

Association Health Plans

Make Sense for Your Dental 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.nndental.org.

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

Prominence[®]
Health Plan



Northern Nevada
DENTAL SOCIETY

Participating Areas Include:

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





2024/2025 Benefit Overview

All medical plan options were carefully designed for NNDS 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 SEPTEMBER 1, 2025

In-Network Benefits	AHP HMO 8	AHP HMO 17	AHP HMO 22	AHP POS 17* HMO/PPO	AHP PPO 9*	AHP PPO HD 11*
Calendar Year Deductible (CYD)						
Single	\$2,000	\$4,000	\$6,000	\$4,000/ \$4,000	\$2,500	\$3,200
Family	\$6,000	\$8,000	\$12,000	\$8,000/ \$8,000	\$5,000	\$6,400
Coinsurance						
	20%	30%	40%	30%	30%	10%
Out-of-Pocket Maximum						
Single	\$6,850	\$7,100	\$8,150	\$7,300/ \$8,000	\$8,150	\$6,900
Family	\$13,700	\$14,200	\$16,300	\$14,600/ \$16,000	\$16,300	\$13,800
Provider Office Visits						
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$35 copay	\$35 copay	\$30/\$60 copay	\$30 copay	CYD/10%
Specialist	\$50 copay	\$70 copay	\$70 copay	\$60/\$90 copay	\$60 copay	CYD/10%
Emergent/Urgent Care						
Ambulance – Ground & Air	\$250 copay per trip	\$500 copay per trip	\$1,000 copay per trip	\$1,000 copay per trip	\$500 copay per trip	CYD/10%
Emergency Room	CYD	\$1,000 copay	\$2,000 copay	\$1,000 copay	CYD/30%	CYD/10%
Urgent Care	\$50 copay	\$70 copay	\$70 copay	\$50/\$100 copay	\$50 copay	CYD/10%
Hospital/Facility/Surgical						
Outpatient Surgical	\$250 copay	\$1,000 copay	\$1,000 copay	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Inpatient Hospital	CYD/\$1,000 copay	CYD/30%	CYD/40%	CYD/30%	CYD/30%	CYD/10%
Pharmacy						
FDA- Approved Preventive	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	\$10/\$30/\$50	CYD/10%
Specialty	20%	20%	20%	20%	20%	CYD/10%
Radiology						
Routine X-Ray & Diagnostic	\$25 copay	\$35 copay	\$35 copay	\$30/\$60 copay	\$30 copay	CYD/10%
CT Scan & MRI	\$250 copay	\$1,000 copay	\$1,000 copay	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Complex Diagnostic	CYD/20%	\$1,000 copay	\$2,000 copay	\$1,000 copay/ CYD 30%	CYD/ 30%	CYD/10%
Maternity						
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay/CYD 30% per delivery	\$200 copay per delivery	CYD/10% per delivery
Delivery Room & Well-baby Hospital	CYD/\$1,000 copay	CYD/30%	CYD/40%	CYD/30%	CYD/30%	CYD/10%
Mental Health/Alcohol & Drug Abuse Services						
Inpatient	CYD/\$1,000 copay	CYD/30%	CYD/40%	CYD/30%	CYD/30%	CYD/10%
Outpatient	\$250 copay	\$1,000 copay	\$1,000 copay	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Office Visit	\$25 copay	\$35 copay	\$35 copay	\$30/\$60 copay	\$30 copay	CYD/10%
Lab and Pathology						
	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

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