

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**.

Prominence[®]
Health Plan



Northern Nevada
DENTAL SOCIETY

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

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% |
| Emergency/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