



Proposal for Insurance

Prepared for

**Truckee Meadows Fire Protection District**

Presented By:

LP Insurance Services, LLC

Employee Benefits Division

Effective: 1/1/2021

# **Truckee Meadows Fire Protection District**

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# Truckee Meadows Fire Protection District

## Total Plan Cost

Current / Renewal Plans						
Carrier		Prominence Health Plan			Prominence Health Plan	
Plan Name		Customized PPO Beyond 1			Customized HD Core 3	
Network		Prominence			Prominence	
Hospital		St. Mary's / NNMC			St. Mary's / NNMC	
		PPO	OON		PPO	OON
Individual Deductible		\$500	\$2,000		\$2,800	\$5,600
Family Deductible		\$1,000	\$4,000		\$5,600	\$11,200
Individual Out of Pocket Max.		\$3,000	\$6,000		\$4,000	\$8,000
Family Out of Pocket Max.		\$6,000	\$12,000		\$8,000	\$16,000
Primary Physician Copay		\$15	30% (d)		0% (d)	30% (d)
Specialist Physician Copay		\$30	30% (d)		0% (d)	30% (d)
Emergency Room		\$100	\$100		0% (d)	0% (d)
Urgent Care Center		\$35	30% (d)		0% (d)	30% (d)
Lab, X-Ray (Non-Hospital)		\$0 / \$15	30% (d)		0% (d)	30% (d)
MRI, PET, CT Scans (Non-Hospital)		\$100	30% (d)		0% (d)	30% (d)
Inpatient Hospitalization		10% (d)	30% (d)		0% (d)	30% (d)
Outpatient Surgery		10% (d)	30% (d)		0% (d)	30% (d)
In Network Prescription Benefit:						
Prescription Deductible			None		Combined with Medical	
Tier I			\$10		\$15 (d)	
Tier II			\$30		\$40 (d)	
Tier III			\$50		\$60 (d)	

EMPLOYEE COST			Current	Renewal		Current	Renewal	
	Employee	11	\$703.00	\$779.50		44	\$509.22	\$564.63
	Employee + Dependent (spouse or child)	4	\$1,260.36	\$1,397.51		14	\$912.94	\$1,012.27
	Employee + Family (two or more dependents)	17	\$1,838.32	\$2,038.37		56	\$1,331.59	\$1,476.48
		32				114		
	Employee Monthly Premium		\$44,026	\$48,817			\$109,756	\$121,698
	Employee Annual Premium		\$528,311	\$585,802		\$1,317,071	\$1,460,381	

RETIREE COST			Current	Renewal		Current	Renewal	
	Retiree	5	\$703.00	\$779.50		3	\$509.22	\$564.63
	Retiree + Dependent (spouse or child)	3	\$1,260.36	\$1,397.51		0	\$912.94	\$1,012.27
	Retiree + Family (two or more dependents)	3	\$1,838.32	\$2,038.37		0	\$1,331.59	\$1,476.48
		11				3		
	Retiree Monthly Premium		\$12,811	\$14,205			\$1,528	\$1,694
	Retiree Annual Premium		\$153,732	\$170,462		\$18,332	\$20,327	

COST PER PLAN & RENEWAL TOTAL			Current	Renewal		Current	Renewal	
	Total Group Monthly Premium		\$56,837	\$63,022			\$111,284	\$123,392
	Total Group Annual Premium		\$682,043	\$756,264			\$1,335,402	\$1,480,707
	Total \$ Under/Over Current		\$74,221				\$145,305	
	Total % Under/Over Current		10.9%				10.9%	

# Truckee Meadows Fire Protection District

## Total Plan Cost

Current / Renewal Plans				
Carrier	Prominence Health Plan		Prominence Health Plan	
Plan Name	Customized PPO Beyond 1		Customized HD Core 3	
Network	Prominence		Prominence	
Hospital	St. Mary's / NNMC		St. Mary's / NNMC	
	PPO	OON	PPO	OON
Individual Deductible	\$500	\$2,000	\$2,800	\$5,600
Family Deductible	\$1,000	\$4,000	\$5,600	\$11,200
Individual Out of Pocket Max.	\$3,000	\$6,000	\$4,000	\$8,000
Family Out of Pocket Max.	\$6,000	\$12,000	\$8,000	\$16,000
Primary Physician Copay	\$15	30% (d)	0% (d)	30% (d)
Specialist Physician Copay	\$30	30% (d)	0% (d)	30% (d)
Emergency Room	\$100	\$100	0% (d)	0% (d)
Urgent Care Center	\$35	30% (d)	0% (d)	30% (d)
Lab, X-Ray (Non-Hospital)	\$0 / \$15	30% (d)	0% (d)	30% (d)
MRI, PET, CT Scans (Non-Hospital)	\$100	30% (d)	0% (d)	30% (d)
Inpatient Hospitalization	10% (d)	30% (d)	0% (d)	30% (d)
Outpatient Surgery	10% (d)	30% (d)	0% (d)	30% (d)
In Network Prescription Benefit:				
Prescription Deductible	None		Combined with Medical	
Tier I	\$10		\$15 (d)	
Tier II	\$30		\$40 (d)	
Tier III	\$50		\$60 (d)	

EMPLOYEE COST			Current	Renewal w/Cochlear		Current	Renewal w/Cochlear
	Employee	11	\$703.00	\$786.54	44	\$509.22	\$569.72
	Employee + Dependent (spouse or child)	4	\$1,260.36	\$1,410.11	14	\$912.94	\$1,021.40
	Employee + Family (two or more dependents)	17	\$1,838.32	\$2,056.76	56	\$1,331.59	\$1,489.80
		32			114		
	Employee Monthly Premium		\$44,026	\$49,257		\$109,756	\$122,796
	Employee Annual Premium		\$528,311	\$591,088		\$1,317,071	\$1,473,553

RETIREE COST			Current	Renewal w/Cochlear		Current	Renewal w/Cochlear
	Retiree	5	\$703.00	\$786.54	3	\$509.22	\$569.72
	Retiree + Dependent (spouse or child)	3	\$1,260.36	\$1,410.11	0	\$912.94	\$1,021.40
	Retiree + Family (two or more dependents)	3	\$1,838.32	\$2,056.76	0	\$1,331.59	\$1,489.80
		11			3		
	Retiree Monthly Premium		\$12,811	\$14,333		\$1,528	\$1,709
	Retiree Annual Premium		\$153,732	\$172,000		\$18,332	\$20,510

COST PER PLAN & RENEWAL TOTAL		Current	Renewal w/Cochlear		Current	Renewal w/Cochlear
	Total Group Monthly Premium	\$56,837	\$63,591		\$111,284	\$124,505
	Total Group Annual Premium	\$682,043	\$763,087		\$1,335,402	\$1,494,063
	Total \$ Under/Over Current		\$81,044			\$158,660
	Total % Under/Over Current		11.9%			11.9%
	Combined \$ Under/Over Current	\$239,705				
	Combined % Under/Over Current	11.9%				

## Truckee Meadows Fire Protection District

### Dental Benefits

<i>Dental</i>			
Carrier		Guardian	
<b>Dental Network:</b>		DentalGuard Preferred	
		<u>In Network</u>	<u>Out-of-Network</u>
<b>Reimbursement Type:</b>		Neg. Fee	UCR
<b>Calendar Year Deductible:</b>			
Individual		\$0	\$50
Family		\$0	\$150
<b>Coverage Level:</b>			
Preventive		100%	100%
Basic		80%	80%
Major		50%	50%
Ortho		50%	50%
<b>Coverage:</b>			
Composite Fillings		Anterior Only	
Crowns		Major	
Endo and Perio		Basic	
Oral Surgery		Major	
Implants		Major	
<b>Annual Maximum:</b>		\$1,500	
<b>Ortho Lifetime Maximum:</b>		\$1,000	
<b>Rates:</b>		<b>Current</b>	<b>Renewal</b>
Employee	<b>59</b>	\$35.62	\$35.62
Employee + Spouse	<b>15</b>	\$74.94	\$74.94
Employee + Child(ren)	<b>21</b>	\$97.47	\$97.47
Family	<b>63</b>	\$136.77	\$136.77
Total:	<b>158</b>		
Estimated Monthly Premium		\$13,889	\$13,889
Estimated Annual Premium		\$166,669	\$166,669
Total \$ Under/Over Current		\$0.00	
Total % Under/Over Current		0.0%	
<b>Rate Guarantee</b>		12 Months - 1/2022	

## Truckee Meadows Fire Protection District

### Vision Benefits

<i>Vision</i>			
Carrier		VSP	
<b>Network:</b>		VSP Signature	
		<u>In Network</u>	<u>Out-of-Network</u>
<b>Frequency:</b>			
	Eye Examination	12 Months	
	Lenses	12 Months	
	Contact Lenses	12 Months	
	Frames	24 Months	
<b>Copayments:</b>			
	Exams	\$10	N/A
	Materials	\$25	N/A
<b>Schedule of Benefits:</b>			
	Exam	Covered in Full	Up to \$50
	Single Vision Lenses	Covered in Full	Up to \$50
	Bifocal Lenses	Covered in Full	Up to \$75
	Trifocal Lenses	Covered in Full	Up to \$100
	Frames	Up to \$120	Up to \$70
	Elective Contact Lenses*	Up to \$120	Up to \$105
	Med. Necessary Contacts*	Covered in Full	Up to \$210
<b>Rates:</b>		<b>Current</b>	
	Employee	55	\$8.38
	Employee + Spouse	12	\$13.41
	Employee + Child	18	\$13.68
	Employee + Family	61	\$22.06
		146	
Estimated Monthly Premium		\$2,213.72	
Estimated Annual Premium		\$26,564.64	
<b>Rate Guarantee</b>		24 Months - 1/2022	

\* In lieu of lenses & frames

## Truckee Meadows Fire Protection District

### Life/AD&D Benefits

<i>Life/AD&amp;D</i>	
Carrier	Standard
<b>Eligibility</b>	Full Time Employees
<b>Benefit Amount:</b>	
Class 1	\$25,000
<b>Plan Features:</b>	
Accelerated Death Benefit	Up to 75%
Portability	Included
Waiver of Premium	Included
<b>Benefit Reduces To:</b>	
at age 65	65%
at age 70	50%
<b>Rates:</b>	<b>Current / Renewal</b>
Volume	\$3,891,250
Life/AD&D per \$1,000	\$0.230
Estimated Monthly Premium	\$895
Estimated Annual Premium	\$10,740
Total \$ Under/Over Current	\$0
Total % Under/Over Current	0%
<b>Rate Guarantee</b>	24 Months - 1/2023

## 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.

### Confidential

This document contains proprietary confidential information concerning LP Insurance Services, LLC and our clients. It may not be distributed or reproduced without the express prior written consent of LP Insurance Services, LLC. No disclosure concerning this document shall be made without the express prior written consent of LP Insurance Services, LLC.

### 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.