Affordable Health Insurance for Association Members

Choose Association Health Plans for Better Rates!

Clark County Bar Association members with 2 (unrelated) to 50 full-time employees can now offer insurance coverage for their employees and their families with a high-quality, affordable Association Health Plan from Prominence.

Not an Association member? Enroll at www.clarkcountybar.org

Large Group Benefits for Small Employer Groups

- A range of coinsurance options
- Copays for widely used benefits like PCP visits, specialists and lab services
- Statewide HMO open access
- National PPO network access

Employers Have Options... and Flexibility

- Choose from six health plan options, including HSA-qualified - see reverse
- Affordable monthly premiums

PARTICIPATING AREAS INCLUDE: Clark County and Nye County

PROMINENCE ASSOCIATION HEALTH PLANS

Our Association Health Plans allow small employers to join as one entity to purchase the type of coverage that is traditionally available to large group employers. This results in less expensive and richer health plan options that can then be passed along to the employee.

Plan Highlights You Don't Want to Miss!

- **NEW! wellPORTAL Primary Care Provider Network** - Members can earn up to $120 annually for getting the care they need from the region's top doctors.
- **National Network** - Prominence has partnered with Cigna to allow access to a national network for use outside of Nevada for members enrolled in either a POS or PPO health plan.
- **Teladoc** - 24/7 care via telephone or video from licensed physicians, psychiatrists, and counselors for a $0 cost share. Note, High Deductible Health Plans are subject to deductible first and benefits will be rendered at the contractual service rate.

Contact your broker or PHP-GroupQuotes@uhsinc.com for more information!

Prominence®
Health Plan

CLARK COUNTY BAR ASSOCIATION BENEFIT GUIDE FOR 2021/2022

Same plans, same price! Now with $0 access to the wellPORTAL primary care network!

Statewide HMO with no specialist referrals for members; benefits listed below are in-network;
* indicates plans with national network access outside Nevada

PLANS RENEW OCTOBER 1, 2022

	GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL					
In-Network Benefits	**HMO 1000**	**HMO 4000**	**HMO 7000**	**POS 1000 HMO/PPO***	**POS 4000 HMO/PPO***	**PPO HDHP 6900*[1]**
Calendar Year Deductible (CYD)						
Individual	$1,000	$4,000	$7,000	$1,000/$1,500	$4,000/$4,000	$6,900
Family	$3,000	$8,000	$14,000	$2,000/$3,000	$8,000/$8,000	$13,800
Coinsurance						
	20%	30%	50%	20%/20%	30%/30%	0%
Out-of-Pocket Maximum						
Single	$4,000	$7,100	$8,150	$4,000/$6,500	$7,300/$8,000	$6,900
Family	$8,000	$14,200	$16,300	$8,000/$13,000	$14,600/$16,000	$13,800
Provider Office Visits						
Telemedicine - Teladoc	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	CYD/$0 copay
Primary Care Provider (PCP)	$25 copay	$35 copay	$35 copay	$15/$30 copay	$30/$60 copay	CYD/0%
wellPortal Primary Care	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	N/A
Specialist	$50 copay	$70 copay	$70 copay	$30/$60 copay	$60/$90 copay	CYD/0%
Emergent/Urgent Care						
Ambulance – Ground & Air	$250 copay per trip	$500 copay per trip	$1,000 copay per trip	$250 copay per trip	$1,000 copay per trip	CYD/0%
Emergency Room	$500 copay	$1,000 copay	$1,000 copay	$500 copay	$1,000 copay	CYD/0%
Urgent Care	$50 copay	$70 copay	$70 copay	$50/$100 copay	$50/$100 copay	CYD/0%
Hospital/Facility/Surgical						
Outpatient Surgical	$250 copay	$1,000 copay	$1,000 copay	$250 copay/ CYD 20%	$100 copay/ CYD 30%	CYD/0%
Inpatient Hospital	CYD/$1,000 copay	CYD/30%	CYD/50%	CYD $1,000/ CYD 20%	CYD 30%/CYD 30%	CYD/0%
Pharmacy						
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic/Brand/Non-Brand	$25/$50/$75	$25/$50/$75	$25/$50/$75	$25/$50/$75	$25/$50/$75	CYD/0%
Specialty	20%	20%	20%	20%	20%	CYD/0%
Radiology						
Routine X-Ray & Diagnostic	$25 copay	$35 copay	$35 copay	$15/$30 copay	$30/$60 copay	CYD/0%
CT Scan & MRI	$250 copay	$1,000 copay	$1,000 copay	$250 copay/ CYD 20%	$1,000 copay/ CYD 30%	CYD/0%
Complex Diagnostic	$250 copay	$1,000 copay	$2,000 copay	$250 copay/ CYD 20%	$1,000 copay/ CYD 30%	CYD/0%
Maternity						
Prenatal Care & Delivery	$200 copay per delivery	$200 copay per delivery	$200 copay per delivery	$200 copay/CYD 20% per delivery	$200 copay/CYD 30% per delivery	CYD/0%
Delivery Room & Well-baby Hospital	CYD/$1,000 copay	CYD/30%	CYD/50%	CYD $1,000 copay/ CYD 20%	CYD 30%/CYD 30%	CYD/0%
Mental Health/Alcohol & Drug Abuse Services						
Inpatient	CYD/$1,000 copay	CYD/30%	CYD/50%	CYD $1,000/ CYD 20%	CYD 30%/CYD 30%	CYD/0%
Outpatient	$250 copay	$1,000 copay	$1,000 copay	$250 copay/ CYD 20%	$1,000 copay/ CYD 30%	CYD/0%
Office Visit	$25 copay	$35 copay	$35 copay	$15/$30 copay	$30/$60 copay	CYD/0%
Lab and Pathology						
	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/0%
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.

Clark County Bar Association Dental and Vision Plans

Dental Care Services	Premier Choice Network (PCN)	PPO	Out of Network	DHMO 400
Deductable (Applies to Basic and Major)	$25	$50	$50	$0
Class I Oral Exams, Prophylaxis (Cleanings), Flouride, X-rays	100%	100%	100%	Copays: $0–$80.00
Class II Emergency, Space Maintainers, Fillings, Oral Surgery, Sealants, Periodontics, Endodontics (Root Canal)	90%	80%	80%	Copays: $8.00–$365.00
Class III Inlays, Onlays, Crowns, Bridges, Dentures, Repairs	60%	50%	50%	Copays: $200.00–$350.00
Calendar Year Maximum	Plus Plan 6: $1,500 (MAC). Plus Plan 21: $2,000 (MAC).			Unlimited
Ortho Lifetime Maximum Child(ren) only	50% $1,500			Copay Child: $2,250 Copay Adult: $2,500
Waiting Period	12-month waiting period for major services for groups with fewer than 10 enrolled and no prior coverage.			N/A

Plus Plan 6
($1,500 calendar maximum, MAC)

		Region 1: 890, 891 Employee participation 65%	
		No Child Ortho	$1,500 Child Ortho
3 to 99 EEs	EE	$27.49	$27.49
	ES	$55.80	$55.80
	EC	$67.30	$78.76
	EF	$104.99	$119.14

Plus Plan 21
($2,000 calendar maximum, MAC)

		Region 1: 890, 891 Employee participation 65%	
		No Child Ortho	$1,500 Child Ortho
3 to 99 EEs	EE	$29.42	$29.42
	ES	$59.73	$59.73
	EC	$69.82	$81.27
	EF	$110.01	$124.18

DHMO 400

		All Regions, All Contributions
2 to 99 EEs	EE	$15.62
	ES	$31.23
	EC	$42.46
	EF	$64.39

Plan summary available upon request

*For Plus Plans: Charges in excess of our maximum covered fee will not be considered covered under this policy.

**Premier Access does not guarantee all services can be rendered by a contracted PCN or PPO provider. You may be subject to a deductible and coinsurance for an out-of-network specialist.

Vision Care Services	In-Network	Out-of-Network
Vision Examination	Covered in full after exam copay	Up to $35
Contact Lens Fitting	Standard – Up to $50 copay Premium – Up to $75 copay	N/A N/A
Frame Allowance*	$130 retail allowance + up to 20% discount	Up to $45
Standard Spectacle Lenses		
Single Vision	Covered in full after materials copay	Up to $25
Bifocal	Covered in full after materials copay	Up to $40
Trifocal	Covered in full after materials copay	Up to $50
Lenticular	Covered in full after materials copay	Up to $80
Progressives	$50 allowance + 20% discount	Up to $40
Youth Polycarbonate	Covered in full after materials copay	Up to $10
Other Lens Options‡	Avēsis Preferred Pricing	N/A
Contact Lenses§ (in lieu of frame and spectacle lenses)		
Elective	$130 allowance	Up to $110
Medically Necessary	Covered in full	Up to $250
LASIK	Provider discount up to 25% $150 one-time/lifetime allowance	Up to $150

*Participating Walmart and Sam's Club locations cover frames up to a $68 retail value. Participating Costco locations cover frames up to a $74.99 retail value.
No discounts apply.

†Values provided may be more or less, depending on the provider's retail pricing.

‡Discounts are not insured benefits.

§Prior authorization is required for medically necessary contacts.

Copays	
Vision Examination	$10
Materials	$25

Frequency	
Eye Examination	12 Months
Lenses or contact lenses	12 Months
Frame	24 Months

Monthly Rates Employee Participation 65%	
Employee Only	$5.79
Employee and Spouse	$10.13
Employee and Child(ren)	$12.15
Employee + One	N/A
Employee and Family	$15.05

Limitations and Exclusions:
Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

Limitations:
This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avēsis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions:
There are no benefits under the plan for professional services or materials connected with and arising from

1. Orthoptics or vision training;
2. Subnormal vision aids and any supplemental testing, aniseikonic lenses;
3. Plano (non-prescription) lenses, sunglasses;
4. Two pair of glasses in lieu of bifocal lenses;
5. Any medical or surgical treatment of eye or supporting structures;
6. Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
7. Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
8. Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether Federal, State, or subdivision thereof.
9. Services or materials provided by any other group benefit plan providing vision care.

Refractive Surgery Vision Benefit Exclusions:
Benefits are not payable for any of the following

1. Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
2. Medical or surgical procedures, services, or treatments:
   a. not specifically covered under this Rider;
   b. provided free of charge in the absence of insurance
   c. payable under any Workers' Compensation law or similar statutory authority
   d. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

Termination Provisions:
Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

Notes and Disclaimers
The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

Premium is subject to adjustment in the event of changes in benefits, contributions, or the number of eligible employees, or any future additional tax, fee or assessment imposed by the Federal or State governments with associated administrative costs and expenses.

Avēsis E-Series Vision Plan is underwritten by Fidelity Security Life Insurance Company, Kansas City, MO. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form #VC-16.

For agent/broker use only. Not for use with the general public. Premier Access and Avēsis are wholly owned subsidiaries of The Guardian Life Insurance Company of America, New York, NY.

Premier Access
P.O. Box 659010
Sacramento, CA 95865

www.premierlife.com