

High-Quality Health Care You AND Your Employees Can Get Excited About

Association Health Plans for businesses 2 to 50 are designed for multiple employers to join together and offer health benefits for their businesses under one plan. This increases the number of plan participants, which qualifies the association as a Large Group.

With the Power of a Large Group Comes Large Group Advantages

- ✓ **OFFER** comprehensive health coverage for enrolled members & dependents
- ✓ **SAVE** in premium costs compared to other options
- ✓ **ACCESS** a large and comprehensive statewide provider network
- ✓ **RETAIN** workforce talent with valuable health insurance and employee benefits
- ✓ **ENROLL** at any time!

More Good Stuff...

- A range of **eight** different health plans – your business can offer up to three for employee choice
- All HMO plans are statewide with **no specialist referrals required**
- Members in southern Nevada can **earn up to \$120 per year** for engaging with the wellPORTAL primary care network
- Prominence provides required COBRA employee and dependent **Qualifying Event Notifications at no cost**

PPO & POS Plans Offer Network Choice!



With an added layer of coverage, enrolled members can tap into a national network arrangement when seeking care outside Nevada—ideal for employees who live, work or travel out-of-state.

\$0 Care from Teladoc[®] HEALTH

Your employees have convenient, \$0 access to help manage their overall health – body and mind. Teladoc benefits provide access to same day appointments for non-urgent and common conditions, plus the convenience to treat mental health issues from the privacy of a home.

People Really Like Us



With Google Reviews at a **4.7 Member Satisfaction Rating**, it's undeniable that the customers we serve in all markets have a fond appreciation for how we manage and administer the care they receive.



Participating Areas Include:
Clark County and Nye County

Prominence
Health



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.clarkcountybar.org

Businesses can offer to up THREE different health plans; in-network benefits are listed below.

PLANS RENEW OCTOBER 1, 2026

In-Network Benefits	CCBA HMO 9	CCBA HMO 21	CCBA HMO 30	CCBA POS 9* (HMO/PPO)	CCBA POS 21* (HMO/PPO)	CCBA POS 30* (HMO/PPO)	CCBA PPO FREEDOM 6*	CCBA PPO HD FREEDOM 15 ^{1*}
Calendar Year Deductible (CYD)								
Individual	\$2,500	\$5,500	\$9,200	\$2,500/\$3,500	\$5,500/\$6,500	\$9,200/\$18,400	\$1,000	\$4,000
Family	\$5,000	\$11,000	\$18,400	\$5,000/\$7,000	\$11,000/\$13,000	\$18,400/\$36,800	\$3,000	\$8,000
Coinsurance								
	20%	30%	0%	20%	30%	0%	20%	10%
Out-of-Pocket Maximum								
Individual	\$9,200	\$9,200	\$9,200	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200	\$9,200
Family	\$18,400	\$18,400	\$18,400	\$18,400/\$36,800	\$18,400/\$36,800	\$18,400/\$36,800	\$18,400	\$18,400
Provider Office Visits								
Primary Care Provider (PCP)	\$25	\$35	\$35	\$15/\$30	\$30/\$50	\$30/\$60	\$15	CYD/10%
Specialist	\$50	\$70	\$70	\$30/\$60	\$50/\$75	\$60/\$90	\$30	CYD/10%
24/7 Gen Medical -Teladoc	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
wellPORTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	CYD/\$0
Emergent/Urgent Care								
Ambulance – Ground & Air	\$500	\$500	\$500	\$500	\$1,000	\$1,500	\$500	CYD/10%
Emergency Room	\$500	\$1,000	\$1,500	\$500	\$1,000	\$1,500	\$500	CYD/10%
Urgent Care	\$50	\$50	\$50	\$30/\$50	\$50/\$75	\$60/\$90	\$30	CYD/10%
Surgical/Hospital								
Outpatient Surgical ASC	\$100	\$100	\$100	\$100/\$500	\$100/\$1,000	\$100/\$1,500	\$100	CYD/0%
Outpatient Surgical Hospital	\$500	\$1,000	\$1,000	CYD 20%/CYD 20%	CYD 30%/CYD 30%	CYD 0%/CYD 0%	CYD/20%	CYD/10%
Inpatient Hospital	CYD/\$1,000	CYD/30%	CYD/0%	CYD \$1,000/CYD 20%	CYD 30%/CYD 30%	CYD 0%/CYD 0%	CYD/20%	CYD/10%
Pharmacy								
FDA-approved Preventive	No Charge	No Charge	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	\$25/\$50/\$75	\$25/\$50/\$75	CYD/10%
Specialty	20%	20%	20%	20%	20%	20%	20%	CYD/10%
Radiology								
Routine X-Ray & Diagnostic	\$25	\$35	\$35	\$15/\$30	\$30/\$50	\$30/\$60	\$15	CYD/10%
CT Scan & MRI	\$250	\$1,000	\$1,000	\$250/CYD 20%	\$1,000/CYD 30%	\$1,500/CYD 0%	\$500	CYD/10%
Complex Diagnostic	\$500	\$1,000	\$1,000	\$250/CYD 20%	\$1,000/CYD 30%	\$1,500/CYD 0%	\$500	CYD/10%
Maternity								
Prenatal Care & Delivery (per delivery)	\$200	\$200	\$200	\$200/CYD 20%	\$200/CYD 30%	\$200/CYD 0%	\$200	CYD/10%
Delivery Room & Well-baby Hospital	CYD/\$1,000	CYD/30%	CYD/0%	\$500/CYD 20%	CYD 30%/CYD30%	CYD 0%/CYD 0%	CYD/20%	CYD/10%
Mental Health/Alcohol & Drug Abuse Services								
Office Visit	\$25	\$35	\$35	\$15/\$30	\$30/\$50	\$30/\$60	\$15	CYD/10%
Mental Health - Teladoc	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Intensive	\$500	\$1,000	\$1,000	\$500/CYD 20%	\$1,000/CYD 30%	\$1,500/CYD 0%	CYD/20%	CYD/10%
Inpatient	CYD/\$1,000	CYD/30%	CYD/0%	CYD \$1,000/CYD 20%	CYD 30%/CYD 30%	CYD 0%/CYD 0%	CYD/20%	CYD/10%
Lab and Pathology								
	No Charge	No Charge	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	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