



Medical Plan & Rate Analysis

Effective 10/01/2017 to 9/30/2018

Prominence / HPN	Current I	Alternative I	Alternative II
	Prominence	Health Plan of Nevada	Health Plan of Nevada
Benefits	HMO Beyond 1A	HMO Gold 30/500/80%	HMO Platinum 10
	Current Plan	Selected Plan	Buy-Up Plan
<b>Cal Year Deductible</b>			
Individual	\$500	\$500	N/A
Family	\$1,500	\$1,000	N/A
Coinsurance	80 / 20	80 / 20	N/A
<b>Coinsurance Maximum</b>			
Individual	\$2,500	\$4,500	\$3,300
Family	\$5,000	\$9,000	\$6,600
<b>Office Visits &amp; Hospitalization</b>			
PCP Office Visit	\$15 per visit	\$30 per visit	\$10 per visit
Preventive Care	Covered in full	Covered in full	Covered in full
Specialist Office Visit	\$40 per visit	\$60 per visit	\$20 per visit
TeleMedicine Services	\$5 per visit	\$10 per visit	\$10 per visit
In Patient Hospitalization	After CYD, Prominence pays 80%	After CYD, HPN pays 80%	\$750 per admit
Out Patient Hospitalization	10% coinsurance	After CYD, HPN pays 80%	\$500 per surgery
<b>Physician Surgical Services</b>			
Performed as a hospital inpatient	Bundled with facility	After CYD, HPN pays 80%	\$150 per surgery
Anesthesia		\$250 per surgery	\$150 per surgery
<b>Emergency Services</b>			
ER (Ded waived if admitted)	\$200 per visit	\$350 per visit	\$350 per visit
Urgent Care	\$50 per visit	\$50 per visit	\$50 per visit
<b>Routine Lab &amp; X Ray</b>			
Routine Laboratory Services	No Charge	\$20 per visit	\$10 per visit
Routine X-ray	\$25 per test	\$40 per visit	\$20 per visit
<b>Prescription Drugs</b>			
Tier 1	\$5	\$15	\$10
Tier 2	\$15	\$35	\$30
Tier 3	\$30	\$65	\$60
Tier 4	Prominence pays 80%	\$250	\$250
<b>Premium Percentage Change from Prior Year</b>	<b>Current Plan</b>	<b>9.10%</b>	<b>22.32%</b>