









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

**HMO**

Plan Name	PCP/ Specialist Copays	Deductible (3x Family)	Coinsurance	OOPM <sup>(1)</sup> (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 <sup>(2)</sup>	30%	\$8,150	CYD/Coins	CYD/Coins	\$100	\$30/60/90	Silver
Prominence Nevada HMO Select 6000	\$50/\$100	\$6,000 <sup>(2)</sup>	30%	\$8,150	CYD/Coins	CYD/Coins	\$100	\$25/60/90	Silver
Prominence Nevada HMO Select 8150	\$60/\$100	\$8,150 <sup>(2)</sup>	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 <sup>(2)</sup> /\$15,000 <sup>(2)</sup>	30%/50%	\$8,150/\$24,450	CYD/Coins	CYD/30%	\$100	\$30/60/90	Silver
Prominence Nevada Freedom Plus 6000	\$50/\$100	\$6,000 <sup>(2)</sup> /\$18,000 <sup>(2)</sup>	30%/50%	\$8,150/\$24,450	CYD/Coins	CYD/30%	\$100	\$25/60/90	Silver
Prominence Nevada Freedom Plus 8150	\$60/\$100	\$8,150 <sup>(2)</sup> /\$24,450 <sup>(2)</sup>	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 <sup>(1)</sup> (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 <sup>(2)</sup> /\$18,000 <sup>(2)</sup>	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 <sup>(2)</sup> /\$21,000 <sup>(2)</sup>	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 <sup>(2)</sup> /\$22,050 <sup>(2)</sup>	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 <sup>(2)</sup> /\$8,150 <sup>(2)</sup> /\$21,000 <sup>(2)</sup>	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 <sup>(2)</sup> /\$8,150 <sup>(2)</sup> /\$24,450 <sup>(2)</sup>	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 <sup>(1)</sup> (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 <sup>(2)</sup> /\$15,000 <sup>(2)</sup>	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 <sup>(2)</sup> /\$18,000 <sup>(2)</sup>	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 <sup>(2)</sup> /\$24,450 <sup>(2)</sup>	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 <sup>(1)</sup> (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.