



Proposal for Insurance

Prepared for

Truckee Meadows Fire Protection District

Presented By:

LP Insurance Services, LLC

Employee Benefits Division

Effective: 1/1/2020

Truckee Meadows Fire Protection District

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Truckee Meadows Fire Protection District

Response To Bid

<u>CARRIERS CONTACTED</u>	<u>BID RESPONSE</u>
<u>Medical</u>	
Hometown Health	Incumbent Carrier
Prominence Health Plan	Quote Presented
Anthem	DTQ Non-Competitive
Humana	DTQ Non-Competitive
Cigna	DTQ Non-Competitive
United Healthcare	DTQ Non-Competitive

Truckee Meadows Fire Protection District

Total Plan Cost

		Current/Renewal				Plan Options 1				Plan Option 2			
Carrier		Hometown Health 15-90 CINS P 0500X2		Hometown Health HD-NA CINS E D2800X2 HSA		Hometown Health 20-80 CINS P D0500X3		Hometown Health HD-NA CINS E D3000X2 HSA		Hometown Health HD-80 CINS U D1400X2 HSA			
Plan Name		Hometown/Renown Renown		Hometown/Renown Renown		Hometown/Renown Renown		Hometown/Renown Renown		Hometown/Renown Renown			
Network		PPO	OON	PPO	OON	PPO	OON	PPO	OON	PPO	OON		
Hospital		\$500	\$2,000	\$2,700 → \$2,800	\$5,400 → \$5,600	\$500	\$2,000	\$3,000	\$6,000	\$1,400	\$2,700		
Individual Deductible		\$1,000	\$4,000	\$5,400 → \$5,600	\$10,400 → \$11,200	\$1,500	\$4,000	\$6,000	\$12,000	\$2,800	\$5,400		
Family Deductible													
Individual Out of Pocket Max.		\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$3,000	\$6,000	\$4,300	\$8,600		
Family Out of Pocket Max.		\$6,000	\$12,000	\$8,000	\$16,000	\$10,000	\$20,000	\$6,000	\$12,000	\$8,600	\$17,200		
Primary Physician Copay		\$15	30% (d)	0% (d)	30% (d)	\$20	40% (d)	0% (d)	30% (d)	20% (d)	40% (d)		
Specialist Physician Copay		\$30	30% (d)	0% (d)	30% (d)	\$40	40% (d)	0% (d)	30% (d)	20% (d)	40% (d)		
Emergency Room		\$100	\$100	0% (d)	0% (d)	\$100	\$100	0% (d)	0% (d)	20% (d)	20% (d)		
Urgent Care Center		\$35	30% (d)	0% (d)	30% (d)	\$40	\$40	0% (d)	0% (d)	20% (d)	20% (d)		
Lab, X-Ray (Non-Hospital)		\$0 / \$15 - \$30	30% (d)	0% (d)	30% (d)	\$0 / \$40	40% (d)	0% (d)	30% (d)	20% (d)	40% (d)		
MRI, PET, CT Scans (Non-Hospital)		\$100	30% (d)	0% (d)	30% (d)	\$100	40% (d)	0% (d)	30% (d)	20% (d)	40% (d)		
Inpatient Hospitalization		10% (d)	30% (d)	0% (d)	30% (d)	20% (d)	40% (d)	0% (d)	30% (d)	20% (d)	40% (d)		
Outpatient Surgery		10% (d)	30% (d)	0% (d)	30% (d)	20% (d)	40% (d)	0% (d)	30% (d)	20% (d)	40% (d)		
In Network Prescription Benefit													
Prescription Deductible		None		Combined with Medical		None		Combined with Medical		Combined with Medical			
Tier I		\$10		\$15 (d)		\$15		\$0 (d)		20% (d)			
Tier II		\$30		\$40 (d)		\$40		\$0 (d)		20% (d)			
Tier III		\$50		\$60 (d)		\$60		\$0 (d)		20% (d)			

FULL MEMBER COST		Current		Renewal		Current		Renewal		Proposed		Proposed	
Employee	16	\$735	\$817	31	\$532	\$604	16	\$746	\$611	31	\$624		
Employee + Spouse	8	\$1,317	\$1,465	2	\$954	\$1,082	8	\$1,338	\$1,096	2	\$1,119		
Employee + Child	3	\$1,317	\$1,465	4	\$954	\$1,082	3	\$1,338	\$1,096	4	\$1,119		
Employee + Children	4	\$1,921	\$2,136	6	\$1,391	\$1,578	4	\$1,952	\$1,598	6	\$1,632		
Employee + Family	36	\$1,921	\$2,136	22	\$1,391	\$1,578	36	\$1,952	\$1,598	22	\$1,632		
	67			65			67			65			
Employee Monthly Premium		\$103,069	\$114,623		\$61,162	\$69,396		\$104,721	\$70,275		\$71,735		
Employee Annual Premium		\$1,236,829	\$1,375,473		\$733,948	\$832,755		\$1,256,654	\$843,296.52		\$860,819		

FULL RETIREE COST		Current		Renewal		Current		Renewal		Proposed		Proposed	
Retiree	4	\$735	\$817	0	\$532	\$604	4	\$746	\$611	0	\$624		
Retiree + Spouse	1	\$1,317	\$1,465	1	\$954	\$1,082	1	\$1,338	\$1,096	1	\$1,119		
Retiree + Child	0	\$1,317	\$1,465	0	\$954	\$1,082	0	\$1,338	\$1,096	0	\$1,119		
Retiree + Children	0	\$1,921	\$2,136	0	\$1,391	\$1,578	0	\$1,952	\$1,598	0	\$1,632		
Retiree + Family	3	\$1,921	\$2,136	0	\$1,391	\$1,578	3	\$1,952	\$1,598	0	\$1,632		
	8			1			8			1			
Retiree Monthly Premium		\$10,017	\$11,140		\$954	\$1,082		\$10,178	\$1,096		\$1,119		
Retiree Annual Premium		\$120,208	\$133,683		\$11,445	\$12,985		\$122,135	\$13,149.60		\$13,423		

COST PER PLAN & RENEWAL TOTAL		Current		Renewal		Current		Renewal		Plan Totals		Plan Totals	
Total Group Monthly Premium		\$113,086	\$125,763		\$62,116	\$70,478		\$114,899	\$71,371		\$72,853		
Total Group Annual Premium		\$1,357,037	\$1,509,156		\$745,393	\$845,740		\$1,378,789	\$856,446		\$874,242		
Total \$ Under/Over Current		\$152,119			\$100,347			\$21,752	\$111,053		\$128,849		
Total % Under/Over Current		11.2%			13.5%			1.6%	14.9%		17.3%		
Combined \$ Under/Over Current					\$252,466			\$132,805					
Combined % Under/Over Current					12.0%			6.3%					

Truckee Meadows Fire Protection District Employer vs Employee/Retiree Cost

	Current/Renewal				Plan Options 1				Plan Option 2	
Carrier	Hometown Health		Hometown Health		Hometown Health		Hometown Health		Hometown Health	
Plan Name	15-90 CINS P 0500X2		HD-NA CINS E D2800X2 HSA		20-80 CINS P D0500X3		HD-NA CINS E D3000X2 HSA		HD-80 CINS U D1400X2 HSA	
Network	Hometown/Renown		Hometown/Renown		Hometown/Renown		Hometown/Renown		Hometown/Renown	
Hospital	Renown		Renown		Renown		Renown		Renown	
	PPO	OON	PPO	OON	PPO	OON	PPO	OON	PPO	OON
Individual Deductible	\$500	\$2,000	\$2,700 → \$2,800	\$5,400 → \$5,600	\$500	\$2,000	\$3,000	\$6,000	\$1,400	\$2,700
Family Deductible	\$1,000	\$4,000	\$5,400 → \$5,600	\$10,400 → \$11,200	\$1,500	\$4,000	\$6,000	\$12,000	\$2,800	\$5,400
Individual Out of Pocket Max.	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$3,000	\$6,000	\$4,300	\$8,600
Family Out of Pocket Max.	\$6,000	\$12,000	\$8,000	\$16,000	\$10,000	\$20,000	\$6,000	\$12,000	\$8,600	\$17,200
Primary Physician Copay	\$15	30% (d)	0% (d)	30% (d)	\$20	40% (d)	0% (d)	30% (d)	20% (d)	40% (d)
Specialist Physician Copay	\$30	30% (d)	0% (d)	30% (d)	\$40	40% (d)	0% (d)	30% (d)	20% (d)	40% (d)
Emergency Room	\$100	\$100	0% (d)	0% (d)	\$100	\$100	0% (d)	0% (d)	20% (d)	20% (d)
Urgent Care Center	\$35	30% (d)	0% (d)	30% (d)	\$40	\$40	0% (d)	0% (d)	20% (d)	20% (d)
Lab, X-Ray (Non-Hospital)	\$0 / \$15 - \$30	30% (d)	0% (d)	30% (d)	\$0 / \$40	40% (d)	0% (d)	30% (d)	20% (d)	40% (d)
MRI, PET, CT Scans (Non-Hospital)	\$100	30% (d)	0% (d)	30% (d)	\$100	40% (d)	0% (d)	30% (d)	20% (d)	40% (d)
Inpatient Hospitalization	10% (d)	30% (d)	0% (d)	30% (d)	20% (d)	40% (d)	0% (d)	30% (d)	20% (d)	40% (d)
Outpatient Surgery	10% (d)	30% (d)	0% (d)	30% (d)	20% (d)	40% (d)	0% (d)	30% (d)	20% (d)	40% (d)
In Network Prescription Benefit										
Prescription Deductible	None		Combined with Medical		None		Combined with Medical		Combined with Medical	
Tier I	\$10		\$15 (d)		\$15		\$0 (d)		20% (d)	
Tier II	\$30		\$40 (d)		\$40		\$0 (d)		20% (d)	
Tier III	\$50		\$60 (d)		\$60		\$0 (d)		20% (d)	

EMPLOYEE COST		Current	Renewal		Current	Renewal		Proposed		Proposed		Proposed
	Employee	\$0	\$0	31	\$0	\$0	16	\$0	31	\$0	31	\$0
	Employee + Spouse	\$291	\$324	2	\$211	\$239	8	\$296	2	\$242	2	\$247
	Employee + Child	\$291	\$324	4	\$211	\$239	3	\$296	4	\$242	4	\$247
	Employee + Children	\$593	\$660	6	\$430	\$487	4	\$603	6	\$494	6	\$504
	Employee + Family	\$593	\$660	22	\$430	\$487	36	\$603	22	\$494	22	\$504
				65			67		65		65	
	Employee Monthly Premium	\$26,928	\$29,946		\$13,292	\$15,082		\$27,360		\$15,273		\$15,590
	Employee Annual Premium	\$323,133.36	\$359,355		\$159,506	\$180,985		\$328,315		\$183,276		\$187,085

RETIREE COST				Current		Renewal					Current		Renewal					Proposed		Proposed		Proposed	
	Employee	4	\$367	\$408	0	\$266	\$302	4	\$373	0	\$306	0	\$312										
	Employee + Spouse	1	\$950	\$1,056	1	\$688	\$780	1	\$965	1	\$790	1	\$807										
	Employee + Child	0	\$950	\$1,056	0	\$688	\$780	0	\$965	0	\$790	0	\$807										
	Employee + Children	0	\$1,554	\$1,728	0	\$1,125	\$1,277	0	\$1,578	0	\$1,293	0	\$1,320										
	Employee + Family	3	\$1,554	\$1,728	0	\$1,125	\$1,277	3	\$1,578	0	\$1,293	0	\$1,320										
		8			1			8		1		1											
	Employee Monthly Premium		\$7,079	\$7,873		\$688	\$780		\$7,193		\$790		\$807										
	Employee Annual Premium		\$84,950	\$94,473		\$8,253	\$9,364		\$86,312		\$9,484		\$9,679										

EMPLOYER COST			Current	Renewal			Current	Renewal	Proposed		Proposed	Proposed
	Total Monthly Cost		\$79,079	\$87,944			\$48,136	\$54,616		\$80,347	\$55,307	\$56,456
	Total Annual Cost		\$948,953	\$1,055,328			\$577,634	\$655,391		\$964,162	\$663,686	\$677,478
			EMPLOYER CURRENT				EMPLOYER RENEWAL		EMPLOYER PROPOSED		EMPLOYER PROPOSED	
	Combined Monthly Total		\$127,216				\$142,560		\$135,654		\$99,844	
	Combined Annual Total		\$1,526,587				\$1,710,719		\$1,627,848		17.3%	
	\$ Under / Over Current						\$184,132		\$101,261			
	% Under / Over Current						12.1%		6.6%			

Truckee Meadows Fire Protection District
Total Plan Cost

Carrier		Current / Renewal Plans				Option 3				Option 4			
		Hometown Health 15-90 CINS P 0500X2		Hometown Health HD-NA CINS E D2700X2 HSA		Prominence Health Plan 18 PPO Beyond 1		Prominence Health Plan 18 HD Core 3		Prominence Health Plan Customized PPO Beyond 1		Prominence Health Plan Customized HD Core 3	
Plan Name		Hometown/Renown		Hometown/Renown		PHCS Saint Mary's		PHCS Saint Mary's		PHCS Saint Mary's		PHCS Saint Mary's	
Network		Renown		Renown		Saint Mary's		Saint Mary's		Saint Mary's		Saint Mary's	
Hospital		PPO	OON	PPO	OON	PPO	OON	PPO	OON	PPO	OON	PPO	OON
Individual Deductible		\$500	\$2,000	\$2,700 → \$2,800	\$5,400 → \$5,600	\$500	\$1,500	\$3,000	\$6,000	\$500	\$2,000	\$2,800	\$5,600
Family Deductible		\$1,000	\$4,000	\$5,400 → \$5,600	\$10,400 → \$11,200	\$1,500	\$4,500	\$6,000	\$12,000	\$1,000	\$4,000	\$5,600	\$11,200
Individual Out of Pocket Max.		\$3,000	\$6,000	\$4,000	\$8,000	\$3,500	\$9,500	\$5,000	\$18,500	\$3,000	\$6,000	\$4,000	\$8,000
Family Out of Pocket Max.		\$6,000	\$12,000	\$8,000	\$16,000	\$7,000	\$19,000	\$10,000	\$37,000	\$6,000	\$12,000	\$8,000	\$16,000
Primary Physician Copay		\$15	30% (d)	0% (d)	30% (d)	\$20	50% (d)	0% (d)	30% (d)	\$15	30% (d)	0% (d)	30% (d)
Specialist Physician Copay		\$30	30% (d)	0% (d)	30% (d)	\$40	50% (d)	0% (d)	30% (d)	\$30	30% (d)	0% (d)	30% (d)
Emergency Room		\$100	\$100	0% (d)	0% (d)	\$250	\$250	0% (d)	0% (d)	\$100	\$100	0% (d)	0% (d)
Urgent Care Center		\$35	30% (d)	0% (d)	30% (d)	\$50	50% (d)	0% (d)	30% (d)	\$35	30% (d)	0% (d)	30% (d)
Lab, X-Ray (Non-Hospital)		\$0 / \$15 - \$30	30% (d)	0% (d)	30% (d)	\$0 / \$20	50% (d)	0% (d)	30% (d)	\$0 / \$15	30% (d)	0% (d)	30% (d)
MRI, PET, CT Scans (Non-Hospital)		\$100	30% (d)	0% (d)	30% (d)	\$250	50% (d)	0% (d)	30% (d)	\$100	30% (d)	0% (d)	30% (d)
Inpatient Hospitalization		10% (d)	30% (d)	0% (d)	30% (d)	20% (d)	50% (d)	0% (d)	30% (d)	10% (d)	30% (d)	0% (d)	30% (d)
Outpatient Surgery		10% (d)	30% (d)	0% (d)	30% (d)	\$500	50% (d)	0% (d)	30% (d)	10% (d)	30% (d)	0% (d)	30% (d)
In Network Prescription Benefit:													
Prescription Deductible		None		Combined with Medical		None		Combined with Medical		None		Combined with Medical	
Tier I		\$10		\$15 (d)		\$10		\$15 (d)		\$10		\$15 (d)	
Tier II		\$30		\$40 (d)		\$30		\$40 (d)		\$30		\$40 (d)	
Tier III		\$50		\$60 (d)		\$50		\$60 (d)		\$50		\$60 (d)	

EMPLOYEE COST	Current		Renewal		Current		Renewal		Proposed		Proposed		Proposed		Proposed	
	Employee	16	\$735	\$817	31	\$532	\$604	16	\$532	31	\$498	\$509	16	\$703	\$509	
	Employee + Spouse	8	\$1,317	\$1,465	2	\$954	\$1,082	8	\$1,234	2	\$894	\$913	8	\$1,260	\$913	
	Employee + Child	3	\$1,317	\$1,465	4	\$954	\$1,082	3	\$1,234	4	\$894	\$913	3	\$1,260	\$913	
	Employee + Children	4	\$1,921	\$2,136	6	\$1,391	\$1,578	4	\$1,801	6	\$1,303	\$1,332	4	\$1,838	\$1,332	
	Employee + Family	36	\$1,921	\$2,136	22	\$1,391	\$1,578	36	\$1,801	22	\$1,303	\$1,332	36	\$1,838	\$1,332	
	Employee Monthly Premium	67	\$103,069	\$114,623	65	\$61,162	\$69,396	67	\$96,621	65	\$57,302	\$58,548	67	\$98,645	\$58,548	
Employee Annual Premium			\$1,236,829	\$1,375,473		\$733,948	\$832,755		\$1,159,457		\$687,622.08		\$1,183,737	\$702,575.76		

RETIREE COST	Current		Renewal		Current		Renewal		Proposed		Proposed		Proposed		Proposed	
	Retiree	4	\$735	\$817	0	\$532	\$604	4	\$532	0	\$498	\$509	4	\$703	\$509	
	Retiree & Spouse	1	\$1,317	\$1,465	1	\$954	\$1,082	1	\$1,234	1	\$894	\$913	1	\$1,260	\$913	
	Retiree & Child	0	\$1,317	\$1,465	0	\$954	\$1,082	0	\$1,234	0	\$894	\$913	0	\$1,260	\$913	
	Retiree & Children	0	\$1,921	\$2,136	0	\$1,391	\$1,578	0	\$1,801	0	\$1,303	\$1,332	0	\$1,838	\$1,332	
	Retiree & Family	3	\$1,921	\$2,136	0	\$1,391	\$1,578	3	\$1,801	0	\$1,303	\$1,332	3	\$1,838	\$1,332	
	Retiree Monthly Premium	8	\$10,017	\$11,140	1	\$954	\$1,082	8	\$9,391	1	\$894	\$913	8	\$9,587	\$913	
Retiree Annual Premium			\$120,208	\$133,683		\$11,445	\$12,985		\$112,686		\$10,722.12		\$115,048	\$10,955		

COST PER PLAN & RENEWAL TOTAL	Current		Renewal		Current		Renewal		Plan Totals		Plan Totals		Plan Totals		Plan Totals	
	Total Group Monthly Premium	\$113,086	\$125,763	\$62,116	\$70,478	\$106,012	\$58,195	\$108,232	\$59,461							
	Total Group Annual Premium	\$1,357,037	\$1,509,156	\$745,393	\$845,740	\$1,272,143	\$698,344	\$1,298,785	\$713,531							
	\$152,119		\$100,347		-\$84,894		-\$47,049		-\$58,252		-\$31,862					
	11.2%		13.5%		-6.3%		-6.3%		-4.3%		-4.3%					
	\$252,466		\$252,466		-\$131,943		-\$131,943		-\$90,114		-\$90,114					
	12.0%		12.0%		-6.3%		-6.3%		-4.3%		-4.3%					

Truckee Meadows Fire Protection District
Employer vs Employee/Retiree Cost

		Current / Renewal Plans				Option 3				Option 4				
Carrier Plan Name		Hometown Health 15-90 CINS P 0500X2		Hometown Health HD-NA CINS E D2700X2 HSA		Prominence Health Plan 18 PPO Beyond 1		Prominence Health Plan 18 HD Core 3		Prominence Health Plan Customized PPO Beyond 1		Prominence Health Plan 18 HD Core 3		
Network Hospital		Hometown/Renown		Hometown/Renown		PHCS Saint Mary's		PHCS Saint Mary's		PHCS Saint Mary's		PHCS Saint Mary's		
		PPO	OON	PPO	OON	PPO	OON	PPO	OON	PPO	OON	PPO	OON	
Individual Deductible		\$500	\$2,000	\$2,700 → \$2,800	\$5,400 → \$5,600	\$500	\$1,500	\$3,000	\$6,000	\$500	\$2,000	\$2,800	\$5,600	
Family Deductible		\$1,000	\$4,000	\$5,400 → \$5,600	\$10,400 → \$11,200	\$1,500	\$4,500	\$6,000	\$12,000	\$1,000	\$4,000	\$5,600	\$11,200	
Individual Out of Pocket Max.		\$3,000	\$6,000	\$4,000	\$8,000	\$3,500	\$9,500	\$5,000	\$18,500	\$3,000	\$6,000	\$4,000	\$8,000	
Family Out of Pocket Max.		\$6,000	\$12,000	\$8,000	\$16,000	\$7,000	\$19,000	\$10,000	\$37,000	\$6,000	\$12,000	\$8,000	\$16,000	
Primary Physician Copay		\$15	30% (d)	0% (d)	30% (d)	\$20	50% (d)	0% (d)	30% (d)	\$15	30% (d)	0% (d)	30% (d)	
Specialist Physician Copay		\$30	30% (d)	0% (d)	30% (d)	\$40	50% (d)	0% (d)	30% (d)	\$30	30% (d)	0% (d)	30% (d)	
Emergency Room		\$100	\$100	0% (d)	0% (d)	\$250	\$250	0% (d)	0% (d)	\$100	\$100	0% (d)	0% (d)	
Urgent Care Center		\$35	30% (d)	0% (d)	30% (d)	\$50	50% (d)	0% (d)	30% (d)	\$35	30% (d)	0% (d)	30% (d)	
Lab, X-Ray (Non-Hospital)		\$0 / \$15 - \$30	30% (d)	0% (d)	30% (d)	\$0 / \$20	50% (d)	0% (d)	30% (d)	\$0 / \$15	30% (d)	0% (d)	30% (d)	
MRI, PET, CT Scans (Non-Hospital)		\$100	30% (d)	0% (d)	30% (d)	\$250	50% (d)	0% (d)	30% (d)	\$100	30% (d)	0% (d)	30% (d)	
Inpatient Hospitalization		10% (d)	30% (d)	0% (d)	30% (d)	20% (d)	50% (d)	0% (d)	30% (d)	10% (d)	30% (d)	0% (d)	30% (d)	
Outpatient Surgery		10% (d)	30% (d)	0% (d)	30% (d)	\$500	50% (d)	0% (d)	30% (d)	10% (d)	30% (d)	0% (d)	30% (d)	
In Network Prescription Benefit:														
Prescription Deductible		None		Combined with Medical		None		Combined with Medical		None		Combined with Medical		
Tier I		\$10		\$15 (d)		\$10		\$15 (d)		\$10		\$15 (d)		
Tier II		\$30		\$40 (d)		\$30		\$40 (d)		\$30		\$40 (d)		
Tier III		\$50		\$60 (d)		\$50		\$60 (d)		\$50		\$60 (d)		
EMPLOYEE COST	Employee	16	Current	Renewal	31	Current	Renewal	16	Proposed	31	Proposed	16	Proposed	
	Employee + Spouse	8	\$0	\$0	2	\$0	\$0	8	\$0	2	\$0	8	\$0	
	Employee + Child	3	\$291	\$324	4	\$211	\$239	3	\$273	4	\$198	3	\$202	
	Employee + Children	4	\$291	\$324	4	\$211	\$239	4	\$273	4	\$198	4	\$202	
	Employee + Family	36	\$593	\$660	6	\$430	\$487	4	\$556	6	\$402	4	\$411	
		67	\$593	\$660	22	\$430	\$487	36	\$556	22	\$402	36	\$411	
	Employee Monthly Premium	67	\$26,928	\$29,946	65	\$13,292	\$15,082	67	\$25,244	65	\$12,454	67	\$12,724	
Employee Annual Premium			\$323,133.36	\$359,355		\$159,506	\$180,985		\$302,923		\$149,443		\$152,692	
RETIREE COST	Employee	4	Current	Renewal	0	Current	Renewal	4	Proposed	0	Proposed	4	Proposed	
	Employee + Spouse	1	\$367	\$408	1	\$266	\$302	1	\$344	0	\$249	1	\$255	
	Employee + Child	0	\$950	\$1,056	0	\$688	\$780	0	\$890	0	\$644	0	\$658	
	Employee + Children	0	\$950	\$1,056	0	\$688	\$780	0	\$890	0	\$644	0	\$658	
	Employee + Family	0	\$1,554	\$1,728	0	\$1,125	\$1,277	0	\$1,457	0	\$1,054	0	\$1,077	
		8	\$1,554	\$1,728	0	\$1,125	\$1,277	8	\$1,457	0	\$1,054	8	\$1,077	
	Employee Monthly Premium	8	\$7,079	\$7,873	1	\$688	\$780	8	\$6,637	1	\$644	8	\$658	
Employee Annual Premium			\$84,950	\$94,473		\$8,253	\$9,364		\$79,650		\$7,732		\$7,899.96	
EMPLOYER COST	Total Monthly Cost		Current	Renewal		Current	Renewal		Proposed		Proposed		Proposed	
	Total Annual Cost		\$79,079	\$87,944		\$48,136	\$54,616		\$74,132		\$45,097		\$46,078	
			\$948,953	\$1,055,328		\$577,634	\$655,391		\$889,585		\$541,170		\$908,218.56	
	Combined Monthly Total		EMPLOYER CURRENT			EMPLOYER RENEWAL			EMPLOYER PROPOSED		EMPLOYER PROPOSED		EMPLOYER PROPOSED	
	Combined Annual Total		\$127,216			\$142,560			\$119,230		\$121,763		\$121,763	
			\$1,526,587			\$1,710,719			\$1,430,754		\$1,461,158		\$1,461,158	
	\$ Under / Over Current					\$184,132			-\$95,833		-\$65,430		-\$65,430	
% Under / Over Current						12.1%			-6.3%		-4.3%		-4.3%	

Truckee Meadows Fire Protection District

Dental Benefits

Dental		
Carrier	Guardian	
Dental Network:	DentalGuard Preferred	
	<u>In Network</u>	<u>Out-of-Network</u>
Reimbursement Type:	Neg. Fee	UCR
Calendar Year Deductible:		
Individual	\$0	\$50
Family	\$0	\$150
Coverage Level:		
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Ortho	50%	50%
Coverage:		
Composite Fillings	Anterior Only	
Crowns	Major	
Endo and Perio	Basic	
Oral Surgery	Major	
Implants	Major	
Annual Maximum:	\$1,500	
Ortho Lifetime Maximum:	\$1,000	
Rates:	Current	Renewal
Employee 51	\$35.62	\$35.62
Employee + Spouse 11	\$74.94	\$74.94
Employee + Child(ren) 14	\$97.47	\$97.47
Family 65	\$136.77	\$136.77
Total: 141		
Estimated Monthly Premium	\$12,896	\$12,896
Estimated Annual Premium	\$154,747	\$154,747
Total \$ Under/Over Current	\$0.00	
Total % Under/Over Current	0.0%	
Rate Guarantee	12 Months - 1/2021	

Truckee Meadows Fire Protection District

Vision Benefits

Vision				
Carrier		VSP		VSP
Network:		VSP Signature		VSP Signature
		<u>In Network</u>	<u>Out-of-Network</u>	<u>In Network</u> <u>Out-of-Network</u>
Frequency:				
	Eye Examination		12 Months	12 Months
	Lenses		12 Months	12 Months
	Contact Lenses		12 Months	12 Months
	Frames		24 Months	24 Months
Copayments:				
	Exams	\$10	N/A	\$10 N/A
	Materials	\$25	N/A	\$25 N/A
Schedule of Benefits:				
	Exam	Covered in Full	Up to \$50	Covered in Full Up to \$50
	Single Vision Lenses	Covered in Full	Up to \$50	Covered in Full Up to \$50
	Bifocal Lenses	Covered in Full	Up to \$75	Covered in Full Up to \$75
	Trifocal Lenses	Covered in Full	Up to \$100	Covered in Full Up to \$100
	Frames	Up to \$120	Up to \$70	Up to \$130 Up to \$70
	Elective Contact Lenses*	Up to \$120	Up to \$105	Up to \$130 Up to \$105
	Med. Necessary Contacts*	Covered in Full	Up to \$210	Covered in Full Up to \$210
Rates:		Current	Renewal	Proposed
	Employee 43	\$8.38	\$8.38	\$8.58
	Employee + Spouse 9	\$13.41	\$13.41	\$13.73
	Employee + Child 16	\$13.68	\$13.68	\$14.02
	Employee + Family 64	\$22.06	\$22.06	\$22.61
	132			
Estimated Monthly Premium		\$2,111.75	\$2,111.75	\$2,163.87
Estimated Annual Premium		\$25,341.00	\$25,341.00	\$25,966.44
Total \$ Under/Over Current		\$0.00		\$625.44
Total % Under/Over Current		0.0%		2.5%
Rate Guarantee		24 Months - 1/2022		24 Months - 1/2022

* In lieu of lenses & frames

Truckee Meadows Fire Protection District

Life/AD&D Benefits

<i>Life/AD&D</i>	
Carrier	Standard
Eligibility	Full Time Employees
Benefit Amount:	
Class 1	\$25,000
Plan Features:	
Accelerated Death Benefit	Up to 75%
Portability	Included
Waiver of Premium	Included
Benefit Reduces To:	
at age 65	65%
at age 70	50%
Rates:	Current
Volume	\$3,400,000
Life/AD&D per \$1,000	\$0.230
Estimated Monthly Premium	\$782
Estimated Annual Premium	\$9,384
Rate Guarantee	24 Months - 1/2021

Truckee Meadows Fire Protection District

Annual Cost Summary

	CURRENT	RENEWAL		OPTION 1	OPTION 2	OPTION 3	OPTION 4
<u>Medical</u>	HOMETOWN	HOMETOWN		HOMETOWN	HOMETOWN	PROMINENCE	PROMINENCE
PPO Plan	15-90 CINS P 0500X2	15-90 CINS P 0500X2		20-80 CINS P D0500X3	20-80 CINS P D0500X3	18 PPO Beyond 1	Custom PPO Beyond 1
	\$1,357,037	\$1,509,156		\$1,378,789	\$1,378,789	\$1,272,143	\$1,298,785
H S A Plan	HOMETOWN	HOMETOWN		HOMETOWN	HOMETOWN	PROMINENCE	PROMINENCE
	HD-NA CINS E D2700X2 HSA	HD-NA CINS E D2700X2 HSA		HD-NA CINS E D3000X2 HSA	HD-80 CINS U D1350X2 HSA	18 HD Core 3 H S A	Custom HD Core 3 H S A
	\$745,393	\$845,740		\$856,446	\$874,241	\$698,344	\$713,531
<u>Dental</u>	GUARDIAN	GUARDIAN		GUARDIAN	GUARDIAN	GUARDIAN	GUARDIAN
	\$154,747	\$154,747		\$154,747	\$154,747	\$154,747	\$154,747
<u>Vision</u>	VSP	VSP		VSP	VSP	VSP	VSP
	\$25,341	\$25,341		\$25,341	\$25,341	\$25,341	\$25,341
<u>Life</u>	STANDARD	STANDARD		STANDARD	STANDARD	STANDARD	STANDARD
	\$9,384	\$9,384		\$9,384	\$9,384	\$9,384	\$9,384
<u>Total \$\$ All Plans:</u>	\$2,291,902	\$2,544,368		\$2,424,707	\$2,442,502	\$2,159,959	\$2,201,788
% % over/(under) current		11.0%		5.8%	0.7%	-5.8%	-3.9%
\$\$ over/(under) current		\$252,466		\$132,805	\$17,795	-\$131,943	-\$90,114

LP Insurance Services, LLC Transparency Disclosure & Disclaimer

Coverage Highlights

The intent of this document is to briefly outline pertinent details of your insurance policies for your ready reference, and should not be considered a representation of the actual policy. For specifics on terms, coverages, exclusions, limitations, and conditions, the actual policy should be referenced.

Insurance Quotes

All quotes are subject to final underwriting and based on that, final rates, terms, and conditions, may change from those presented in this report.

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Compensation

Insurance is highly regulated, competitive industry that fuels the US economy and protects individuals and commercial entities from losses. There is nothing more important to our industry and to LP Insurance Services, LLC than maintaining the trust.

- * *Value and reward open, honest, two-way communication*
- * *Do what is right for the client*
- * *Talk and act with the client in mind*
- * *Exceed our client's expectations*

We receive compensation from the insurance companies we represent when placing your insurance. Our compensation is usually a percentage of the premium you pay for your insurance policy ("commission"), which is paid to us by the insurance company.

We receive payments from insurance companies to defray the cost of services provided for them, including advertising, training, certain employee compensation, and other expenses.

Some of the insurance companies we represent may pay us additional commissions, sometimes referred to as contingent or bonus commissions, which may be based on the total volume of business we sell for them, and/or the growth rate of that business retention.

The amount of premium you pay for a policy may change over the term of the policy. For example, your endorsement requests will affect the premium. Should the premium for any of your policies change, the amount of compensation paid to us by the insurance company will also change.