

Prominence Health Plan
2020 Small Group Plan Options**

(Plans with Embedded go365 Benefits)

Group Name: **2020 Q4 SG Rates & Plans - Rating Area 3 Carson NV**
 Account Manager: **Lizette Ordones**
 Broker: **0**

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

Age	# of Members*	Nevada Prominence POS Triple Choice 250 go365 \$10/25/40	Nevada Prominence POS Triple Choice 500 go365 \$15/40/60	Nevada Prominence POS Triple Choice 1000 go365 \$20/40/65	Nevada Prominence POS Triple Choice 2500 go365 \$30/60/90	Nevada Prominence POS Triple Choice 5000 go365 \$30/60/90	Nevada Prominence POS Triple Choice 5001 go365 \$30/60/90	Nevada Prominence POS Triple Choice 5002 go365 \$30/60/90	Nevada Prominence PPO Choice 250 go365 \$10/25/40	Nevada Prominence PPO Choice 500 go365 \$15/40/60	Nevada Prominence PPO Choice 1000 go365 \$20/40/65	Nevada Prominence PPO Choice 2500 go365 \$30/60/90	Nevada Prominence PPO Choice 5000 go365 \$30/60/90	Nevada Prominence PPO Choice 6000 go365 \$25/60/90	Nevada Prominence PPO Choice 8150 go365 + LTU / CYD then 20%	Nevada Prominence PPO H.S.A. Choice 2800 go365 CYD	Nevada Prominence PPO H.S.A. Choice 3000 go365 CYD then 20%	Nevada Prominence PPO H.S.A. Choice 5000 go365 CYD then 20%	Nevada Prominence PPO H.S.A. Choice 6000 go365 CYD then 30%	Nevada Prominence PPO H.S.A. Choice 6750 go365 CYD		
0-14	0	\$394.68	\$349.49	\$330.77	\$296.50	\$290.26	\$275.45	\$276.58	\$254.40	\$446.62	\$396.57	\$379.01	\$330.14	\$321.59	\$302.61	\$305.72	\$280.33	\$364.01	\$331.30	\$310.47	\$279.00	\$276.51
15	0	\$429.76	\$380.56	\$360.18	\$322.86	\$316.07	\$299.93	\$301.17	\$277.01	\$486.32	\$431.82	\$412.70	\$359.49	\$350.17	\$329.51	\$332.89	\$305.25	\$396.36	\$360.75	\$338.07	\$303.80	\$301.09
16	0	\$443.18	\$392.44	\$371.42	\$332.93	\$325.93	\$309.29	\$310.57	\$285.66	\$501.50	\$445.30	\$425.58	\$370.71	\$361.10	\$339.79	\$343.28	\$314.78	\$408.73	\$372.01	\$348.62	\$313.28	\$310.49
17	0	\$456.59	\$404.32	\$382.66	\$343.01	\$335.80	\$318.66	\$319.97	\$294.30	\$516.68	\$456.78	\$438.46	\$381.93	\$372.03	\$350.08	\$353.67	\$324.31	\$421.11	\$383.27	\$359.17	\$322.77	\$319.89
18	0	\$471.04	\$417.11	\$394.77	\$353.86	\$346.42	\$328.74	\$330.09	\$305.62	\$533.02	\$473.29	\$452.34	\$394.01	\$383.80	\$361.16	\$364.86	\$334.57	\$434.43	\$395.39	\$370.54	\$332.98	\$330.01
19	0	\$485.48	\$429.90	\$406.87	\$364.72	\$357.04	\$338.82	\$340.22	\$312.93	\$549.37	\$487.81	\$466.21	\$406.09	\$395.57	\$372.23	\$376.05	\$344.83	\$447.75	\$407.52	\$381.90	\$343.19	\$340.13
20	0	\$500.44	\$443.15	\$419.41	\$375.96	\$368.05	\$349.26	\$350.70	\$322.57	\$566.30	\$502.84	\$480.58	\$418.61	\$407.76	\$383.70	\$387.64	\$355.45	\$461.55	\$420.08	\$393.67	\$353.77	\$350.61
21	0	\$515.92	\$456.86	\$432.39	\$387.58	\$379.43	\$360.06	\$361.55	\$332.55	\$583.82	\$518.39	\$495.44	\$431.56	\$420.37	\$395.57	\$399.63	\$366.45	\$475.83	\$433.07	\$405.85	\$364.71	\$361.45
22	0	\$515.92	\$456.86	\$432.39	\$387.58	\$379.43	\$360.06	\$361.55	\$332.55	\$583.82	\$518.39	\$495.44	\$431.56	\$420.37	\$395.57	\$399.63	\$366.45	\$475.83	\$433.07	\$405.85	\$364.71	\$361.45
23	0	\$515.92	\$456.86	\$432.39	\$387.58	\$379.43	\$360.06	\$361.55	\$332.55	\$583.82	\$518.39	\$495.44	\$431.56	\$420.37	\$395.57	\$399.63	\$366.45	\$475.83	\$433.07	\$405.85	\$364.71	\$361.45
24	0	\$515.92	\$456.86	\$432.39	\$387.58	\$379.43	\$360.06	\$361.55	\$332.55	\$583.82	\$518.39	\$495.44	\$431.56	\$420.37	\$395.57	\$399.63	\$366.45	\$475.83	\$433.07	\$405.85	\$364.71	\$361.45
25	0	\$517.99	\$458.68	\$434.11	\$389.13	\$380.95	\$361.50	\$362.99	\$333.88	\$586.15	\$520.46	\$497.42	\$433.28	\$422.06	\$397.15	\$401.23	\$367.91	\$477.73	\$434.80	\$407.47	\$366.17	\$362.90
26	0	\$528.30	\$467.82	\$442.76	\$396.89	\$388.54	\$368.71	\$370.22	\$340.53	\$597.83	\$530.83	\$507.33	\$441.91	\$430.46	\$405.06	\$409.22	\$375.24	\$487.25	\$443.47	\$415.59	\$373.46	\$370.13
27	0	\$540.69	\$478.78	\$453.14	\$406.19	\$397.64	\$377.35	\$378.90	\$348.51	\$611.84	\$543.27	\$519.22	\$452.27	\$440.55	\$414.56	\$418.81	\$384.04	\$498.67	\$453.86	\$425.33	\$382.21	\$378.80
28	0	\$560.81	\$496.60	\$470.00	\$412.30	\$412.44	\$391.39	\$399.00	\$361.48	\$634.61	\$563.49	\$538.54	\$469.10	\$456.99	\$429.99	\$434.40	\$398.33	\$517.22	\$470.75	\$441.16	\$396.44	\$392.90
29	0	\$577.32	\$511.22	\$483.84	\$433.71	\$424.58	\$402.91	\$404.57	\$372.12	\$653.29	\$580.08	\$554.40	\$482.91	\$470.40	\$442.64	\$447.19	\$410.05	\$532.45	\$484.61	\$454.14	\$408.11	\$404.47
30	0	\$585.57	\$518.53	\$490.76	\$439.91	\$430.65	\$408.67	\$410.36	\$377.44	\$662.63	\$588.37	\$562.32	\$489.82	\$477.13	\$448.97	\$453.58	\$415.92	\$540.06	\$491.54	\$460.64	\$413.94	\$410.25
31	0	\$597.95	\$529.50	\$501.13	\$449.21	\$439.76	\$417.31	\$419.03	\$385.42	\$676.64	\$600.82	\$574.21	\$500.17	\$487.21	\$458.47	\$463.17	\$424.71	\$551.48	\$501.93	\$470.38	\$422.70	\$418.92
32	0	\$610.34	\$540.46	\$511.51	\$458.51	\$448.87	\$425.96	\$427.71	\$393.40	\$690.65	\$613.26	\$580.10	\$510.53	\$497.30	\$467.96	\$472.76	\$433.51	\$562.90	\$512.32	\$480.12	\$431.45	\$427.60
33	0	\$618.07	\$547.31	\$518.00	\$464.33	\$454.56	\$431.36	\$433.13	\$398.39	\$699.41	\$621.03	\$593.54	\$517.00	\$503.61	\$473.89	\$478.76	\$439.00	\$518.82	\$486.20	\$436.92	\$433.02	\$433.02
34	0	\$626.33	\$554.62	\$524.92	\$470.53	\$460.63	\$437.12	\$438.92	\$403.71	\$708.75	\$629.33	\$602.56	\$529.91	\$510.33	\$480.22	\$485.15	\$444.87	\$577.65	\$525.75	\$492.70	\$442.75	\$438.80
35	0	\$630.46	\$558.28	\$528.37	\$473.63	\$463.66	\$440.00	\$441.81	\$406.37	\$713.42	\$633.47	\$605.43	\$527.36	\$513.70	\$483.39	\$488.35	\$447.80	\$581.46	\$529.21	\$495.95	\$445.67	\$441.70
36	0	\$634.58	\$561.93	\$531.83	\$476.73	\$466.70	\$442.88	\$444.70	\$409.03	\$718.09	\$637.49	\$609.39	\$530.81	\$517.06	\$486.55	\$491.55	\$450.73	\$585.27	\$532.68	\$499.19	\$448.59	\$444.59
37	0	\$638.71	\$565.59	\$535.29	\$479.83	\$469.73	\$445.76	\$447.60	\$411.69	\$722.76	\$641.77	\$613.35	\$534.27	\$520.42	\$489.72	\$494.74	\$453.66	\$589.07	\$536.14	\$502.44	\$451.51	\$447.48
38	0	\$642.84	\$569.24	\$538.75	\$482.93	\$472.77	\$448.64	\$450.49	\$414.35	\$727.44	\$645.92	\$613.22	\$537.72	\$523.79	\$492.88	\$497.94	\$465.59	\$592.88	\$539.61	\$505.69	\$454.42	\$450.37
39	0	\$651.09	\$576.55	\$545.67	\$489.13	\$478.84	\$454.40	\$456.27	\$419.68	\$736.78	\$654.21	\$623.24	\$544.62	\$530.51	\$499.21	\$504.34	\$462.46	\$600.49	\$546.54	\$512.18	\$460.26	\$456.15
40	0	\$659.35	\$583.86	\$552.59	\$495.33	\$484.91	\$460.16	\$462.06	\$425.00	\$746.12	\$667.50	\$635.17	\$551.53	\$537.24	\$505.54	\$510.73	\$468.32	\$608.10	\$553.47	\$518.67	\$466.10	\$461.94
41	0	\$671.73	\$594.83	\$562.97	\$504.63	\$494.02	\$468.80	\$470.73	\$432.98	\$760.13	\$674.95	\$645.06	\$561.89	\$547.33	\$515.03	\$520.32	\$477.11	\$619.52	\$563.86	\$528.41	\$474.85	\$470.61
42	0	\$683.60	\$605.33	\$572.91	\$513.55	\$502.74	\$477.08	\$479.05	\$440.63	\$773.56	\$686.87	\$656.46	\$571.81	\$557.00	\$524.13	\$529.51	\$485.54	\$630.47	\$573.82	\$537.75	\$483.24	\$478.93
43	0	\$700.11	\$619.95	\$586.75	\$525.95	\$514.89	\$488.61	\$490.62	\$451.27	\$792.24	\$703.46	\$672.31	\$585.62	\$570.45	\$536.79	\$542.30	\$497.27	\$645.70	\$587.68	\$550.73	\$494.91	\$490.49
44	0	\$720.74	\$638.23	\$604.04	\$541.45	\$530.06	\$503.01	\$505.08	\$464.57	\$815.59	\$724.19	\$692.13	\$602.88	\$587.26	\$552.61	\$558.29	\$511.93	\$664.73	\$605.00	\$566.97	\$509.50	\$504.95
45	0	\$744.99	\$659.70	\$624.36	\$559.67	\$547.90	\$519.93	\$522.07	\$480.20	\$843.03	\$748.56	\$715.41	\$623.17	\$607.02	\$571.20	\$577.07	\$529.15	\$687.09	\$625.36	\$586.04	\$526.64	\$521.94
46	0	\$773.88	\$685.28	\$648.58	\$581.38	\$569.15	\$540.10	\$542.32	\$498.82	\$875.72	\$777.59	\$743.16	\$647.33	\$630.56	\$593.36	\$599.45	\$549.67	\$713.74	\$649.61	\$608.77	\$547.06	\$542.18
47	0	\$806.39	\$714.06	\$675.82	\$605.79	\$593.05	\$562.78	\$565.10	\$519.77	\$912.50	\$810.25	\$774.37	\$674.52	\$667.05	\$618.28	\$624.62	\$572.76	\$743.72	\$676.89	\$634.34	\$570.04	\$564.95
48	0	\$843.53	\$746.96	\$706.95	\$633.70	\$620.37	\$588.70	\$591.13	\$543.72	\$954.54	\$847.57	\$810.04	\$705.59	\$687.31	\$646.76	\$653.40	\$599.14	\$777.97	\$708.07	\$663.56	\$596.30	\$590.98
49	0	\$880.16	\$779.40	\$737.65	\$661.22	\$647.31	\$614.27	\$616.80	\$567.33	\$995.99	\$884.38	\$845.22	\$736.23	\$717.16	\$674.84	\$681.77	\$625.16	\$811.76	\$738.82	\$692.38	\$622.19	\$616.64
50	0	\$921.44	\$815.94	\$772.24	\$692.22	\$677.66	\$643.07	\$645.72	\$593.93	\$1,042.70	\$925.85	\$884.85	\$770.76	\$750.79	\$706.49	\$713.74	\$654.47	\$849.82	\$773.47	\$724.84	\$651.37	\$645.56
51	0	\$962.19	\$852.04	\$806.40	\$722.84	\$707.64	\$671.52	\$674.29	\$620.20	\$1,088.82	\$966.80	\$923.99	\$804.85	\$784.00	\$737.74	\$745.31	\$683.42	\$887.41	\$807.68	\$756.90	\$680.18	\$674.11
52	0	\$1,007.08	\$891.78	\$844.02	\$756.56	\$740.65	\$702.84	\$705.74	\$649.13	\$1,139.61	\$1,011.90	\$967.10	\$842.40	\$820.57	\$772.15	\$780.08	\$715.30	\$928.81	\$845.36	\$792.21	\$711.91	\$705.56
53	0	\$1,052.48	\$931.98	\$882.07	\$790.67	\$774.04	\$734.53	\$737.56	\$678.40	\$1,190.99	\$1,057.52	\$1,010.69	\$880.37	\$857.56	\$806.96	\$815.25	\$747.55	\$970.68	\$883.47	\$827.93	\$744.00	\$737.37
54	0	\$1,101.49	\$975.39	\$923.14	\$827.49	\$810.08	\$768.74	\$771.90	\$709.99	\$1,246.45	\$1,106.76	\$1,057.76	\$921.37	\$897.50	\$844.54	\$853.21	\$1,015.89	\$924.61	\$866.48	\$778.65	\$771.70	\$771.70
55	0	\$1,150.51	\$1,018.79	\$964.22	\$864.31	\$846.13	\$802.94	\$806.25	\$741.58	\$1,301.91	\$1,156.01	\$1,104.83	\$962.37	\$937.44	\$882.12	\$891.18	\$817.18	\$1,061.09	\$965.75	\$905.04	\$813.30	\$806.04
56	0	\$1,203.65	\$1,065.84	\$1,008.75	\$904.23	\$885.21	\$840.03	\$843.49	\$775.83	\$1,362.04	\$1,209.41	\$1,155.86	\$1,006.82	\$980.73	\$922.87	\$932.34	\$854.92	\$1,110.10	\$1,010.36	\$946.84	\$850.86	\$843.27
57	0	\$1,257.30	\$1,113.36	\$1,053.72	\$944.54	\$924.67	\$877.48	\$881.09	\$810.42	\$1,422.76	\$1,263.32	\$1,207.38	\$1,051.70	\$1,024.45	\$964.01	\$973.90	\$893.03	\$1,159.59	\$1,055.40	\$989.05	\$888.79	\$880.86
58	0	\$1,314.57	\$1,164.07	\$1,101.72	\$987.56	\$966.79	\$917.44	\$921.22	\$847.33	\$1,487.56	\$1,320.86	\$1,262.38	\$1,099.60	\$1,071.11	\$1,007.91	\$1,018.26	\$933.71	\$1,212.40	\$1,109.47	\$1,034.10	\$929.27	\$92

**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)	Inpatient Copay (In/Out of network)	Emergency Room	Urgent Care In Network	Rx	Metal Tier
		(In/Out of network)		(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.