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

CARRIERS CONTACTED	BID RESPONSE
Medical	
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**		**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)**	

FULL MEMBER COST

		Current	Renewal		Current	Renewal		Proposed		Proposed		Proposed
Employee	16	$735	$817	31	$532	$604	16	$746	31	$611	31	$624
Employee + Spouse	8	$1,317	$1,465	2	$954	$1,082	8	$1,338	2	$1,096	2	$1,119
Employee + Child	3	$1,317	$1,465	4	$954	$1,082	3	$1,338	4	$1,096	4	$1,119
Employee + Children	4	$1,921	$2,136	6	$1,391	$1,578	4	$1,952	6	$1,598	6	$1,632
Employee + Family	36	$1,921	$2,136	22	$1,391	$1,578	36	$1,952	22	$1,598	22	$1,632
	67			65			67		65		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		Proposed
Retiree	4	$735	$817	0	$532	$604	4	$746	0	$611	0	$624
Retiree & Spouse	1	$1,317	$1,465	1	$954	$1,082	1	$1,338	1	$1,096	1	$1,119
Retiree & Child	0	$1,317	$1,465	0	$954	$1,082	0	$1,338	0	$1,096	0	$1,119
Retiree & Children	0	$1,921	$2,136	0	$1,391	$1,578	0	$1,952	0	$1,598	0	$1,632
Retiree & Family	3	$1,921	$2,136	0	$1,391	$1,578	3	$1,952	0	$1,598	0	$1,632
	8			1			8		1		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		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	16	$0	$0	31	$0	$0	16	$0	31	$0	31	$0
Employee + Spouse	8	$291	$324	2	$211	$239	8	$296	2	$242	2	$247
Employee + Child	3	$291	$324	4	$211	$239	3	$296	4	$242	4	$247
Employee + Children	4	$593	$660	6	$430	$487	4	$603	6	$494	6	$504
Employee + Family	36	$593	$660	22	$430	$487	36	$603	22	$494	22	$504
	67			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

	Current / Renewal Plans				Option 3				Option 4			
Carrier	**Hometown Health**		**Hometown Health**		**Prominence Health Plan**		**Prominence Health Plan**		**Prominence Health Plan**		**Prominence Health Plan**	
Plan Name	**15-90 CINS P 0500X2**		**HD-NA CINS E D2700X2 HSA**		**18 PPO Beyond 1**		**18 HD Core 3**		**Customized PPO Beyond 1**		**Customized HD Core 3**	
Network	Hometown/Renown		Hometown/Renown		PHCS		PHCS		PHCS		PHCS	
Hospital	Renown		Renown		Saint Mary's		Saint Mary's		Saint Mary's		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

		Current	*Renewal*		*Current*	*Renewal*		*Proposed*	*Proposed*		*Proposed*	*Proposed*
Employee	16	$735	$817	31	$532	$604	16	$689	$498	31	$703	$509
Employee + Spouse	8	$1,317	$1,465	2	$954	$1,082	8	$1,234	$894	2	$1,260	$913
Employee + Child	3	$1,317	$1,465	4	$954	$1,082	3	$1,234	$894	4	$1,260	$913
Employee + Children	4	$1,921	$2,136	6	$1,391	$1,578	4	$1,801	$1,303	6	$1,838	$1,332
Employee + Family	36	$1,921	$2,136	22	$1,391	$1,578	36	$1,801	$1,303	22	$1,838	$1,332
	67			65			67			65		
Employee Monthly Premium		**$103,069**	**$114,623**		**$61,162**	**$69,396**		**$96,621**	**$57,302**		**$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	$689	$498	0	$703	$509
Retiree & Spouse	1	$1,317	$1,465	1	$954	$1,082	1	$1,234	$894	1	$1,260	$913
Retiree & Child	0	$1,317	$1,465	0	$954	$1,082	0	$1,234	$894	0	$1,260	$913
Retiree & Children	0	$1,921	$2,136	0	$1,391	$1,578	0	$1,801	$1,303	0	$1,838	$1,332
Retiree & Family	3	$1,921	$2,136	0	$1,391	$1,578	3	$1,801	$1,303	3	$1,838	$1,332
	8			1			8			8		
Retiree Monthly Premium		**$10,017**	**$11,140**		**$954**	**$1,082**		**$9,391**	**$894**		**$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
Total $ Under/Over Current	**$152,119**		**$100,347**		**-$84,894**	**-$47,049**	**-$58,252**	**-$31,862**
Total % Under/Over Current	**11.2%**		**13.5%**		**-6.3%**	**-6.3%**	**-4.3%**	**-4.3%**
Combined $ Under/Over Current	**$252,466**				**-$131,943**		**-$90,114**	
Combined % Under/Over Current	**12.0%**				**-6.3%**		**-4.3%**	

Truckee Meadows Fire Protection District

Employer vs Employee/Retiree Cost

	Current / Renewal Plans				Option 3				Option 4			
Carrier	**Hometown Health**		**Hometown Health**		**Prominence Health Plan**		**Prominence Health Plan**		**Prominence Health Plan**		**Prominence Health Plan**	
Plan Name	**15-90 CINS P 0500X2**		**HD-NA CINS E D2700X2 HSA**		**18 PPO Beyond 1**		**18 HD Core 3**		**Customized PPO Beyond 1**		**18 HD Core 3**	
Network	Hometown/Renown		Hometown/Renown		PHCS		PHCS		PHCS		PHCS	
Hospital	Renown		Renown		Saint Mary's		Saint Mary's		Saint Mary's		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

		Current	Renewal		Current	Renewal		Proposed		Proposed		Proposed		Proposed
Employee	16	$0	$0	31	$0	$0	16	$0	31	$0	16	$0	31	$0
Employee + Spouse	8	$291	$324	2	$211	$239	8	$273	2	$198	8	$279	2	$202
Employee + Child	3	$291	$324	4	$211	$239	3	$273	4	$198	3	$279	4	$202
Employee + Children	4	$593	$660	6	$430	$487	4	$556	6	$402	4	$568	6	$411
Employee + Family	36	$593	$660	22	$430	$487	36	$556	22	$402	36	$568	22	$411
	67			65			67		65		67		65	
Employee Monthly Premium		**$26,928**	**$29,946**		**$13,292**	**$15,082**		**$25,244**		**$12,454**		**$25,772**		**$12,724**
Employee Annual Premium		**$323,133.36**	**$359,355**		**$159,506**	**$180,985**		**$302,923**		**$149,443**		**$309,262.56**		**$152,692**

RETIREE COST

		Current	Renewal		Current	Renewal		Proposed		Proposed		Proposed		Proposed
Employee	4	$367	$408	0	$266	$302	4	$344	0	$249	4	$352	0	$255
Employee + Spouse	1	$950	$1,056	1	$688	$780	1	$890	1	$644	1	$909	1	$658
Employee + Child	0	$950	$1,056	0	$688	$780	0	$890	0	$644	0	$909	0	$658
Employee + Children	0	$1,554	$1,728	0	$1,125	$1,277	0	$1,457	0	$1,054	0	$1,487	0	$1,077
Employee + Family	3	$1,554	$1,728	0	$1,125	$1,277	3	$1,457	0	$1,054	3	$1,487	0	$1,077
	8			1			8		1		8		1	
Employee Monthly Premium		**$7,079**	**$7,873**		**$688**	**$780**		**$6,637**		**$644**		**$6,775**		**$658**
Employee Annual Premium		**$84,950**	**$94,473**		**$8,253**	**$9,364**		**$79,650**		**$7,732**		**$81,303.84**		**$7,899.96**

EMPLOYER COST

	Current	Renewal		Current	Renewal		Proposed		Proposed		Proposed		Proposed
Total Monthly Cost	$79,079	$87,944		$48,136	$54,616		$74,132		$45,097		$75,685		$46,078
Total Annual Cost	$948,953	$1,055,328		$577,634	$655,391		$889,585		$541,170		$908,218.56		$552,939
	EMPLOYER CURRENT			***EMPLOYER RENEWAL***			***EMPLOYER PROPOSED***				***EMPLOYER PROPOSED***		
Combined Monthly Total	$127,216			$142,560			$119,230				$121,763		
Combined Annual Total	$1,526,587			$1,710,719			$1,430,754				$1,461,158		
$ Under / Over Current				$184,132			-$95,833				-$65,430		
% Under / Over Current				12.1%			-6.3%				-4.3%		

Truckee Meadows Fire Protection District

Dental Benefits

Dental			
Carrier		**Guardian**	
Dental Network:		DentalGuard Preferred	
		In Network	Out-of-Network
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	
		In Network	Out-of-Network	In Network	Out-of-Network
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

Life/AD&D	
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
Medical	**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**
	HOMETOWN	**HOMETOWN**	**HOMETOWN**	**HOMETOWN**	**PROMINENCE**	**PROMINENCE**
H S A Plan	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**
Dental	**GUARDIAN**	**GUARDIAN**	**GUARDIAN**	**GUARDIAN**	**GUARDIAN**	**GUARDIAN**
	$154,747	**$154,747**	**$154,747**	**$154,747**	**$154,747**	**$154,747**
Vision	**VSP**	**VSP**	**VSP**	**VSP**	**VSP**	**VSP**
	$25,341	**$25,341**	**$25,341**	**$25,341**	**$25,341**	**$25,341**
Life	**STANDARD**	**STANDARD**	**STANDARD**	**STANDARD**	**STANDARD**	**STANDARD**
	$9,384	**$9,384**	**$9,384**	**$9,384**	**$9,384**	**$9,384**
Total $$ All Plans:	**$2,291,902**	**$2,544,368**	**$2,424,707**	**$2,442,502**	**$2,159,959**	**$2,201,788**
% % over/(under) current		**11.0%**	**5.8%**	**0.7%**	**-5.8%**	**-3.9%**
$$ 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.