20%/50%	\$5,500/\$16,500	CYD/Coins	CYD/20%	CYD/Coins	CYD/20%	Silver
Prominence Nevada PPO H.S.A. Choice 6000	CYD/Coins	\$6,000/\$18,000	30%/50%	\$6,650/\$19,500	CYD/Coins	CYD/30%	CYD/Coins	CYD/30%	Bronze
Prominence Nevada PPO H.S.A. Choice 6750	CYD/Coins	\$6,750/\$20,250	0%/50%	\$6,750/\$20,250	CYD/Coins	CYD/0%	CYD/Coins	CYD/0%	Bronze

All PPO small group plan products include pediatric dental with preventive/basic/major/orthodontics in-network covered at member cost of \$0/20%/50%/50%; out-of-network at 30%/50%/80%/80%.

Deductibles, Coins and copayments accrue toward the out-of-pocket maximum (OOPM). Use of the emergency room for non-emergency conditions cannot be used to satisfy OOPM.