

# 2021 Association Health Plans for Washoe County Bar Association

*Don't Wait for Your Renewal to Get a Quote!*

*Rolling enrollment effective now, plans renew October 2021*



Washoe 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 medical plan from Prominence.

**Not an Association member? Join at [www.wcbar.org](http://www.wcbar.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 Cigna 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:

Washoe County    Lyon County  
Douglas County    Storey County  
Carson City

### 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!

- **Cigna National Network** - Prominence has partnered with Cigna to create a national network for use outside of Nevada for those members enrolled in either a POS or PPO health plan.
- **Teladoc** - 24/7 member care via telephone or video from licensed physicians, psychiatrists, clinical social workers 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 rate based upon type of service.
- **Comprehensive Provider Network** - Includes many notable and board certified physicians throughout the state, offering members excellent access to quality medical services.

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



**Prominence**<sup>®</sup>  
Health Plan

# WASHOE COUNTY BAR ASSOCIATION BENEFIT GUIDE FOR 2021



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

WCBA Association Health Plans	GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL					
	HMO 1000	HMO 4000	HMO 7000	POS 1000 HMO/PPO*	POS 4000 HMO/PPO*	PPO HDHP 6900* <sup>1</sup>
<b>Calendar Year Deductible (CYD)</b>						
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
<b>Coinsurance</b>						
	20%	30%	50%	20%/20%	30%/30%	0%
<b>Out-of-Pocket Maximum</b>						
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
<b>Provider Office Visits</b>						
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%
Specialist	\$50 copay	\$70 copay	\$70 copay	\$30/\$60 copay	\$60/\$90 copay	CYD/0%
<b>Emergency/Urgent Care</b>						
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%
<b>Hospital/Facility/Surgical</b>						
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%
<b>Pharmacy</b>						
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%
<b>Radiology</b>						
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%
<b>Maternity</b>						
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%
<b>Mental Health/Alcohol &amp; Drug Abuse Services</b>						
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%
<b>Lab and Pathology</b>						
	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/0%
<b>Pediatric Dental &amp; Vision - Diagnostic and Preventive (up to age 19)</b>						
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

<sup>1</sup> 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.