

# 2020 Nevada Builders Alliance

## *Building better health care*

Nevada Builders Alliance 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 medical plan from Prominence.

### Employers Have Options... and Flexibility

- **New 2020 Health Plans!** Choose from SIX comprehensive health plans, including HMO, PPO, POS and a Qualified High Deductible Health Plan - see reverse
- Affordable monthly premiums

### Large Group Benefits for Small Employer Groups

- Copays for widely used benefits like PCP Visits, Specialists and Lab Services
- Statewide HMO open access and National PPO network access

### NEW CIGNA NETWORK ACCESS!

Prominence has partnered with Cigna to create a national network for use outside of Nevada for those members enrolled in a PPO-type plan, including PPO, POS and Qualified HDHP.

#### EXISTING GROUPS

**Open Enrollment May 1 - 31, 2020**

**Renewal Effective Date June 1, 2020**

- Six new health plans will replace the five existing health plans
- Select up to three NEW 2020 health plans for your employees
- All groups and members will be "mapped" from existing plans to the NEW Health Plan – see reverse for mapping guide

#### NEW GROUPS (NON-RENEWING)

**Enroll now for an April 1 effective date and receive a 14-month contract!**

**All groups renew June 1, 2021**

Contact your broker or [PHP-GroupQuotes@uhsinc.com](mailto:PHP-GroupQuotes@uhsinc.com) for more information!



# NEVADA BUILDERS ALLIANCE BENEFIT GUIDE FOR 2020



Statewide HMO with no specialist referrals for members; benefits listed below are in-network; \* indicates new plans with Cigna network access

GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL						
Previous NBA Plan (mapped to new plan below)	HMO 1	HMO 2	HMO 3	HMO 4	PPO 1	New Plan!
NEW NBA Plan Effective 6/1	HMO 2000	HMO 3000	HMO 6000	POS 3000*	PPO 2500*	HMO QUALIFIED HDHP 4000
<b>Calendar Year Deductible (CYD)</b>						
Individual	\$2,000	\$3,000	\$6,000	\$3,000	\$2,500	\$4,000
Family	\$6,000	\$6,000	\$12,000	\$6,000	\$5,000	\$8,000
<b>Coinsurance</b>						
	20%	30%	40%	30%	30%	20%
<b>Out-of-Pocket Maximum</b>						
Individual	\$6,850	\$8,150	\$8,150	\$6,850	\$8,150	\$6,900
Family	\$13,700	\$16,300	\$16,300	\$13,700	\$16,300	\$13,800
<b>Provider Office Visits</b>						
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/20%
Primary Care Provider (PCP)	\$25 copay	\$30 copay	\$35 copay	\$25 copay	\$30 copay	CYD/20%
Specialist	\$50 copay	\$60 copay	\$70 copay	\$50 copay	\$60 copay	CYD/20%
<b>Emergent/Urgent Care</b>						
Ambulance – Ground & Air	\$250 copy per trip	\$500 copy per trip	\$1,000 copy per trip	\$500 copy per trip	\$500 copy per trip	CYD/20%
Emergency Room	CYD	CYD/\$2,000 copay	\$2,000 copay	CYD/30%	CYD/30%	CYD/20%
Urgent Care	\$50 copay	\$60 copay	\$70 copay	\$50 copay	\$50 copay	CYD/20%
<b>Hospital/Facility/Surgical</b>						
Outpatient Surgical	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay	\$500 copay	CYD/20%
Inpatient Hospital	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/40%	CYD/\$2,000 copay	CYD/30%	CYD/20%
<b>Pharmacy</b>						
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/20%
Specialty	20%	20%	20%	20%	20%	CYD/20%
<b>Radiology</b>						
Routine X-Ray & Diagnostic	\$25 copay	\$30 copay	\$35 copay	\$25 copay	\$30 copay	CYD/20%
CT Scan & MRI	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay	\$500 copay	CYD/20%
Complex Diagnostic	CYD/20%	CYD/30%	\$2,000 copay	CYD/30%	CYD/30%	CYD/20%
<b>Maternity</b>						
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$250 copay per delivery	\$200 copay per delivery	CYD/20%
Delivery Room & Well-baby Hospital	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/40%	CYD/\$2,000 copay	CYD/30%	CYD/20%
<b>Mental Health/Alcohol &amp; Drug Abuse Services</b>						
Inpatient	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/40%	CYD/\$2,000 copay	CYD/30%	CYD/20%
Outpatient	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay	\$500 copay	CYD/20%
Office Visit	\$25 copay	\$30 copay	\$35 copay	\$25 copay	\$30 copay	CYD/20%
<b>Lab and Pathology</b>						
	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/20%
<b>NEW BENEFIT! Pediatric Dental &amp; Vision - Diagnostic and Preventive (up to age 19)</b>						
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

Refer to the Summary of Benefits document for benefit details, limitations and exclusions. This document is for plan comparison purposes only.