

Proposal for Insurance

Prepared for

Truckee Meadows Fire Protection District

Presented By:

LP Insurance Services, LLC Employee Benefits Division

Effective: 1/1/2026



Your Dedicated Service Team





Producer

Lloyd Barnes

<u>lloyd.barnes@lpins.net</u>

Direct: 775.996.6005



Account Manager

Samm Petersen

samm.petersen@lpins.net

Cell: 775.560.5986

Response To Bid

Carrier	Medical	Dental	Vision	Life
Prominence	25.0%	-	-	-
Hometown Health	25.0%	-	-	-
IAFF	35.1%	-	with medical	-
Cigna	26.1%	-5.7%	-7%	-
Aetna	DTQ	DTQ	DTQ	DTQ
Anthem	DTQ	DTQ	DTQ	DTQ
United Healthcare	Not Competitive (42.2%)	2.5%	15.9%	-
Guardian	-	5.0%	-	-
VSP	-	0.0%	-	-
Metlife	-	-18.2%	-12%	DTQ
Renaissance	-	-11.2%	-16.0%	-14.6%
Delta Dental	-	DTQ	-	-
Best	-	3.0%	-40.7%	-
Hartford	-	-	-	DTQ
Principal		-0.2%	-13.3%	-4.0%
Mutual of Omaha	-	DTQ	DTQ	DTQ
Reliance Standard	-	DTQ	DTQ	DTQ
Standard	-	9.0%	-16.1%	DTQ
UNUM	-	DTQ	DTQ	DTQ
Lincoln	-	DTQ	DTQ	DTQ
Kansas City Life		DTQ	DTQ	DTQ

Prominence Three Tier Current and Renewal Rates with PPO Options

				Current &	Ren	ewal Plans				Opti	on 1		Opt	ion	2
Carrier			Prominence				Prominence			Prominence	Prominence		Prominence		Prominence
Plan Name		Custo	omized PPO Bey	ond 1		Cus	stomized HD Co	ore 3		PPO 6	PPO HD 16		PPO 8		PPO HD 19
Hospital			Mary's / NNMC / S		1		Mary's / NNMC /			St. Mary's / NNMC / SMC	St. Mary's / NNMC /	SMC	St. Mary's / NNMC / SMC		St. Mary's / NNMC / SMC
			In-network				In-network			In-network	In-network		In-network		In-network
						بع	$3,300 \rightarrow \$3,4$	100		\$1,000					
Individual Deductible			\$500								\$4,000		\$2,000		\$5,000
Family Deductible			\$1,000			\$(6,600 → \$6,8	800		\$3,000	\$8,000		\$6,000		\$10,000
Individual Out of Pocket Max.			\$3,000				\$4,000			\$4,500	\$6,900		\$6,850		\$6,900
Family Out of Pocket Max.			\$6,000				\$8,000			\$9,000	\$13,800		\$13,700		\$13,800
Duineau Dhusisian Canau			Ć1F				00((4)			620	200((4)		ĆOF		200/ (4)
Primary Physician Copay Specialist Physician Copay			\$15 \$30				0% (d) 0% (d)			\$20 \$40	20% (d) 20% (d)		\$25 \$50		20% (d) 20% (d)
Specialist Physician Copay			\$ 50				0% (u)			Ş40	20% (u)		350		20% (u)
Emergency Room			\$100				0% (d)			\$500	20% (d)		\$500		20% (d)
Urgent Care Center			\$35				0% (d)			\$50	20% (d)		\$50		20% (d)
Lab			\$0				0% (d)			\$0	20% (d)		\$0		20% (d)
MRI, PET, CT Scans (Non-Hospital)			\$100				0% (d) 0% (d)			\$250	20% (d) 20% (d)		\$250		20% (d) 20% (d)
Inpatient Hospitalization			10% (d)				0% (d)			20% (d)	20% (d)		20% (d)		20% (d)
Outpatient Surgery			10% (d)				0% (d)			\$250	20% (d)		\$250		20% (d)
In Network Prescription Benefit:															
Prescription Deductible			none				none			none	none		none		none
Tier I			\$10				\$15 (d)			\$25	20% (d)		\$25		20% (d)
Tier II			\$30				\$40 (d)			\$50	20% (d)		\$50		20% (d)
Tier III			\$50				\$60 (d)			\$75	20% (d)		\$75		20% (d)
Employee Cost	Cur	rent	Renewal	Rev Renewal		Current	Renewal	Rev Renewal]	Proposed	Proposed		Proposed		Proposed
Employee 2	1 \$87	5.65	\$1,225.26	\$1,094.52	60	\$629.05	\$880.23	\$786.28		\$995.70	\$650.18		\$931.58		\$632.58
Employee + Dependent	\$1,5	59.92	\$2,196.72	\$1,962.32	29	\$1,127.80	\$1,578.13	\$1,409.70		\$1,785.15	\$1,165.69		\$1,670.19		\$1,134.14
Employee + Family <u>1</u>	<u>4</u> \$2,2	39.84	\$3,204.07	\$2,862.19	<u>61</u>	\$1,644.98	\$2,301.83	\$2,056.15		\$2,603.78	\$1,700.24		\$2,436.10	L	\$1,654.22
	4			1 .	150		1 .	T .							·
Employee Monthly Premium		,576	\$90,358	\$80,716		\$170,793	\$238,991	\$213,483		\$73,429	\$176,530		\$68,700		\$171,752
Employee Annual Premium	\$//2	1,908	\$1,084,295	\$968,598	_	\$2,049,516	\$2,867,894	\$2,561,799		\$881,148	\$2,118,365		\$824,403	Ŀ	\$2,061,027
Retiree Cost		_		I			I								
5		5.65	\$1,225.26	\$1,094.52	4	\$629.05	\$880.23	\$786.28		\$995.70	\$650.18		\$931.58		\$632.58
		2.95	\$857.67	\$766.15	0	\$440.33	\$616.16	\$550.39		\$696.98	\$455.12		\$652.10		\$442.80
Retiree + 1 without Medicare Retiree + 1, both with Medicare		59.92 98.94	\$2,196.72 \$1,537.70	\$1,962.32 \$1,373.62	3	\$1,127.80 \$789.46	\$1,578.13	\$1,409.70 \$986.79		\$1,785.15 \$1,249.61	\$1,165.69 \$815.98		\$1,670.19 \$1,169.13		\$1,134.14 \$793.90
		34.42	\$1,337.70	\$1,667.97	١	\$958.63	\$1,104.69 \$1,341.41	\$1,198.24		\$1,517.38	\$990.83		\$1,419.66		\$964.02
		39.84	\$3,204.07	\$2,862.19	5	\$1,644.98	\$2,301.83	\$2,056.15		\$2,603.78	\$1,700.24		\$2,436.10		\$1,654.22
	\$1,60		\$2,242.84	\$2,002.13	0	\$1,151.48	\$1,611.27	\$1,439.29		\$1,822.63	\$1,190.16		\$1,705.26		\$1,157.95
		46.35	\$2,723.44	\$2,432.84	0	\$1,398.22	\$1,956.53	\$1,747.71		\$2,213.19	\$1,445.19		\$2,070.66		\$1,406.08
•	2		. ,		12	,									
Retiree Monthly Premium	\$19	,165	\$26,817	\$23,955	1	\$14,125	\$19,764	\$17,655		\$21,792	\$14,599		\$20,389		\$14,204
Retiree Annual Premium	\$229	9,979	\$321,800	\$287,463		\$169,494	\$237,174	\$211,860		\$261,509	\$175,188		\$244,668		\$170,446
Cost Per Plan & Renewal Total]						
Total Group Monthly Premium	\$83	,741	\$117,175	\$104,672]	\$184,917	\$258,756	\$231,138		\$95,221	\$191,129		\$89,089		\$185,956
Total Group Annual Premium	\$1,00	4,887	\$1,406,095	\$1,256,060]	\$2,219,010	\$3,105,068	\$2,773,659		\$1,142,657	\$2,293,553		\$1,069,072		\$2,231,473
			1 ,				T , -								
Total Annual \$ Under/Over Current			\$401,207	\$251,173			\$886,058	\$554,649		\$137,769	\$74,544		\$64,184		\$12,464
Total Annual % Under/Over Current			39.9%	25.0%			39.9%	25.0%		13.7%	3.4%		6.4%		0.6%
Combined Annual Total			rent		enew			enewal		-	osed			oose	
Combined Annual Total Combined \$ Under/Over Current		γ 5,∠∠	23,897		,511,: 287			29,719 5 822			6,210 2,313		\$3,30	5,648	
		,	-		,287,			5,822							
Combined % Under/Over Current Red = Decrease In Benefits, Blue = Increase in Benefits	••-	•	-		39.9%	%	25	5.0%		6.0	6%			.4%	

Prominence Three Tier Current and Renewal Rates with HMO Options

			Current &	Ren	ewal Plans			Option 3		Option 4		Option 5
Carrier		Promi	nence		Promi	inence		Prominence		Prominence		Prominence
Plan Name		Customized F	PPO Beyond 1		Customize	d HD Core 3		HMO 7		НМО 9		HMO Freedom 6 *
Hospital			NNMC / SMC		St. Mary's /	NNMC / SMC		NNMC / SMC	ſ	NNMC / SMC		NNMC / SMC
		In-ne	twork		In-ne	twork		NO OON In-network		NO OON In-network		In notwork
												<u>In-network</u>
Individual Deductible		\$5			. ,	⇒ \$3,400		\$1,500		\$2,500		\$1,000
Family Deductible		\$1,0	000		\$6,600 -	→ \$6,800		\$4,500		\$5,000		\$3,000
Individual Out of Pocket Max.		\$3,	000		\$4,	000		\$5,000		\$6,850		\$4,000
Family Out of Pocket Max.		\$6,	000		\$8,	000		\$10,000		\$13,700		\$8,000
Primary Physician Copay		\$1	L 5		0%	(d)		\$25		\$30		\$25
Specialist Physician Copay		\$3	80		0%	(d)		\$50		\$60		\$50
Emergency Room		\$1	00		0%	(d)		\$500		\$750		\$500
Urgent Care Center		\$3				, (d) , (d)		\$500		\$60		\$50
		•								·		·
Lab		\$				(d)		\$0		\$0		\$0
MRI, PET, CT Scans (Non-Hospital)		\$1	UU		0%	(d)		\$250		\$500		\$250
Inpatient Hospitalization		10%	6 (d)		0%	(d)		\$1,000 (d)		\$2,000 (d)		\$1,000 (d)
Outpatient Surgery		10%	6 (d)		0%	(d)		\$250		\$500		\$250
In Network Prescription Benefit:												
Prescription Deductible		no	ne		nc	one		None		None		None
Tier I		\$1				5 (d)		\$25		\$25		\$25
Tier II		, \$3) (d)		\$50		\$50		\$50
Tier III		\$5) (d)		\$75		\$75		\$75
Employee Cost		Current	Rev Renewal	ĺ	Current	Rev Renewal	ĺ	Proposed	Ī	Proposed	ĺ	Proposed
Employee	21	\$875.65	\$1,094.52	60	\$629.05	\$786.28		\$868.21	F	\$820.12		\$907.63
Employee + Dependent	9	\$1,569.92	\$1,962.32	29	\$1,127.80	\$1,409.70		\$1,556.58		\$1,470.36		\$1,627.26
Employee + Family	<u>14</u>	\$2,289.84	\$2,862.19	<u>61</u>	\$1,644.98	\$2,056.15		\$2,270.38		\$2,144.63		\$2,373.48
	44			150								
Employee Monthly Premium		\$64,576	\$80,716		\$170,793	\$213,483			_		•	
Employee Annual Premium		\$774,908	\$968,598		\$2,049,516	\$2,561,799						
Retiree Cost												
Single without Medicare	3	\$875.65	\$1,094.52	4	\$629.05	\$786.28		\$868.21	Γ	\$820.12		\$907.63
Single with Medicare	0	\$612.95	\$766.15	0	\$440.33	\$550.39		\$607.74		\$574.08		\$635.34
Retiree + 1 without Medicare	4	\$1,569.92	\$1,962.32	3	\$1,127.80	\$1,409.70		\$1,556.58		\$1,470.36		\$1,627.26
Retiree + 1, both with Medicare	1	\$1,098.94	\$1,373.62	0	\$789.46	\$986.79		\$1,089.60		\$1,029.25		\$1,139.08
Retiree + 1, one with Medicare	0	\$1,334.42	\$1,667.97	0	\$958.63	\$1,198.24		\$1,323.09		\$1,249.81		\$1,383.17
Retiree & Family without Medicare	4	\$2,289.84	\$2,862.19	5	\$1,644.98	\$2,056.15		\$2,270.38		\$2,144.63		\$2,373.48
Retiree & Family, two with Medicare	0	\$1,602.87	\$2,003.52	0	\$1,151.48	\$1,439.29		\$1,589.26		\$1,501.23		\$1,661.43
Retiree & Family, one with Medicare	<u>0</u>	\$1,946.35	\$2,432.84	<u>0</u>	\$1,398.22	\$1,747.71		\$1,929.81	L	\$1,822.92		\$2,017.44
	12	640.465	622.055	12	644425	647.655	-					
Retiree Monthly Premium		\$19,165	\$23,955		\$14,125	\$17,655						
Retiree Annual Premium		\$229,979	\$287,463]	\$169,494	\$211,860]					
Cost Per Plan & Renewal Total		602 711	6404.670		6404.647	6224 422	-					
Total Group Monthly Premium		\$83,741	\$104,672		\$184,917	\$231,138						
Total Group Annual Premium		\$1,004,887	\$1,256,060		\$2,219,010	\$2,773,659	\mathbf{I}					
Total Annual \$ Under/Over Current			\$251,173			\$554,649	1					
Total Annual % Under/Over Current			25.0%			25.0%						
and the state of t			Current		Rev Re	enewal	1					
Combined Annual Total			,223,897			29,719	1					
Combined \$ Under/Over Current			-			5,822						
Combined % Under/Over Current			_			.0%						
Combined to Chacif Over Current					23	/ -	J					

^{*} Freedom plans allow for the Cigna wrap

HMO options have no OON or out of state benefits, need refferrals for specialist, network is more narrow, NO St. Mary's OON benefits will only apply in a true emergency

Prominence Four Tier Renewal Rates with PPO Options

			r Her Renewal Ra Plans	l	Opt	_		Ор	tio	n 7
Carrier	Prominence	wai	Prominence		Prominence		Prominence	Prominence		Prominence
Plan Name	Customized PPO Beyond 1		Customized HD Core 3	1	PPO 6		PPO HD 16	PPO 8		PPO HD 19
Hospital	St. Mary's / NNMC / SMC		St. Mary's / NNMC / SMC		St. Mary's / NNMC / SMC	'	St. Mary's / NNMC / SMC	St. Mary's / NNMC / SMC		St. Mary's / NNMC / SMC
	<u>In-network</u>		<u>In-network</u>		<u>In-network</u>		<u>In-network</u>	<u>In-network</u>		<u>In-network</u>
Individual Deductible	\$500		\$3,300 → \$3,400		\$1,000		\$4,000	\$2,000		\$5,000
Family Deductible	\$1,000		\$6,600 > \$6,800		\$3,000		\$8,000	\$6,000		\$10,000
	40.000		44.000		4		40.000	40.000		40.000
Individual Out of Pocket Max.	\$3,000		\$4,000		\$4,500		\$6,900	\$6,850		\$6,900
Family Out of Pocket Max.	\$6,000		\$8,000		\$9,000		\$13,800	\$13,700		\$13,800
Primary Physician Copay	\$15		0% (d)		\$20		20% (d)	\$25		20% (d)
Specialist Physician Copay	\$30		0% (d)		\$40		20% (d)	\$50		20% (d)
Specialist i Hysician copay	1 230		070 (d)		, , , , , , , , , , , , , , , , , , , 		20% (0)	750		2070 (0)
Emergency Room	\$100		0% (d)		\$500		20% (d)	\$500		20% (d)
Urgent Care Center	\$35		0% (d)		\$50		20% (d)	\$50		20% (d)
Lab	\$0		0% (d)		\$0		20% (d)	\$0		20% (d)
MRI, PET, CT Scans (Non-Hospital)	\$100		0% (d)		\$250		20% (d)	\$250		20% (d)
Inpatient Hospitalization	10% (d)		0% (d)		20% (d)		20% (d)	20% (d)		20% (d)
Outpatient Surgery	10% (d) 10% (d)		0% (d) 0% (d)		\$250		20% (d) 20% (d)	\$250		20% (d) 20% (d)
- Catputicit Surgery	1070 (u)		070 (u)		7230		2070 (U)	7230		2070 (u)
In Network Prescription Benefit:										
Prescription Deductible	none		none		none		none	none		none
Tier I	\$10		\$15 (d)		\$25		20% (d)	\$25		20% (d)
Tier II	\$30		\$40 (d)		\$50		20% (d)	\$50		20% (d)
Tier III	\$50		\$60 (d)		\$75		20% (d)	\$75		20% (d)
Employee Cost	Proposed	İ	Proposed	ĺ	Proposed		Proposed	Proposed	i	Proposed
Employee 21	\$970.98	60	\$720.73	1	\$883.88		\$595.98	\$827.37		\$579.85
Employee + Spouse 9	\$1,941.96	14	\$1,441.46		\$1,767.76		\$1,191.95	\$1,654.73		\$1,159.69
Employee + Child(ren) 1	\$1,844.86	27	\$1,369.39		\$1,679.37		\$1,132.35	\$1,034.73		\$1,101.71
	\$1,644.80		\$2,306.33		1 ' '		\$1,907.12	\$2,647.57		\$1,855.51
Employee + Family <u>13</u> 44	\$5,107.14	<u>49</u> 150	\$2,500.55	ł	\$2,828.42		\$1,907.12	\$2,047.57		\$1,655.51
	\$90,106	150	¢212.409	1	¢72.020		¢176.469	¢60.3E0		¢171 602
Employee Monthly Premium	\$80,106		\$213,408		\$72,920		\$176,468	\$68,258		\$171,693
Employee Annual Premium	\$961,271	 	\$2,560,895	_	\$875,042	느	\$2,117,621	\$819,093		\$2,060,314
Retiree Cost										
Single without Medicare 3	\$970.98	4	\$720.73		\$883.88		\$595.98	\$827.37		\$579.85
Single with Medicare 0	\$728.24	0	\$540.55		\$662.91		\$446.98	\$620.52		\$434.88
Retiree & Spouse without Medicare 4	\$1,941.96	2	\$1,441.46		\$1,767.76		\$1,191.95	\$1,654.73		\$1,159.69
Retiree & Spouse, both with Medicare 1	\$1,456.47	0	\$1,081.09		\$1,325.82		\$893.96	\$1,241.05		\$869.77
Retiree & Spouse, one with Medicare 0	\$1,699.22	0	\$1,261.28		\$1,546.79		\$1,042.96	\$1,447.89		\$1,014.73
Retiree & Child(ren) without Medicare 0	\$1,844.86	2	\$1,369.39		\$1,679.37		\$1,132.35	\$1,571.99		\$1,101.71
Retiree & Child(ren) with Medicare 0	\$1,383.65	0	\$1,027.04		\$1,259.53		\$849.27	\$1,179.00		\$826.28
Retiree & Family without Medicare 4	\$3,107.14	4	\$2,306.33		\$2,828.42		\$1,907.12	\$2,647.57		\$1,855.51
Retiree & Family, two with Medicare 0	\$2,330.35	0	\$1,729.75		\$2,121.32		\$1,430.34	\$1,985.68		\$1,391.63
Retiree & Family, one with Medicare 0	\$2,718.74	0	\$2,018.04]	\$2,474.87	L	\$1,668.73	\$2,316.62		\$1,623.57
12		12		1						
Retiree Monthly Premium	\$24,566		\$17,730		\$22,362		\$14,661	\$20,932		\$14,264
Retiree Annual Premium	\$294,790		\$212,759]	\$268,346	L	\$175,932	\$251,188		\$171,171
Cost Per Plan & Renewal Total				1						
Total Group Monthly Premium	\$104,672		\$231,138	1	\$95,282		\$191,129	\$89,190		\$185,957
Total Group Annual Premium	\$1,256,061		\$2,773,655		\$1,143,388		\$2,293,553	\$1,070,281		\$2,231,485
				1						
Total Annual \$ Under/Over Current	\$251,173		\$554,645	1	\$138,501		\$74,543	\$65,394		\$12,475
Total Annual % Under/Over Current	25.0%		25.0%		13.8%		3.4%	6.5%		0.6%
		ropose		1		pose			pos	
Combined Annual Total		,029,7		1		136,94			301,	
Combined \$ Under/Over Current		805,81				.33,04 13,04		•	77,86	
Combined % Under/Over Current		25.0 %				5.6%			2.4%	
Pod - Descrete in honesite Blue - Incresse in honesite				1					/ (

Prominence Four Tier Renewal Rates with HMO Options

		Rene	wal	Plans		Option 8	Option 9	Option 10
Carrier		Prominence	vvair	Prominence		Prominence	Prominence	Prominence
Plan Name		Customized PPO Beyond 1		Customized HD Core 3		HMO 7	HMO 9	HMO Freedom 6 *
Hospital		St. Mary's / NNMC / SMC		St. Mary's / NNMC / SMC	1	NNMC / SMC	NNMC / SMC	NNMC / SMC
						NO OON	NO OON	inime, eme
		<u>In-network</u>		In-network		In-network	In-network	In-network
Individual Deductible		\$500		\$3,300 \(\to\$ \\$3,400		\$1,500	\$2,500	\$1,000
Family Deductible		\$1,000		\$6,600 \to \$6,800		\$4,500	\$5,000	\$3,000
,,		¥ =/,5 = 5		70,000 , 70,000		4 1/2 2 2		4-7
Individual Out of Pocket Max.		\$3,000		\$4,000		\$5,000	\$6,850	\$4,000
Family Out of Pocket Max.		\$6,000		\$8,000		\$10,000	\$13,700	\$8,000
Drimary Physician Congy		\$15		0% (d)		\$25	\$30	\$25
Primary Physician Copay		\$30		\ ' '		\$50	\$60	\$50
Specialist Physician Copay		\$50		0% (d)		\$50	\$60	\$50
Emergency Room		\$100		0% (d)		\$500	\$750	\$500
Urgent Care Center		\$35		0% (d)		\$50	\$60	\$50
Lab		\$0		0% (d)		\$0	\$0	\$0
MRI, PET, CT Scans (Non-Hospital)		\$100		0% (d)		\$250	\$500	\$250
Inpatient Hospitalization		10% (d)		0% (d)		\$1,000 (d)	\$2,000 (d)	\$1,000 (d)
Outpatient Surgery		10% (d) 10% (d)		0% (d) 0% (d)		\$1,000 (d) \$250	\$500	\$250
- a special cargo y		±0/0 (M)		5/3 (d)		Ų230	7500	7230
In Network Prescription Benefit:								
Prescription Deductible		none		none		None	None	None
Tier I		\$10		\$15 (d)		\$25	\$25	\$25
Tier II		\$30		\$40 (d)		\$50	\$50	\$50
Tier III		\$50		\$60 (d)		\$75	\$75	\$75
Employee Cost		Proposed]	Proposed		Proposed	Proposed	Proposed
Employee	21	\$970.98	60	\$720.73		\$771.28	\$728.89	\$806.26
Employee + Spouse	9	\$1,941.96	14	\$1,441.46		\$1,542.55	\$1,457.78	\$1,612.52
Employee + Child(ren)	1	\$1,844.86	27	\$1,369.39		\$1,465.43	\$1,384.89	\$1,531.89
Employee + Family	<u>13</u>	\$3,107.14	<u>49</u>	\$2,306.33		\$2,468.09	\$2,332.45	\$2,580.03
	44		150					
Employee Monthly Premium		\$80,106		\$213,408]			
Employee Annual Premium		\$961,271		\$2,560,895				
Retiree Cost			1		ĺ			
Single without Medicare	3	\$970.98	4	\$720.73	1	\$771.28	\$728.89	\$806.26
Single with Medicare	0	\$728.24	0	\$540.55		\$578.46	\$546.67	\$604.70
Retiree & Spouse without Medicare	4	\$1,941.96	2	\$1,441.46		\$1,542.55	\$1,457.78	\$1,612.52
Retiree & Spouse, both with Medicare	1	\$1,456.47	0	\$1,081.09		\$1,156.92	\$1,093.34	\$1,209.39
Retiree & Spouse, one with Medicare	0	\$1,699.22	0	\$1,261.28		\$1,349.73	\$1,275.56	\$1,410.96
Retiree & Child(ren) without Medicare	0	\$1,844.86	2	\$1,369.39		\$1,465.43	\$1,384.89	\$1,531.89
Retiree & Child(ren) with Medicare	0	\$1,383.65	0	\$1,027.04		\$1,099.07	\$1,038.67	\$1,148.92
Retiree & Family without Medicare	4	\$3,107.14	4	\$2,306.33		\$2,468.09	\$2,332.45	\$2,580.03
Retiree & Family, two with Medicare	0	\$2,330.35	0	\$1,729.75		\$1,851.06	\$1,749.34	\$1,935.02
Retiree & Family, one with Medicare	0	\$2,718.74	0	\$2,018.04		\$2,159.58	\$2,040.90	\$2,257.53
	12		12					
Retiree Monthly Premium		\$24,566	1	\$17,730	1 '			
Retiree Annual Premium		\$294,790		\$212,759				
Cost Per Plan & Renewal Total			Ī		Ī			
Total Group Monthly Premium		\$104,672	1	\$231,138				
Total Group Annual Premium		\$1,256,061		\$2,773,655				
		71,200,001	l	72,7,0,000				
Total Annual \$ Under/Over Current		\$251,173	1	\$554,645				
Total Annual % Under/Over Current		25.0%		25.0%				
Total Alliadi 70 Oliaci / Over Carrellt			ropos		ł			
Combined Annual Total			1,029,7					
Combined Affidat Total Combined \$ Under/Over Current			805,81					
Combined % Under/Over Current			25.0 %					
combined to onder/over current			23.0/0	U	L			

^{*} Freedom plans allow for the Cigna wrap

HMO options have no OON or out of state benefits, need refferrals for specialist, network is more narrow OON benefits will only apply in a true emergency

St. Mary's is not in HMO network

Hometown Health Three Tier Current and Renewal Rates with PPO Options

			Current &	Ren	ewal Plans		Option 11						
Carrier			nence			inence	1	Hometow				vn Health	
Plan Name			PPO Beyond 1			d HD Core 3			500			P HSA 3400	
Hospital		St. Mary's /	NNMC / SMC		St. Mary's /	NNMC / SMC		Ren	own		Ren	own	
		<u>In-ne</u>	<u>twork</u>		<u>In-ne</u>	<u>twork</u>		In-ne	<u>twork</u>		<u>In-ne</u>	<u>twork</u>	
Individual Deductible		\$5				⇒ \$3,400		\$50			\$3,4		
Family Deductible		\$1,0	000		\$6,600 -	→ \$6,800		\$1,0	000		\$6,8	300	
Individual Out of Pocket Max.		\$3.	000		\$4.	000		\$2.	000		\$5.	000	
Family Out of Pocket Max.		. ,	000			000			000			,000	
		4.	_						_				
Primary Physician Copay Specialist Physician Copay		\$1 \$3				· (d) · (d)		\$1 \$3				(d) (d)	
Specialist Filysician Copay		, ۲	00		070	(u)		ې چې	0		0/0	(u)	
Emergency Room		\$1			0%	(d)		\$10	00		0%	(d)	
Urgent Care Center		\$3	35		0%	(d)		\$1	.5		0%	(d)	
Lab		\$	n		0%	(d)		\$(n		0%	(d)	
MRI, PET, CT Scans (Non-Hospital)		\$1				(d)		\$5				(d)	
Inpatient Hospitalization			(d) (d)			(d)		\$250 + \$5				(d)	
Outpatient Surgery		10%	6 (d)		0%	(d)		\$50	UU		0%	(d)	
In Network Prescription Benefit:													
Prescription Deductible			ne			one		no				ne	
Tier I Tier II		\$1 \$3			-	5 (d)) (d)		\$1 \$3			-	5 (d)) (d)	
Tier III		\$5) (d)) (d)		\$6) (d)) (d)	
Employee Cost		Current	Rev Renewal	ĺ	Current	Rev Renewal	i	Non-National	National	ĺ	Non-National	National	
Employee Employee	21 \$875.65 \$1,094.52 60 \$629.05 \$786.28				\$1,034.31	\$1,080.85		\$757.00	\$791.07				
Employee + Dependent	9	\$1,569.92	\$1,962.32	29	\$1,127.80	\$1,409.70		\$1,853.19	\$1,936.59		\$1,356.34	\$1,417.37	
Employee + Family		\$1,303.32		61	\$1,644.98	\$2,056.15		\$2,704.74	\$2,826.45		\$1,979.58	\$2,068.66	
Limployee + Fairing	<u></u> 44	\$2,209.04	\$2,802.19	150	\$1,044.98	\$2,030.13		\$2,704.74	\$2,820.43		\$1,979.56	\$2,008.00	
Employee Monthly Premium		\$64,576	\$80,716	130	\$170,793	\$213,483		\$76,266	\$79,697		\$205,508	\$214,756	
		\$774,908				·					,		
Employee Annual Premium		\$774,908	\$968,598	J I	\$2,049,516	\$2,561,799]]	\$915,187	\$956,370] I	\$2,466,099	\$2,577,074	
Retiree Cost	2	4	4	1	4.000.00	4		4	4		4	4-0-0-	
Single without Medicare	3	\$875.65	\$1,094.52	4	\$629.05	\$786.28		\$1,034.31	\$1,080.85		\$757.00	\$791.07	
Single with Medicare	0	\$612.95	\$766.15	0	\$440.33	\$550.39		\$724.02	\$756.60		\$529.90	\$553.75	
Retiree + 1 without Medicare	4	\$1,569.92	\$1,962.32	3	\$1,127.80	\$1,409.70		\$1,853.19	\$1,936.59		\$1,356.34	\$1,417.37	
Retiree + 1, both with Medicare	1	\$1,098.94	\$1,373.62	0	\$789.46	\$986.79		\$1,297.23	\$1,355.61		\$949.44	\$992.16	
Retiree + 1, one with Medicare	0	\$1,334.42	\$1,667.97	0	\$958.63	\$1,198.24		\$1,575.21	\$1,646.10		\$1,152.89	\$1,204.77	
Retiree & Family without Medicare	4	\$2,289.84	\$2,862.19	5	\$1,644.98	\$2,056.15		\$2,704.74	\$2,826.45		\$1,979.58	\$2,068.66	
Retiree & Family, two with Medicare	0	\$1,602.87	\$2,003.52	0	\$1,151.48	\$1,439.29		\$1,893.31	\$1,978.51		\$1,385.70	\$1,448.06	
Retiree & Family, one with Medicare	<u>0</u>	\$1,946.35	\$2,432.84	<u>0</u>	\$1,398.22	\$1,747.71		\$2,299.03	\$2,402.48]	\$1,682.64	\$1,758.36	
	12			12									
Retiree Monthly Premium		\$19,165	\$23,955		\$14,125	\$17,655		\$22,632	\$23,650		\$16,995	\$17,760	
Retiree Annual Premium		\$229,979	\$287,463		\$169,494	\$211,860		\$271,583	\$283,804]	\$203,939	\$213,116	
Cost Per Plan & Renewal Total]						
Total Group Monthly Premium		\$83,741	\$104,672		\$184,917	\$231,138		\$98,897	\$103,348		\$222,503	\$232,516	
Total Group Annual Premium		\$1,004,887	\$1,256,060		\$2,219,010	\$2,773,659		\$1,186,770	\$1,240,173		\$2,670,038 \$2,790		
				1						1		, , , , , , , , , , , , , , , , , , , ,	
Total Annual \$ Under/Over Current			\$251,173	1		\$554,649		\$181,882	\$235,286	\$451,028 \$57		\$571,181	
Total Annual % Under/Over Current			25.0%			25.0%		18.1%	23.4%			25.7%	
			Current		Rev Re	enewal			National			onal	
Combined Annual Total			,223,897			29,719		\$3,856,807 \$4,030,364					
Combined \$ Under/Over Current	د ر	-			5,822		-	32,910			5,467		
			=										
Combined % Under/Over Current Red = Decrease In Benefits, Blue = Incre		l Domofita	_		25	.0%	J		.9.6%		25.	0%	

Red = Decrease In Benefits, Blue = Increase in Benefits

^{*}cochlear implants not covered

Hometown Health Three Tier Current and Renewal Rates with PPO Options Cont'd

	Current & Renewal Plans						1			_			Alt On	tion (12)
Carrier		Prom	inence	Prominence				Hometov	vn Health	.ion	12 Hometov	vn Health	•	tion (12)
Plan Name			PPO Beyond 1			d HD Core 3			1000			P HSA 4000) 1500
Hospital		St. Mary's /	NNMC / SMC		St. Mary's /	NNMC / SMC		Rer	own		Ren	own	Re	nown
Individual Deductible Family Deductible		\$5	<u>twork</u> 00 000		\$3,300 -	etwork → \$3,400 → \$6,800		\$1,	twork 000 000		<u>In-ne</u> \$4,I \$8,I		\$1	<u>etwork</u> ,500 ,000
Individual Out of Pocket Max. Family Out of Pocket Max.			.000 .000			,000 ,000			000 000			000 000	•	5,000 0,000
Primary Physician Copay Specialist Physician Copay			15 30			S (d) S (d)			20 10			o (d)	The second secon	25 50
Emergency Room Urgent Care Center			00 35			6 (d) 6 (d)		\$5 \$!	00 00			o (d)	•	250 550
Lab MRI, PET, CT Scans (Non-Hospital)			0 00			5 (d) 5 (d)		-	20 5 (d)			o (d)		\$0 5 50
Inpatient Hospitalization Outpatient Surgery			% (d) % (d)			6 (d) 6 (d)			5 (d) 5 (d)			(d) (d)		· 20% (d) .,000
In Network Prescription Benefit: Prescription Deductible Tier I Tier II Tier III		\$: \$:	one 10 30 50		none \$15 (d) \$40 (d) \$60 (d) Current Rev Renewal			nc \$1 \$3 \$6	30		0%	one (d) (d) (d)	\$ \$	one 15 45
Employee Cost		Current	Rev Renewal				Non-National	National		Non-National	National	Non-National		
Employee Cost	21	\$875.65	\$1,094.52	60	\$629.05	\$786.28		\$962.64	\$1,005.96		\$725.74	\$758.39	\$909.61	\$950.54
Employee + Dependent	9	\$1,569.92	\$1,054.32	29	\$1,127.80	\$1,409.70		\$1,724.78	\$1,802.39		\$1,300.33	\$1,358.83	\$1,629.76	\$1,703.10
Employee + Family	<u>14</u>	\$2,289.84	\$2,862.19	<u>61</u>	\$1,644.98	\$2,056.15		\$2,517.31	\$2,630.59		\$1,897.83	\$1,983.21	\$2,378.64	\$2,485.68
employee Framily	44	γ2,203.04	ψ <i>Z</i> ,002.13	150		<i>γ2,030.13</i>		<i>φ</i> 2,317.31	<i>\$2,030.33</i>		Ψ1,037.03	\$1,303.21	\$2,376.04	γ2,103.00
Employee Monthly Premium		\$64,576	\$80,716		\$170,793	\$213,483		\$70,981	\$74,175		\$197,022	\$205,885	\$67,071	\$70,089
Employee Annual Premium		\$774,908	\$968,598		\$2,049,516	\$2,561,799		\$851,770	\$890,099		\$2,364,259	\$2,470,623	\$804,847	\$841,065
			+000,000		+=/c :0/c=c	γ = γ = γ = γ = γ = γ = γ = γ = γ = γ =		+ CC = /: : C	+ - - - - - - - - - -		+=/== :/===	<i>+=, 0,0=0</i>	φου i,σ 11	70.12/000
Retiree Cost Single without Medicare	3	\$875.65	\$1,094.52	4	\$629.05	\$786.28		\$962.64	\$1,005.96		\$725.74	\$758.39	\$909.61	\$950.54
Single without Medicare Single with Medicare	0	\$612.95	\$1,094.32	0	\$440.33	\$550.39		\$962.64	\$1,005.96		\$723.74 \$508.02	\$530.87	\$636.73	\$665.38
Retiree + 1 without Medicare	4	\$1,569.92	\$1,962.32	3	\$1,127.80	\$1,409.70		\$1,724.78	\$1,802.39		\$1,300.33	\$1,358.83	\$1,629.76	\$1,703.10
Retiree + 1, both with Medicare	1	\$1,098.94	\$1,373.62	0	\$789.46	\$986.79		\$1,724.78	\$1,862.59		\$1,300.33	\$951.18	\$1,029.70	\$1,703.10
Retiree + 1, one with Medicare	0	\$1,038.94	\$1,667.97	0	\$958.63	\$1,198.24		\$1,267.46	\$1,532.03		\$1,105.28	\$1,155.00	\$1,385.30	\$1,132.17
Retiree & Family without Medicare	4	\$2,289.84	\$2,862.19	5	\$1,644.98	\$2,056.15		\$2,517.31	\$2,630.59		\$1,103.28	\$1,983.21	\$2,378.64	\$2,485.68
Retiree & Family, two with Medicare	0	\$1,602.87	\$2,003.52	0	\$1,151.48	\$1,439.29		\$1,762.12	\$1,841.42		\$1,328.48	\$1,388.25	\$1,665.05	\$1,739.98
Retiree & Family, one with Medicare	<u>0</u>	\$1,002.87	\$2,432.84	<u>0</u>	\$1,398.22	\$1,747.71		\$2,139.72	\$2,236.00		\$1,613.16	\$1,685.73	\$2,021.84	\$2,112.83
netiree & ranniy, one with Medicare	12	71,540.55	72,432.04	12	71,330.22	71,747.71		72,133.72	\$2,230.00		71,013.10	71,003.73	\$2,021.04	72,112.03
Retiree Monthly Premium		\$19,165	\$23,955		\$14,125	\$17,655		\$21,064	\$22,011		\$16,293	\$17,026	\$19,903	\$20,799
Retiree Annual Premium		\$229,979	\$287,463		\$169,494	\$211,860		\$252,764	\$264,138		\$10,233	\$204,313	\$238,839	\$249,587
		7223,373	\$207,403	j I	7103,434	7211,000		\$232,704	\$204,130		ψ133,317	Ψ 204,313	\$230,033	7243,307
Cost Per Plan & Renewal Total Total Croup Monthly Promises		¢02.744	¢104.673		¢104 017	¢224 420		¢02.044	¢06.196		¢242.245	¢222.044	¢06.074	¢00.000
Total Group Appual Promium		\$83,741	\$104,672		\$184,917	\$231,138		\$92,044	\$96,186		\$213,315	\$222,911	\$86,974	\$90,888
Total Group Annual Premium		\$1,004,887	\$1,256,060	1	\$2,219,010	\$2,773,659		\$1,104,534	\$1,154,237		\$2,559,776	\$2,674,937	\$1,043,686	\$1,090,652
Total Annual \$ Under/Over Current			\$251,173			\$554,649		\$99,646	\$149,349		\$340,767	\$455,927	\$38,799	\$85,765
Total Annual % Under/Over Current			25.0%			25.0%		9.9%	\$149,349 14.9%		\$340,767 15.4%	20.5%	3.9%	8.5%
Total Allindar 70 Officery Over Current			Current	l	Rev Pe	enewal			National			ional	3.9/0	1 0.5/0
Combined Annual Total			,223,897			29,719			664,310			29,173		
Combined \$ Under/Over Current		ر ا	-			5,822		•	40,413			5,276		
Combined % Under/Over Current			_			.0%			13.7%			.8%		
Red = Decrease in Benefits Blue = Incre	ase in	L Ronofits			25	.0/0		<u> </u>	LJ. 7 / 0		10	.0/0		

Combined % Under/Over Current

Red = Decrease In Benefits, Blue = Increase in Benefits

*cochlear implants not covered

Hometown Health Three Tier Current and Renewal Rates with PPO Options Cont'd

			Current &	Ren	ewal Plans				n 13			
Carrier			nence			inence		Hometow				vn Health
Plan Name			PPO Beyond 1			d HD Core 3		PPO				HSA 5000
Hospital		St. Mary's /	NNMC / SMC		St. Mary's /	NNMC / SMC		Ren	own		Ren	own
		· · · · · · · · · · · · · · · · · · ·	<u>twork</u>		· · · · · · · · · · · · · · · · · · ·	<u>twork</u>		In-net	twork			<u>twork</u>
Individual Deductible		\$5 64.4				→ \$3,400 > \$6,000		\$2,5			\$5,0	
Family Deductible		\$1,0	000		\$6,600 -	→ \$6,800		\$5,0)UU		\$10,	000
Individual Out of Pocket Max.		\$3,	000		\$4,	000		\$7,	500		\$5,	000
Family Out of Pocket Max.		\$6,	000		\$8,	000		\$15,	,000		\$10	,000
Primary Physician Copay		\$1	15		0%	5 (d)		\$2	5		0%	(d)
Specialist Physician Copay		\$3				5 (d) 5 (d)		\$5				(d)
		·										
Emergency Room		\$1				5 (d)		\$50			0%	
Urgent Care Center		\$3	35		0%	5 (d)		\$5	U		0%	(a)
Lab		\$	0		0%	5 (d)		\$0)		0%	(d)
MRI, PET, CT Scans (Non-Hospital)		\$1	00		0%	5 (d)		\$50	00		0%	(d)
Inpatient Hospitalization		10%	% (d)		n%	5 (d)		\$750 +	20% (d)		0%	(d)
Outpatient Surgery			6 (d) 6 (d)			5 (d)		\$1,!			0%	
L. Naturalis D. C.												
In Network Prescription Benefit: Prescription Deductible		nc	ne		nc	one		no	ne		no	ne
Tier I		\$1				5 (d)		\$2				(d)
Tier II		\$3			\$40) (d)		\$6			0%	(d)
Tier III		\$5	50	<u> </u>	\$60) (d)		\$17	20	<u> </u>	0%	(d)
Employee Cost	Current Rev Renewal				Current	Rev Renewal		Non-National	National		Non-National	National
Employee	21	\$875.65	\$1,094.52	60	\$629.05	\$786.28		\$818.37	\$855.20		\$679.08	\$709.76
Employee + Dependent	9	\$1,569.92	\$1,962.32	29	\$1,127.80	\$1,409.70		\$1,466.29	\$1,532.27		\$1,216.72	\$1,271.70
Employee + Family			<u>61</u>	\$1,644.98	\$2,056.15		\$2,140.05	\$2,236.35		\$1,775.81	\$1,856.04	
	44			150								
Employee Monthly Premium		\$64,576	\$80,716		\$170,793	\$213,483		\$60,343	\$63,059]	\$184,354	\$192,683
Employee Annual Premium		\$774,908	\$968,598		\$2,049,516	\$2,561,799		\$724,117	\$756,702		\$2,212,249	\$2,312,200
Retiree Cost										Ī		
Single without Medicare	3	\$875.65	\$1,094.52	4	\$629.05	\$786.28		\$818.37	\$855.20		\$679.08	\$709.76
Single with Medicare	0	\$612.95	\$766.15	0	\$440.33	\$550.39		\$572.86	\$598.64		\$475.36	\$496.83
Retiree + 1 without Medicare	4	\$1,569.92	\$1,962.32	3	\$1,127.80	\$1,409.70		\$1,466.29	\$1,532.27		\$1,216.72	\$1,271.70
Retiree + 1, both with Medicare	1	\$1,098.94	\$1,373.62	0	\$789.46	\$986.79		\$1,400.23	\$1,072.59		\$851.70	\$890.19
	0	\$1,098.94	\$1,373.62	0	\$789.46	\$986.79		\$1,026.40	\$1,072.59		\$1,034.21	\$1,080.94
Retiree + 1, one with Medicare	4	\$1,334.42		5							, ,	
Retiree & Family without Medicare	0		\$2,862.19	0	\$1,644.98	\$2,056.15		\$2,140.05	\$2,236.35		\$1,775.81	\$1,856.04
Retiree & Family, two with Medicare		\$1,602.87	\$2,003.52	0	\$1,151.48	\$1,439.29		\$1,498.04	\$1,565.45		\$1,243.07	\$1,299.23
Retiree & Family, one with Medicare	<u>0</u> 12	\$1,946.35	\$2,432.84	<u>∪</u> 12	\$1,398.22	\$1,747.71		\$1,819.04	\$1,900.90		\$1,509.44	\$1,577.64
Potiroo Monthly Promism	12	\$10.165	\$22 OFF	1	¢1// 12F	¢17 655		\$17,007	¢10 712	1	¢1E 246	¢1E 024
Retiree Monthly Premium		\$19,165	\$23,955		\$14,125	\$17,655		\$17,907 \$214,882	\$18,713		\$15,246	\$15,934
Retiree Annual Premium		\$229,979	\$287,463	j I	\$169,494	\$211,860		\$214,882	\$224,552	J ∎	\$182,946	\$191,212
Cost Per Plan & Renewal Total				_						ļ		
Total Group Monthly Premium		\$83,741	\$104,672		\$184,917	\$231,138		\$78,250	\$81,771		\$199,600	\$208,618
Total Group Annual Premium		\$1,004,887	\$1,256,060		\$2,219,010	\$2,773,659		\$938,999	\$981,254		\$2,395,195	\$2,503,412
				-								
Total Annual \$ Under/Over Current			\$251,173			\$554,649		-\$65,888	-\$23,633			\$284,402
Total Annual % Under/Over Current			25.0%			25.0%		-6.6%	-2.4%		7.9%	12.8%
		(Current		Rev Re	enewal	Non National National				onal	
Combined Annual Total		\$3	,223,897		\$4,02	29,719			334,195	\$3,484,667		
Combined \$ Under/Over Current		-		\$80!	5,822		\$1	10,298		\$260),769	
Combined % Under/Over Current		- 25.0% 3.4% 8						1%				

Red = Decrease In Benefits Blue = Increase in Benefits

^{*}cochlear implants not covered

Hometown Health Three Tier Current and Renewal Rates with EPO/HMO Options

					ewal Plans			Ontion 14	ľ	Option 15	.	Option 16		Ontion 17		Option 18
				Kell				Option 14			H			Option 17		
Carrier		Promii				inence		Hometown Health		Hometown Health		Hometown Heath		Hometown Heath		Hometown Heath
Plan Name		Customized P	•	-	Customize			EPO 1000		EPO 1500	ŀ	EPO 2500		HMO 1000	ŀ	HMO 1500
Hospital		St. Mary's / N	NNMC / SMC		St. Mary's /	NNMC / SMC		Renown NO OON		Renown NO OON		Renown NO OON		Renown NO OON		Renown NO OON
		<u>In-net</u>	twork		In-ne	twork		In-network		In-network		In-network		In-network		In-network
tode the depth again						→ \$3,400		\$1,000		\$1,500		\$2,500		\$1,000		\$1,500
Individual Deductible Family Deductible		\$50 \$1,0				→ \$6,800		-		1						
raining Deductible		\$1,0	000		30,000	7 30,800		\$2,000		\$3,000		\$5,000		\$2,000		\$3,000
Individual Out of Pocket Max.		\$3,0	000		1	.000		\$3,000		\$5,000		\$7,500		\$3,000		\$5,000
Family Out of Pocket Max.		\$6,0	000		\$8,	.000		\$6,000		\$10,000		\$15,000		\$6,000		\$10,000
Primary Physician Copay		\$1	.5		0%	5 (d)		\$20		\$25		\$25		\$20		\$25
Specialist Physician Copay		, \$3			1	(d)		\$40		\$50		\$50		\$40		\$50
		.	20					4500		4250		4500		4500		4250
Emergency Room		\$10			1	5 (d)		\$500		\$250		\$500		\$500		\$250
Urgent Care Center		\$3	15		0%	5 (d)		\$50		\$50		\$50		\$50		\$50
Lab		\$0				5 (d)		\$20		\$0		\$0		\$20		\$0
MRI, PET, CT Scans (Non-Hospital)		\$10	00		0%	5 (d)		20% (d)		\$50		\$500		20% (d)		\$50
Inpatient Hospitalization		10%	S (d)		n%	5 (d)		20% (d)		\$500 + 20% (d)		\$750 + 20% (d)		20% (d)		\$500 + 20% (d)
Outpatient Surgery		10%	• •		1	5 (d)		20% (d) 20% (d)		\$1,000		\$1,500		20% (d)		\$1,000
			(-,					====(=,		, ,,,,,		7 = / 2 2 2		(=,		7-,555
In Network Prescription Benefit:																
Prescription Deductible		noi			1	one		none		none		none		none		none
Tier I		\$1 \$3			1	2 (d)		\$10 \$20		\$15		\$20 \$60		\$10 \$20		\$15
Tier II Tier III		\$3° \$5			1) (d)) (d)		\$30 \$60		\$45 \$90		\$120		\$30 \$60		\$45 \$90
TICL III		75		J -	700	7 (u)		700]	750	L	Ş120	<u>_</u>	700	L	750
Employee Cost			Rev Renewal	-		Rev Renewal		Proposed	ļ	Proposed		Proposed		Proposed	L	Proposed
Employee	21	\$875.65	\$1,094.52	60	\$629.05	\$786.28		\$886.30		\$842.56		\$761.10		\$803.31		\$766.03
Employee + Dependent	9	\$1,569.92	\$1,962.32	29	\$1,127.80	\$1,409.70		\$1,588.01		\$1,509.63		\$1,363.68		\$1,439.30		\$1,372.52
Employee + Family	<u>14</u> 44	\$2,289.84	\$2,862.19	61 150	\$1,644.98	\$2,056.15		\$2,317.70	l	\$2,203.30	ŀ	\$1,990.29		\$2,100.67	ŀ	\$2,003.19
Employee Monthly Premium		\$64,576	\$80,716	130	\$170,793	\$213,483	ı		ı		L				L	
Employee Annual Premium		\$774,908	\$968,598		\$2,049,516	I										
			•	- 1			ı		1		Г					
Retiree Cost Single without Medicare	3	\$875.65	\$1,094.52	1	\$629.05	\$786.28		\$886.30		\$842.56	ŀ	\$761.10		\$803.31	ŀ	\$766.03
Single with Medicare	0	\$612.95	\$766.15	0	\$440.33	\$550.39		\$620.41		\$589.79		\$532.77		\$562.32		\$536.22
Retiree + 1 without Medicare	4	\$1,569.92	\$1,962.32	3	\$1,127.80	\$1,409.70		\$1,588.01		\$1,509.63		\$1,363.68		\$1,439.30		\$1,372.52
Retiree + 1, both with Medicare	1	\$1,098.94	\$1,373.62	0	\$789.46	\$986.79		\$1,111.61		\$1,056.74		\$954.57		\$1,007.51		\$960.76
Retiree + 1, one with Medicare	0	\$1,334.42	\$1,667.97	0	\$958.63	\$1,198.24		\$1,349.81		\$1,283.18		\$1,159.12		\$1,223.41		\$1,166.64
Retiree & Family without Medicare	4	\$2,289.84	\$2,862.19	5	\$1,644.98	\$2,056.15		\$2,317.70		\$2,203.30		\$1,990.29		\$2,100.67		\$2,003.19
Retiree & Family, two with Medicare	0	\$1,602.87	\$2,003.52	0	\$1,151.48	\$1,439.29		\$1,622.39		\$1,542.31		\$1,393.20		\$1,470.47		\$1,402.23
Retiree & Family, one with Medicare	<u>0</u>	\$1,946.35	\$2,432.84	0	\$1,398.22	\$1,747.71		\$1,970.04	ļ	\$1,872.81		\$1,691.74		\$1,785.57		\$1,702.71
Datings Manthly Durweit	12	¢10.465	¢22.055	12	¢44.425	647.055			l						L	
Retiree Monthly Premium		\$19,165	\$23,955		\$14,125	\$17,655										
Retiree Annual Premium		\$229,979	\$287,463	J -	\$169,494	\$211,860										
Cost Per Plan & Renewal Total																
Total Group Monthly Premium		\$83,741	\$104,672		\$184,917	\$231,138										
Total Group Annual Premium		\$1,004,887	\$1,256,060	-	\$2,219,010	\$2,773,659										
Total Appual & Under/Over Courset			¢251 172	-		SEE 4 CAO										
Total Annual \$ Under/Over Current Total Annual % Under/Over Current			\$251,173 25.0%			\$554,649 25.0%										
Total Allitual 70 Officer/Over Current			urrent	<u> </u>	Rev Re	enewal										
Combined Annual Total			,223,897			29,719										
Combined \$ Under/Over Current		73,	-			5,822										
Combined % Under/Over Current			_			.0%										
EDO antique have no OON as out of state hands	· .	1.1.1														

EPO options have no OON or out of state benefits, network is the same as the PPO (no Tahoe Forest, no Barton Hospital)

HMO = requires refferals to see a specialist, narrow network, no OON, no OOS benefits

OON benefits will only apply in a true emergency

^{*}cochlear implants not covered

Hometown Health Four Tier Current and Renewal Rates with PPO Options

Current & Renewal Plans

		Current &	ewal Plans			Opt	ion	19		
Carrier		Prominence		Prominence		Hometow	n Health		Hometov	n Health
Plan Name		Customized PPO Beyond 1		Customized HD Core 3		PPO	500		PPO HDHP	HSA 3400
Hospital		St. Mary's / NNMC / SMC		St. Mary's / NNMC / SMC		Rend	own		Ren	own
		<u>In-network</u>		<u>In-network</u>		<u>In-net</u>	twork		<u>In-net</u>	:work
Individual Deductible		\$500		\$3,300 > \$3,400		\$50	00		\$3,4	00
Family Deductible		\$1,000		\$6,600 → \$6,800		\$1,0	000		\$6,8	300
Individual Out of Pocket Max.		\$3,000		\$4,000		\$2,0	200		\$5,0	200
Family Out of Pocket Max.		\$6,000		\$8,000		\$4,0			\$10 ₀	
				·						
Primary Physician Copay		\$15		0% (d)		\$1			0%	` '
Specialist Physician Copay		\$30		0% (d)		\$3	0		0%	(d)
Emergency Room		\$100		0% (d)		\$10	00		0%	(d)
Urgent Care Center		\$35		0% (d)		\$1			0%	` '
		40					_		•••	
Lab		\$0 \$100		0% (d)		\$(0%	` '
MRI, PET, CT Scans (Non-Hospital)		\$100		0% (d)		\$5	U		0%	(a)
Inpatient Hospitalization		10% (d)		0% (d)		\$250 + 2	20% (d)		0%	(d)
Outpatient Surgery		10% (d)		0% (d)		\$50	00		0%	(d)
In Network Prescription Benefit:										
Prescription Deductible		none		none		no	ne		no	ne l
Tier I		\$10		\$15 (d)		\$1			\$15	
Tier II		\$30		\$40 (d)		\$3			\$40	` '
Tier III		\$50		\$60 (d)		\$6	0		\$60	` '
Employee Cost		Proposed	1	Proposed		Non-National	National		Non-National	National
Employee Cost	21	\$970.98	60	\$720.73		\$925.80	\$967.46		\$677.58	\$708.08
Employee + Spouse	9	\$1,941.96	14	\$1,441.46		\$1,851.60	\$1,934.92		\$1,355.17	\$1,416.16
Employee + Child(ren)	1	\$1,844.86	27	\$1,369.39		\$1,759.02	\$1,838.18		\$1,287.41	\$1,345.35
Employee + Family	<u>13</u>	\$3,107.14	<u>49</u>	\$2,306.33		\$2,962.56	\$3,095.87		\$2,168.27	\$2,265.85
	44		150							
Employee Monthly Premium		\$80,106		\$213,408		\$76,379	\$79,815		\$200,632	\$209,662
Employee Annual Premium		\$961,271		\$2,560,895	L	\$916,542	\$957,785		\$2,407,590	\$2,515,946
Retiree Cost			1							
Single without Medicare	3	\$970.98	4	\$720.73		\$925.80	\$967.46		\$677.58	\$708.08
Single with Medicare	0	\$728.24	0	\$540.55		\$648.06	\$677.22		\$474.31	\$495.65
Retiree & Spouse without Medicare	4	\$1,941.96	2	\$1,441.46		\$1,851.60	\$1,934.92		\$1,355.17	\$1,416.16
Retiree & Spouse, both with Medicare	1	\$1,456.47	0	\$1,081.09		\$1,296.12	\$1,354.45		\$948.62	\$991.31
Retiree & Spouse, one with Medicare	0	\$1,699.22	0	\$1,261.28		\$1,573.86	\$1,644.69		\$1,151.90	\$1,203.73
Retiree & Child(ren) without Medicare	0	\$1,844.86	2	\$1,369.39		\$1,759.02	\$1,838.18		\$1,287.41	\$1,345.35
Retiree & Child(ren) with Medicare	0	\$1,383.65	0	\$1,027.04		\$1,231.31	\$1,286.72		\$901.19	\$941.74
Retiree & Family without Medicare Retiree & Family, two with Medicare	0	\$3,107.14 \$2,330.35	0	\$2,306.33 \$1,729.75		\$2,962.56 \$2,073.79	\$3,095.87 \$2,167.11		\$2,168.27 \$1,517.79	\$2,265.85 \$1,586.09
Retiree & Family, two with Medicare	0	\$2,718.74		\$2,018.04		\$2,073.79	\$2,631.49		\$1,317.79	\$1,925.97
Retiree & Furnity, one with Medicare	12	γ <i>Σ,</i> 7 ±0.7 4	12	<i>\$2,</i> 010.0∓		Ψ2,310.17	\$2,031.43		ψ1,043.03	Ψ1,323.37
Retiree Monthly Premium		\$24,566	1	\$17,730		\$23,330	\$24,380		\$16,669	\$17,419
Retiree Annual Premium		\$294,790		\$212,759		\$279,962	\$292,560		\$200,023	\$209,025
Cost Per Plan & Renewal Total			- 1					ĺ		
Total Group Monthly Premium		\$104,672	1	\$231,138		\$99,709	\$104,195		\$217,301	\$227,081
Total Group Annual Premium		\$1,256,061		\$2,773,655		\$1,196,504	\$1,250,345		\$2,607,612	\$2,724,971
o o o o o o o o o o o o o o o o o o o		+ +,===,===	l	Ψ=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, - 5	7-12000		T-10011012	T-11-11011
Total Annual \$ Under/Over Current		\$251,173	1	\$554,645		\$191,616	\$245,458		\$388,603	\$505,961
Total Annual % Under/Over Current		25.0%	<u> </u>	25.0%		19.1%	24.4%		17.5%	22.8%
		P	ropose	ed		Non	National		Nati	onal
Combined Annual Total		·	1,029,7				804,116			5,316
Combined \$ Under/Over Current		\$	805,81				80,219		\$751	
Combined % Under/Over Current			25.0%			1	8.0%		23.	3%

Red = Decrease in benefits, Blue = Increase in benefits

National Network - access to the Cigna wrap no matter where you live

Non-National Network - only have access to the Cigna wrap if you live outside of NV

^{*}cochlear implants not covered

Hometown Health Four Tier Current and Renewal Rates with PPO Options

				ewal Plans			Opti	on 20		Alt Op	otion (20)
Carrier		Prominence		Prominence		Hometov	vn Health	Hometov	wn Health	Homet	own Health
Plan Name		Customized PPO Beyond 1		Customized HD Core 3		PPO	1000	PPO HDHI	P HSA 4000	PF	PO 1500
Hospital		St. Mary's / NNMC / SMC		St. Mary's / NNMC / SMC		Rer	own	Ren	iown	F	Renown
		<u>In-network</u>		<u>In-network</u>		<u>In-ne</u>	twork	<u>In-ne</u>	twork	<u>In-r</u>	network
Individual Deductible		\$500		\$3,300 \(\to\$ \\$3,400		\$1,	000	\$4,	000	\$	1,500
Family Deductible		\$1,000		\$6,600 > \$6,800		\$2,	000	\$8,	000	\$	3,000
Individual Out of Pocket Max.		\$3,000		\$4,000		¢2	000	¢ ₁	000		55,000
Family Out of Pocket Max.		\$6,000		\$8,000			000	•	000		10,000
Talliny Out of Focket Max.		70,000		\$0,000		70,		,	000	7.	10,000
Primary Physician Copay		\$15		0% (d)		•	20		5 (d)		\$25
Specialist Physician Copay		\$30		0% (d)		\$4	10	0%	5 (d)		\$50
Emergency Room		\$100		0% (d)		\$5	00	0%	5 (d)		\$250
Urgent Care Center		\$35		0% (d)			50		5 (d)		\$50
Lab		\$0		0% (d)		-	20		6 (d)		\$0
MRI, PET, CT Scans (Non-Hospital)		\$100		0% (d)		20%	6 (d)	0%	5 (d)		\$50
Inpatient Hospitalization		10% (d)		0% (d)		20%	6 (d)	0%	5 (d)	\$500	+ 20% (d)
Outpatient Surgery		10% (d)		0% (d)		20%	` '		(d)		1,000
La National Brown Sallan Brown (St											
In Network Prescription Benefit:		nana		nono							2000
Prescription Deductible Tier I		none \$10		none \$15 (d)			one 10		one 5 (d)		none \$15
Tier II		\$30		\$15 (d) \$40 (d)		•	30		5 (d) 5 (d)		\$45
Tier III		\$50		\$60 (d)		•	50	0%			\$90
		•	I		_						
Employee Cost	24	Proposed	- 60	Proposed		Non-National	National	Non-National	National	Non-Nationa	
Employee	21 9	\$970.98	60	\$720.73 \$1,441.46		\$861.65	\$900.42	\$649.60	\$678.83	\$814.18	\$850.82 \$1,701.64
Employee + Spouse Employee + Child(ren)	1	\$1,941.96 \$1,844.86	14 27	\$1,369.39		\$1,723.30 \$1,637.13	\$1,800.85 \$1,710.80	\$1,299.21 \$1,234.25	\$1,357.66 \$1,289.78	\$1,628.37 \$1,546.94	
Employee + Family	1 13	\$3,107.14	49	\$2,306.33		\$2,757.27	\$1,710.80	\$1,234.23	\$1,269.76	\$2,605.38	
Employee Framily	<u>+5</u> 44	73,107.14	150	\$2,500.55		<i>Ψ</i> 2,737.27	72,001.55	72,076.73	72,172.23	\$2,003.30	72,722.02
Employee Monthly Premium		\$80,106		\$213,408	1	\$71,086	\$74,285	\$192,347	\$201,001	\$67,170	\$70,193
Employee Annual Premium		\$961,271		\$2,560,895		\$853,032	\$891,418	\$2,308,170	\$2,412,016	\$806,040	· ·
Potivos Cost			1		_ 						
Retiree Cost Single without Medicare	3	\$970.98	4	\$720.73		\$861.65	\$900.42	\$649.60	\$678.83	\$814.18	\$850.82
Single with Medicare	3 0	\$70.98 \$728.24	0	\$540.55		\$603.15	\$630.29	\$454.72	\$475.18	\$569.93	\$595.57
Retiree & Spouse without Medicare	4	\$1,941.96	2	\$1,441.46		\$1,723.30	\$1,800.85	\$1,299.21	\$1,357.66	\$1,628.37	
Retiree & Spouse, both with Medicare	1	\$1,456.47	0	\$1,081.09		\$1,206.31	\$1,260.59	\$909.45	\$950.36	\$1,139.86	
Retiree & Spouse, one with Medicare	0	\$1,699.22	0	\$1,261.28		\$1,464.80	\$1,530.72	\$1,104.33	\$1,154.01	\$1,384.11	
Retiree & Child(ren) without Medicare	0	\$1,844.86	2	\$1,369.39		\$1,637.13	\$1,710.80	\$1,234.25	\$1,289.78	\$1,546.94	\$1,616.56
Retiree & Child(ren) with Medicare	0	\$1,383.65	0	\$1,027.04		\$1,145.99	\$1,197.56	\$863.98	\$902.84	\$1,082.86	\$1,131.59
Retiree & Family without Medicare	4	\$3,107.14	4	\$2,306.33		\$2,757.27	\$2,881.35	\$2,078.73	\$2,172.25	\$2,605.38	\$2,722.62
Retiree & Family, two with Medicare	0	\$2,330.35	0	\$1,729.75		\$1,930.09	\$2,016.94	\$1,455.11	\$1,520.58	\$1,823.77	· ·
Retiree & Family, one with Medicare	0	\$2,718.74	0	\$2,018.04		\$2,343.68	\$2,449.15	\$1,766.92	\$1,846.42	\$2,214.57	\$2,314.23
Dating Manthly Description	12	¢24.566	12	Ć47.720		¢24.74.4	¢22.604	Ć4F 000	¢16.600	¢20.547	¢24.444
Retiree Monthly Premium Retiree Annual Premium		\$24,566 \$294,790		\$17,730 \$212,759		\$21,714 \$260,562	\$22,691 \$272,288	\$15,980 \$191,763	\$16,699 \$200,390	\$20,517 \$246,209	\$21,441 \$257,288
Retiree Ailitai Freiilitiii		Ş234,730	<u> </u> -	ŞZ1Z,/39	_	\$200,302	\$272,200	\$191,703	\$200,390	\$240,209	\$237,200
Cost Per Plan & Renewal Total											
Total Group Monthly Premium		\$104,672		\$231,138		\$92,800	\$96,975	\$208,328	\$217,701	\$87,687	\$91,633
Total Group Annual Premium		\$1,256,061		\$2,773,655	1	\$1,113,594	\$1,163,706	\$2,499,932	\$2,612,407	\$1,052,249	\$1,099,599
Table Accordance (Co. Co.		6054.470	1	Å== 4 C.C=		6400 707	6450.040	6200 000	6202.227	47.00	604.743
Total Annual \$ Under/Over Current		\$251,173		\$554,645		\$108,707	\$158,818	\$280,923	\$393,397	\$47,361	\$94,712
Total Annual % Under/Over Current		25.0%	ronos	25.0%	-	10.8%	15.8% National	12.7%	17.7%	4.7%	9.4%
Combined Annual Total			ropos 1,029,7		-		613,527		i onal 76,112		
Combined \$ Under/Over Current			+,029, <i>1</i> 805,8:				889,630		2,215		
Combined % Under/Over Current		,	.803,8. 25.0%				1 2.1 %		.1%		
Red = Decrease in benefits. Blue = Increase in benefits				·	_			±7·			

Red = Decrease in benefits, Blue = Increase in benefits

National Network - access to the Cigna wrap no matter where you live

Non-National Network - only have access to the Cigna wrap if you live outside of NV

*cochlear implants not covered

Hometown Health Four Tier Current and Renewal Rates with PPO Options

		Current &	Rene	ewal Plans			Opt	ior	1 21	
Carrier		Prominence		Prominence		Hometow	n Health		Hometov	n Health
Plan Name		Customized PPO Beyond 1		Customized HD Core 3		PPO	2500		PPO HDHP	HSA 5000
Hospital		St. Mary's / NNMC / SMC		St. Mary's / NNMC / SMC		Ren	own		Ren	own
		<u>In-network</u>		<u>In-network</u>		<u>In-net</u>	<u>twork</u>		<u>In-net</u>	:work
Individual Deductible		\$500		\$3,300 > \$3,400		\$2,5	500		\$5,0	000
Family Deductible		\$1,000		\$6,600 → \$6,800		\$5,0	000		\$10,	000
Individual Out of Pocket Max.		\$3,000		\$4,000		\$7,	500		\$5,0	200
Family Out of Pocket Max.		\$6,000		\$8,000			,000		\$10 ₀	
				· ·						
Primary Physician Copay		\$15		0% (d)		\$2			0%	` '
Specialist Physician Copay		\$30		0% (d)		\$5	60		0%	(d)
Emergency Room		\$100		0% (d)		\$50	00		0%	(d)
Urgent Care Center		\$35		0% (d)		\$5			0%	` '
		40		00((1)		.	0		00/	<i>(</i> 1)
Lab		\$0 \$100		0% (d)		\$(0%	` '
MRI, PET, CT Scans (Non-Hospital)		\$100		0% (d)		\$50	00		0%	(u)
Inpatient Hospitalization		10% (d)		0% (d)		\$750 +	20% (d)		0%	(d)
Outpatient Surgery		10% (d)		0% (d)		\$1,	500		0%	(d)
In Network Prescription Benefit:										
Prescription Deductible		none		none		n∩	ne		no	ne
Tier I		\$10		\$15 (d)		\$ 2			0%	
Tier II		\$30		\$40 (d)		\$6			0%	` '
Tier III		\$50		\$60 (d)		\$12	20		0%	(d)
Employee Cost		Proposed	1	Proposed	·	Non-National	National		Non-National	National
Employee Cost Employee	21	\$970.98	60	\$720.73	1	\$732.51	\$765.48		\$607.84	\$635.30
Employee + Spouse	9	\$1,941.96	14	\$1,441.46		\$1,465.03	\$1,530.96		\$1,215.68	\$1,270.61
Employee + Child(ren)	1	\$1,844.86	27	\$1,369.39		\$1,391.78	\$1,454.41		\$1,154.89	\$1,207.07
Employee + Family	<u>13</u>	\$3,107.14	<u>49</u>	\$2,306.33		\$2,344.05	\$2,449.53		\$1,945.08	\$2,032.97
	44		150							
Employee Monthly Premium		\$80,106		\$213,408		\$60,432	\$63,152		\$179,981	\$188,113
Employee Annual Premium		\$961,271	_	\$2,560,895	l L	\$725,189	\$757,824		\$2,159,770	\$2,257,356
Retiree Cost			1							
Single without Medicare	3	\$970.98	4	\$720.73		\$732.51	\$765.48		\$607.84	\$635.30
Single with Medicare	0	\$728.24	0	\$540.55		\$512.76	\$535.83		\$425.49	\$444.71
Retiree & Spouse without Medicare	4	\$1,941.96	2	\$1,441.46		\$1,465.03	\$1,530.96		\$1,215.68	\$1,270.61
Retiree & Spouse, both with Medicare	1	\$1,456.47	0	\$1,081.09		\$1,025.52	\$1,071.67		\$850.98	\$889.42
Retiree & Spouse, one with Medicare	0	\$1,699.22	0	\$1,261.28		\$1,245.28	\$1,301.31		\$1,033.33	\$1,080.02
Retiree & Child(ren) without Medicare	0	\$1,844.86	2	\$1,369.39		\$1,391.78	\$1,454.41		\$1,154.89	\$1,207.07
Retiree & Child(ren) with Medicare Retiree & Family without Medicare	0	\$1,383.65 \$3,107.14	0	\$1,027.04 \$2,306.33		\$974.24 \$2,344.05	\$1,018.09 \$2,449.53		\$808.42	\$844.95 \$2,032.97
Retiree & Family, two with Medicare	0	\$3,107.14 \$2,330.35	0	\$2,306.33 \$1,729.75		\$2,344.05 \$1,640.83	\$2,449.53 \$1,714.67		\$1,945.08 \$1,361.56	\$2,032.97 \$1,423.08
Retiree & Family, two with Medicare	0	\$2,718.74	0	\$2,018.04		\$1,040.83	\$1,714.07		\$1,653.32	\$1,728.02
, , , , , , , , , , , , , , , , , , , ,	12	T-/. 101/	12	+ = , = = = =		T = 10 0 = 1 1 1	7 -,002.10		7 -,030.02	T = 1. = 0.02
Retiree Monthly Premium		\$24,566	1	\$17,730		\$18,459	\$19,290		\$14,953	\$15,628
Retiree Annual Premium		\$294,790		\$212,759		\$221,512	\$231,481		\$179,434	\$187,541
Cost Per Plan & Renewal Total			1		- 			· 		
Total Group Monthly Premium		\$104,672	1	\$231,138		\$78,892	\$82,442		\$194,934	\$203,741
Total Group Annual Premium		\$1,256,061		\$2,773,655		\$946,701	\$989,305		\$2,339,204	\$2,444,897
			1			. , =	. ,= 55		, -, -,	, , , ,
Total Annual \$ Under/Over Current		\$251,173	1	\$554,645		-\$58,186	-\$15,582		\$120,195	\$225,887
Total Annual % Under/Over Current		25.0%		25.0%		-5.8%	-1.6%		5.4%	10.2%
			ropose				National		Nati	
Combined Annual Total			4,029,7				285,906		• •	4,202
Combined \$ Under/Over Current		\$	805,81				52,008		\$210	•
Combined % Under/Over Current			25.0%		lL		1.9%		6.5	5%

Red = Decrease in benefits, Blue = Increase in benefits

National Network - access to the Cigna wrap no matter where you live

Non-National Network - only have access to the Cigna wrap if you live outside of NV

^{*}cochlear implants not covered

Hometown Health Four Tier Current and Renewal Rates with EPO Options

Option 23 Option 24 Option 25 Option 26

	Current &	Ren	ewal Plans	Option 22	Option 23	Option 24	Option 25	Option 26
Carrier	Prominence		Prominence	Hometown Health	Hometown Health	Hometown Heath	Hometown Heath	Hometown Heath
Plan Name	Customized PPO Beyond 1		Customized HD Core 3	EPO 1000	EPO 1500	EPO 2500	HMO 1000	HMO 1500
Hospital	St. Mary's / NNMC / SMC		St. Mary's / NNMC / SMC	Renown	Renown	Renown	Renown	Renown
	In-network		In-network	NO OON In-network	NO OON In-network	NO OON In-network	NO OON In-network	NO OON In-network
Individual Deductible	\$500		\$3,300 \(\to \\$3,400	\$1,000	\$1,500	\$2,500	\$1,000	\$1,500
Family Deductible	\$1,000		\$6,600 \(\to\$\$\\$6,800	\$2,000	\$3,000	\$5,000	\$2,000	\$3,000
	i i			·				
Individual Out of Pocket Max.	\$3,000		\$4,000	\$3,000	\$5,000	\$7,500	\$3,000	\$5,000
Family Out of Pocket Max.	\$6,000		\$8,000	\$6,000	\$10,000	\$15,000	\$6,000	\$10,000
Primary Physician Copay	\$15		0% (d)	\$20	\$25	\$25	\$20	\$25
Specialist Physician Copay	\$30		0% (d)	\$40	\$50	\$50	\$40	\$50
Emergency Room	\$100		0% (d)	\$500	\$250	\$500	\$500	\$250
Urgent Care Center	\$35		0% (d)	\$500	\$50	\$50	\$500	\$50
				, i				·
Lab	\$0		0% (d)	\$20	\$0	\$0	\$20	\$0
MRI, PET, CT Scans (Non-Hospital)	\$100		0% (d)	20% (d)	\$50	\$500	20% (d)	\$50
Inpatient Hospitalization	10% (d)		0% (d)	20% (d)	\$500 + 20% (d)	\$750 + 20% (d)	20% (d)	\$500 + 20% (d)
Outpatient Surgery	10% (d)		0% (d)	20% (d)	\$1,000	\$1,500	20% (d)	\$1,000
In Network Prescription Benefit:								
Prescription Deductible	none		none	none	none	none	none	none
Tier I	\$10		\$15 (d)	\$10	\$15	\$20	\$10	\$15
Tier II	\$30		\$40 (d)	\$30	\$45	\$60	\$30	\$45
Tier III	\$50		\$60 (d)	\$60	\$90	\$120	\$60	\$90
Employee Cost	Proposed	1	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed
Employee 21	\$970.98	60	\$720.73	\$793.24	\$754.09	\$681.18	\$718.96	\$685.60
Employee + Spouse 9	\$1,941.96	14	\$1,441.46	\$1,586.49	\$1,508.18	\$1,362.37	\$1,437.93	\$1,371.20
Employee + Child(ren) 1	\$1,844.86	27	\$1,369.39	\$1,507.16	\$1,432.77	\$1,294.25	\$1,366.03	\$1,302.64
Employee + Family <u>13</u>	\$3,107.14	<u>49</u>	\$2,306.33	\$2,538.38	\$2,413.09	\$2,179.79	\$2,300.68	\$2,193.92
44	400.000	150	40.00.00					
Employee Monthly Premium	\$80,106		\$213,408					
Employee Annual Premium	\$961,271	<u> </u> -	\$2,560,895					
Retiree Cost								
Single without Medicare 3	\$970.98	4	\$720.73	\$793.24	\$754.09	\$681.18	\$718.96	\$685.60
Single with Medicare 0 Retiree & Spouse without Medicare 4	\$728.24 \$1,941.96	0 2	\$540.55 \$1,441.46	\$555.27 \$1,586.49	\$527.86 \$1,508.18	\$476.83 \$1,362.37	\$503.27 \$1,437.93	\$479.92 \$1,371.20
Retiree & Spouse without Medicare Retiree & Spouse, both with Medicare 1	\$1,456.47	0	\$1,081.09	\$1,380.49	\$1,055.73	\$953.66	\$1,437.93	\$959.84
Retiree & Spouse, one with Medicare 0	\$1,699.22	0	\$1,261.28	\$1,348.51	\$1,281.96	\$1,158.01	\$1,006.55	\$1,165.52
Retiree & Child(ren) without Medicare 0	\$1,844.86	2	\$1,369.39	\$1,507.16	\$1,432.77	\$1,294.25	\$1,366.09	\$1,302.64
Retiree & Child(ren) with Medicare 0	\$1,383.65	0	\$1,027.04	\$1,055.01	\$1,002.94	\$905.97	\$956.22	\$911.85
Retiree & Family without Medicare 4	\$3,107.14	4	\$2,306.33	\$2,538.38	\$2,413.09	\$2,179.79	\$2,300.68	\$2,193.92
Retiree & Family, two with Medicare 0	\$2,330.35	0	\$1,729.75	\$1,776.86	\$1,689.16	\$1,525.85	\$1,610.48	\$1,535.74
Retiree & Family, one with Medicare 0	\$2,718.74	0	\$2,018.04	\$2,157.62	\$2,051.13	\$1,852.82	\$1,955.58	\$1,864.83
Retiree Monthly Premium	\$24,566	12	\$17,730					
Retiree Annual Premium	\$294,790		\$17,750					
	1 2 , 2 2) 1	, , , , ,					
Cost Per Plan & Renewal Total	\$104.672		¢221 120					
Total Group Monthly Premium Total Group Annual Premium	\$104,672 \$1,256,061		\$231,138 \$2,773,655					
Total Group Allinual Fremium	71,230,001		Ψ <u>ν,</u> ,,,ουυ					
Total Annual \$ Under/Over Current	\$251,173		\$554,645					
Total Annual % Under/Over Current	25.0%		25.0%					
		ropose						
Combined Annual Total		1,029,7						
Combined \$ Under/Over Current		805,81						
Combined % Under/Over Current		25.0%						

EPO options have no OON or out of state benefits, network is the same as the PPO (no Tahoe Forest, no Barton Hospital)

OON benefits will only apply in a true emergency

^{*}cochlear implants not covered

IAFF Four Tier Renewal Rates with PPO Options

					1	Option 37		Option 28		
			Ken	ewal Plans		Optio				
Carrier		Prominence		Prominence		IAFF	IAFF	IAFF	IAFF	
Plan Name		Customized PPO Beyond 1		Customized HD Core 3		\$500 E	HSA \$3,000 E St.Marys/Renown/	\$1,500 E	HSA \$4,000 E St.Marys/Renown/	
Hospital		St. Mary's / NNMC / SMC		St. Mary's / NNMC / SMC		St.Marys/Renown/ NNMC/SMC	NNMC/SMC	St.Marys/Renown/ NNMC/SMC	NNMC/SMC	
						Regence BlueShield	Regence BlueShield	Regence BlueShield	Regence BlueShield	
		<u>In-network</u>		In-network		In-network	In-network	In-network	<u>In-network</u>	
Individual Deductible		\$500		\$3,300 → \$3,400		\$500	\$3,000 / \$3,400**	\$1,500	\$4,000	
Family Deductible		\$1,000		\$6,600 → \$6,800		\$1,000	\$6,000	\$3,000	\$8,000	
		7_,555		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		φ = / σ σ σ	40,000	45,655	45,555	
Individual Out of Pocket Max.		\$3,000		\$4,000		\$2,500	\$3,000	\$4,000	\$4,000	
Family Out of Pocket Max.		\$6,000		\$8,000		\$5,000	\$6,000	\$8,000	\$8,000	
Primary Physician Copay		\$15		0% (d)		\$20	0% (d)	\$20	0% (d)	
Specialist Physician Copay		\$30		0% (d)		\$20	0% (d)	\$20	0% (d) 0% (d)	
Specialist Physician Copay		\$30		0% (u)		320	0% (d)	,320	0% (u)	
Emergency Room		\$100		0% (d)		\$100 + 20% (d)	0% (d)	\$100 + 20% (d)	0% (d)	
Urgent Care Center		\$35		0% (d)		\$20	0% (d)	\$20	0% (d)	
		4.0		22// 12			20111	2004104200410	20111	
Lab		\$0		0% (d)		20% (d) / 40% (d)	0% (d)	20% (d) / 40% (d)	0% (d)	
MRI, PET, CT Scans (Non-Hospital)		\$100		0% (d)		20% (d) / 40% (d)	0% (d)	20% (d) / 40% (d)	0% (d)	
Inpatient Hospitalization		10% (d)		0% (d)		20% (d) / 40% (d)	0% (d)	20% (d) / 40% (d)	0% (d)	
Outpatient Surgery		10% (d)		0% (d)		20% (d) / 40% (d)	0% (d)	20% (d) / 40% (d)	0% (d)	
		_5,5 (5)		5,5 (4)			J (W)	(0)/ 10/0 (0)		
In Network Prescription Benefit:										
Prescription Deductible		none		none		none	none	none	none	
Tier I		\$10		\$15 (d)		\$5	0% (d)	\$5	0% (d)	
Tier II		\$30		\$40 (d)		\$25	0% (d)	\$25	0% (d)	
Tier III		\$50		\$60 (d)		\$50	0% (d)	\$50	0% (d)	
Employee Cost		Proposed		Proposed		Proposed	Proposed	Proposed	Proposed	
Employee	21	\$970.98	60	\$720.73		\$1,086.96	\$800.33	\$944.96	\$752.24	
Employee + Spouse	9	\$1,941.96	14	\$1,441.46		\$2,173.93	\$1,760.72	\$2,078.90	\$1,654.91	
Employee + Child(ren)	1	\$1,844.86	27	\$1,369.39		\$2,065.23	\$1,400.58	\$1,653.68	\$1,316.40	
Employee + Family	<u>13</u>	\$3,107.14	<u>49</u>	\$2,306.33		\$3,478.28	\$2,360.96	\$2,787.60	\$2,219.07	
	44	75,251.21	150	+ -/		40,1110.20	Ψ=/σσσισσ	+= /	Ψ=/==0.00	
Employee Monthly Premium		\$80,106		\$213,408		\$89,674	\$226,173	\$76,447	\$212,580	
Employee Annual Premium		\$961,271		\$2,560,895		\$1,076,093	\$2,714,071	\$917,361	\$2,550,964	
· ·		. ,		. , ,	1	. , ,	. , ,	. ,	. , ,	
Retiree Cost		40-0.00		4-00-0		4	4000	40.1.00	4=== 0.1	
Single without Medicare	3	\$970.98	4	\$720.73		\$1,086.96	\$800.33	\$944.96	\$752.24	
Single with Medicare	0	\$728.24	0	\$540.55		40.470.00	44	40.070.00	44.054.04	
Retiree & Spouse without Medicare	4	\$1,941.96	2	\$1,441.46		\$2,173.93	\$1,760.72	\$2,078.90	\$1,654.91	
Retiree & Spouse, both with Medicare	1	\$1,456.47	0	\$1,081.09		\$2,173.93	\$1,760.72	\$2,078.90	\$1,654.91	
Retiree & Spouse, one with Medicare	0	\$1,699.22	Ü	\$1,261.28		¢2.005.22	64 400 50	64.653.60	64 246 46	
Retiree & Child(ren) with Medicare	0	\$1,844.86 \$1,383.65	2	\$1,369.39		\$2,065.23	\$1,400.58	\$1,653.68	\$1,316.40	
Retiree & Child(ren) with Medicare	0	\$1,383.65	U	\$1,027.04		¢2.470.20	¢2.200.00	62.707.60	62.240.07	
Retiree & Family without Medicare	4	\$3,107.14	4	\$2,306.33		\$3,478.28	\$2,360.96	\$2,787.60	\$2,219.07	
Retiree & Family, two with Medicare	0	\$2,330.35	U	\$1,729.75						
Retiree & Family, one with Medicare	0	\$2,718.74	0	\$2,018.04	1					
Patiros Manthly Bramium	12	\$24 566	12	¢17 720		\$29.044	¢10.000	\$24.290	¢17.020	
Retiree Monthly Premium		\$24,566		\$17,730 \$212,750		\$28,044	\$18,968	\$24,380	\$17,828	
Retiree Annual Premium		\$294,790		\$212,759]	\$336,524	\$227,613	\$292,557	\$213,934	
Cost Per Plan & Renewal Total										
Total Group Monthly Premium		\$104,672		\$231,138		\$117,718	\$245,140	\$100,827	\$230,408	
Total Group Annual Premium		\$1,256,061		\$2,773,655		\$1,412,617	\$2,941,684	\$1,209,918	\$2,764,899	
Total Annual \$ Under/Over Current		\$251,173		\$554,645		\$407,729	\$722,674	\$205,031	\$545,889	
Total Annual % Under/Over Current		25.0%		25.0%		40.6%	32.6%	20.4%	24.6%	
		Р	ropose	ed		Propo	sed	Prop	osed	
Combined Annual Total			,029,7			\$4,354	,301	\$3,97	4,817	
Combined \$ Under/Over Current			805,81			\$1,130		\$750		
Combined % Under/Over Current			25.0%			35.1	%	23.	3%	
ed = Decrease in henefits Blue = Increase in henefits										

Red = Decrease in benefits Blue = Increase in benefits

^{* =} cost if seen by a preferred provder

^{** =} deductible for employee enrolled with family

Rates include Vision

Retirees that are medicare eligible will be required to elect medicare coverage part A and B in order to join the plan, there wil be no discounted rates, IAFF will pay primary to medicare

^{*}cochlear implants not covered

Cigna Three Tier Current and Renewal Rates with a Level Funded PPO Option

G			Current &	Ren	ewal Plans		Opt	ior	n 2 9
Carrier		Promi	inence		Promi	inence	Cigna		Cigna
Plan Name		Customized F	PPO Beyond 1		Customize	d HD Core 3	OAP 500		OAP HSA 3400
Hospital			NNMC / SMC		St. Mary's /	NNMC / SMC	St. Mary's / NNMC / SMC / Renown		St. Mary's / NNMC / SMC / Renown
		<u>In-ne</u>	<u>twork</u>		<u>In-ne</u>	<u>twork</u>	<u>In-network</u>		<u>In-network</u>
 Individual Deductible		\$5	00		\$3,300 -	→ \$3,400	\$500		\$3,400
Family Deductible		\$1,0			\$6,600 -	→ \$6,800	\$1,000		\$6,800
Individual Out of Pocket Max. Family Out of Pocket Max.			000 000		1 '	000 000	\$3,000 \$6,000		\$4,000 \$8,000
Primary Physician Copay Specialist Physician Copay		\$1 \$3			1	(d) (d)	\$15 \$30		0% (d) 0% (d)
Emergency Room Urgent Care Center		\$1 \$3			1	(d) (d)	\$100 \$35		0% (d) 0% (d)
Lab MRI, PET, CT Scans (Non-Hospital)		\$ \$1			1	(d) (d)	\$0 \$100		0% (d) 0% (d)
Inpatient Hospitalization Outpatient Surgery			6 (d) 6 (d)		1	(d) (d)	10% (d) 10% (d)		0% (d) 0% (d)
In Network Prescription Benefit: Prescription Deductible		no	one		nc	one	none		none
Tier I		\$1	LO		\$15	5 (d)	\$10		0% (d)
Tier II		\$3	30		\$40) (d)	\$30		0% (d)
Tier III		\$5	50]	\$60) (d)	\$50		0% (d)
Employee Cost		Current	Rev Renewal]	Current	Rev Renewal	Proposed		Proposed
Employee	21	\$875.65	\$1,094.52	60	\$629.05	\$786.28	\$1,034.27		\$815.40
Employee + Dependent	9	\$1,569.92	\$1,962.32	29	\$1,127.80	\$1,409.70	\$1,851.36		\$1,459.57
Employee + Family	<u>14</u>	\$2,289.84	\$2,862.19	<u>61</u>	\$1,644.98	\$2,056.15	\$2,709.81		\$2,136.36
For the contract the Board of	44	664.576	600.746	150		6242.402	Ć7C 240		¢224 FC0
Employee Monthly Premium		\$64,576	\$80,716		\$170,793	\$213,483	\$76,319		\$221,569
Employee Annual Premium		\$774,908	\$968,598	<u> </u>	\$2,049,516	\$2,561,799	\$915,831		\$2,658,834
Retiree Cost	_	40 0-	4		4000.00	4-00.00	4.00.0-		40.5
Single without Medicare	3	\$875.65	\$1,094.52	4	\$629.05	\$786.28	\$1,034.27		\$815.40
Single with Medicare	0	\$612.95	\$766.15	0	\$440.33	\$550.39	\$723.99		\$570.78
Retiree + 1 without Medicare	4	\$1,569.92	\$1,962.32	3	\$1,127.80	\$1,409.70	\$1,851.36		\$1,459.57
Retiree + 1, both with Medicare	1 0	\$1,098.94 \$1,334.42	\$1,373.62 \$1,667.97	0	\$789.46 \$958.63	\$986.79 \$1,198.24	\$1,295.95		\$1,815.91 \$1,240.84
Retiree + 1, one with Medicare Retiree & Family without Medicare	4	\$1,334.42	\$1,067.97	0 5	\$1,644.98	\$1,196.24	\$1,573.66 \$2,709.81		\$1,240.84 \$2,136.36
Retiree & Family, two with Medicare	0	\$1,602.87	\$2,002.19	0	\$1,044.98	\$1,439.29	\$1,896.87		\$2,130.30
Retiree & Family, two with Medicare	<u>0</u>	\$1,002.87	\$2,003.32	<u>0</u>	\$1,398.22	\$1,439.29	\$2,303.34		\$1,493.43
Netiree & Fairing, one with Medicare	<u>∪</u> 12	71,540.55	72,432.04	12	71,330.22	71,747.71	\$2,303.34		71,021.70
Retiree Monthly Premium	12	\$19,165	\$23,955	12	\$14,125	\$17,655	\$22,643		\$18,322
Retiree Annual Premium		\$229,979	\$287,463		\$169,494	\$211,860	\$271,721		\$219,865
Cost Per Plan & Renewal Total		·	, , , , , , , , ,		7 = 00,101	, , ,	+		7-27,000
Total Group Monthly Premium		\$83,741	\$104,672		\$184,917	\$231,138	\$98,963		\$239,892
Total Group Annual Premium		\$1,004,887	\$1,256,060		\$2,219,010	\$2,773,659	\$1,187,552		\$2,878,699
				[
Total Annual \$ Under/Over Current			\$251,173			\$554,649	\$182,665		\$659,689
Total Annual % Under/Over Current			25.0%			25.0%	18.2%		29.7%
		C	urrent		Rev Re	enewal	Pro	pos	sed
Combined Annual Total		\$3	,223,897		\$4,02	9,719	\$4,0)66,	251
Combined \$ Under/Over Current			-		\$805	5,822	\$84	42,3	354
Combined % Under/Over Current			<u>-</u>		25	.0%	2	6.19	%
				_				_	

this option is a level funded quote

cigna is offering a surplus share 1/3 retained by Cigna 2/3 returned to the employer (min credit guarantee is \$20.000)

stop loss limit is \$100,000

^{*}cochlear implants not covered

Cigna Four Tier Current and Renewal Rates with a Level Funded PPO Option

		Renewal Plans			Option 30			
Carrier		Prominence		Prominence		Cigna	Cigna	
Plan Name		Customized PPO Beyond 1		Customized HD Core 3		OAP 500	OAP HSA 3400	
Hospital		St. Mary's / NNMC / SMC		St. Mary's / NNMC / SMC		St. Mary's / NNMC / SMC / Renown	St. Mary's / NNMC / SMC / Renown	
Tiospital		, ,						
In dividual Dadwath Is		In-network		In-network		In-network	In-network	
Individual Deductible		\$500 \$1,000		\$3,300 → \$3,400		\$500	\$3,400	
Family Deductible		\$1,000		\$6,600 → \$6,800		\$1,000	\$6,800	
Individual Out of Pocket Max.		\$3,000		\$4,000		\$3,000	\$4,000	
Family Out of Pocket Max.		\$6,000		\$8,000		\$6,000	\$8,000	
		4		20111		4	201110	
Primary Physician Copay		\$15		0% (d)		\$15	0% (d)	
Specialist Physician Copay		\$30		0% (d)		\$30	0% (d)	
Emergency Room		\$100		0% (d)		\$100	0% (d)	
Urgent Care Center		\$35		0% (d)		\$35	0% (d)	
		·					, ,	
Lab		\$0		0% (d)		\$0	0% (d)	
MRI, PET, CT Scans (Non-Hospital)		\$100		0% (d)		\$100	0% (d)	
Inpatient Hospitalization		10% (d)		0% (d)		10% (d)	0% (d)	
Outpatient Surgery		10% (d)		0% (d)		10% (d)	0% (d)	
		(/		(/		(/		
In Network Prescription Benefit:								
Prescription Deductible		none		none		none	none	
Tier I		\$10		\$15 (d)		\$10	0% (d)	
Tier II		\$30		\$40 (d)		\$30	0% (d)	
Tier III		\$50		\$60 (d)	l L	\$50	0% (d)	
Employee Cost		Proposed		Proposed		Proposed	Proposed	
Employee	21	\$970.98	60	\$720.73		\$904.85	\$738.95	
Employee + Spouse	9	\$1,941.96	14	\$1,441.46		\$1,809.71	\$1,473.84	
Employee + Child(ren)	1	\$1,844.86	27	\$1,369.39		\$1,719.22	\$1,400.15	
Employee + Family	<u>13</u>	\$3,107.14	<u>49</u>	\$2,306.33		\$2,895.53	\$2,358.15	
	44	400.400	150	4040.400		474.670	4010.001	
Employee Monthly Premium		\$80,106		\$213,408		\$74,650	\$218,324	
Employee Annual Premium		\$961,271		\$2,560,895	<u> </u>	\$895,804	\$2,619,890	
Retiree Cost								
Single without Medicare	3	\$970.98	4	\$720.73		\$904.85	\$738.95	
Single with Medicare	0	\$728.24	0	\$540.55		\$678.64	\$554.21	
Retiree & Spouse without Medicare	4	\$1,941.96	2	\$1,441.46		\$1,809.71	\$1,473.84	
Retiree & Spouse, both with Medicare	1	\$1,456.47	0	\$1,081.09		\$1,357.28	\$1,105.38	
Retiree & Spouse, one with Medicare	0	\$1,699.22	0	\$1,261.28		\$1,592.54	\$1,296.98	
Retiree & Child(ren) without Medicare	0	\$1,844.86	2	\$1,369.39		\$1,719.22	\$1,400.15	
Retiree & Child(ren) with Medicare	0	\$1,383.65 \$3,107,14	0	\$1,027.04		\$1,289.42	\$1,050.11	
Retiree & Family two with Medicare	4	\$3,107.14 \$2,220.25	4	\$2,306.33		\$2,895.53	\$2,358.15	
Retiree & Family, two with Medicare	0	\$2,330.35 \$2,718,74	0	\$1,729.75		\$2,171.65	\$1,768.61	
Retiree & Family, one with Medicare	0 12	\$2,718.74	12	\$2,018.04		\$2,548.07	\$2,075.17	
Retiree Monthly Premium	12	\$24,566	12	\$17,730		\$22,893	\$18,136	
Retiree Annual Premium		\$294,790		\$17,750		\$274,713	\$217,637	
		72J 4 ,730	l 1	7616,733	L ■	7417,11J	7217,037	
Cost Per Plan & Renewal Total		6404.672		6224.420		607.540	6226.466	
Total Group Monthly Premium		\$104,672		\$231,138		\$97,543	\$236,461	
Total Group Annual Premium		\$1,256,061		\$2,773,655		\$1,170,518	\$2,837,526	
Total Appual & Haday Over Comment		¢254 472		ĆEEA CAE		¢165 630	¢C40 F47	
Total Annual & Under/Over Current		\$251,173		\$554,645 35.09/		\$165,630	\$618,517	
Total Annual % Under/Over Current		25.0%	ronces	25.0%		16.5%	27.9%	
Combined Annual Total			ropose				osed	
			,029,7				1 1 4 7	
Combined \$ Under/Over Current			805,81				1,147	
Combined % Under/Over Current		25.0%			l L	24.3%		

Red = Decrease in benefits Blue = Increase in benefits

this option is a level funded quote

cigna is offering a surplus share 1/3 retained by Cigna 2/3 returned to the employer (min credit guarantee is \$20.000)

stop loss limit is \$100,000

^{*}cochlear implants not covered

Benefit Comparisons PPO/HMO/EPO PPO 500 to PPO 1000/1500

Carrier	Prominence	Prominence	Prominence	Prominence	Hometown Health	Hometown Health	Hometown Health	IAFF	IAFF	Cigna
Plan Name	Customized PPO Beyond 1	PPO 6	HMO 7	HMO Freedom 6 *	PPO 500	PPO/EPO/HMO 1000	PPO/EPO/HMO 1500	\$500 E	\$1,500 E	OAP 500
Hospital	St. Mary's / NNMC / SMC	St. Mary's / NNMC / SMC	NNMC / SMC	NNMC / SMC	Renown	Renown	Renown	St.Marys/Renown/ NNMC/SMC	St.Marys/Renown/ NNMC/SMC	St. Mary's / NNMC / SMC / Renown
	<u>In-network</u>	<u>In-network</u>	NO OON In-network	NO OON In-network	<u>In-network</u>	NO OON (HMO/EPO) In-network	NO OON (HMO/EPO) In-network	Regence BlueShield In-network	Regence BlueShield In-network	<u>In-network</u>
Individual Deductible	\$500	\$1,000	\$1,500	\$1,000	\$500	\$1,000	\$1,500	\$500	\$1,500	\$500
Family Deductible	\$1,000	\$3,000	\$4,500	\$3,000	\$1,000	\$2,000	\$3,000	\$1,000	\$3,000	\$1,000
Individual Out of Pocket Max. Family Out of Pocket Max.	\$3,000 \$6,000	\$4,500 \$9,000	\$5,000 \$10,000	\$4,000 \$8,000	\$2,000 \$4,000	\$3,000 \$6,000	\$5,000 \$10,000	\$2,500 \$5,000	\$4,000 \$8,000	\$3,000 \$6,000
Primary Physician Copay Specialist Physician Copay	\$15 \$30	\$20 \$40	\$25 \$50	\$25 \$50	\$15 \$30	\$20 \$40	\$25 \$50	\$20 \$20	\$20 \$20	\$15 \$30
Emergency Room Urgent Care Center	\$100 \$35	\$500 \$50	\$500 \$50	\$500 \$50	\$100 \$15	\$500 \$50	\$250 \$50	\$100 + 20% (d) \$20	\$100 + 20% (d) \$20	\$100 \$35
Lab	\$0	\$0	\$0	\$0	\$0	\$20	\$0	20% (d) / 40% (d)	20% (d) / 40% (d)	\$0
MRI, PET, CT Scans (Non-Hospital)	\$100	\$250	\$250	\$250	\$50	20% (d)	\$50	20% (d) / 40% (d)	20% (d) / 40% (d)	\$100
Inpatient Hospitalization Outpatient Surgery	10% (d) 10% (d)	20% (d) \$250	\$1,000 (d) \$250	\$1,000 (d) \$250	\$250 + 20% (d) \$500	20% (d) 20% (d)	\$500 + 20% (d) \$1,000	20% (d) / 40% (d) 20% (d) / 40% (d)	20% (d) / 40% (d) 20% (d) / 40% (d)	10% (d) 10% (d)
In Network Prescription Benefit:										
Prescription Deductible	none	none	None	None	none	none	none	none	none	none
Tier I	\$10	\$25	\$25	\$25	\$10	\$10	\$15	\$5	\$5	\$10
Tier II	\$30	\$50	\$50	\$50	\$30	\$30	\$45	\$25	\$25	\$30
Tier III	\$50	\$75	\$75	\$75	\$60	\$60	\$90	\$50	\$50	\$50

Red = Decrease In Benefits

Blue = Increase in Benefits

Prominence HMO doesn't have St. Mary's in Network
Prominence Freedom HMO allows Cigna wrap, no referrals needed
All HMO plans had no OON, OOS benefits, only will cover a true emergency
HTH EPO has the same PPO providers besides Tahoe Forest, and Barton Hospital

Benefit Comparisons PPO/HMO/EPO PPO 500 to PPO 2000/2500

Carrier	Prominence	Prominence	Prominence	Hometown Health
Plan Name	Customized PPO Beyond 1	PPO 8	нмо 9	PPO/EPO 2500
Hospital	St. Mary's / NNMC / SMC	St. Mary's / NNMC / SMC	NNMC / SMC	Renown
	<u>In-network</u>	<u>In-network</u>	NO OON <u>In-network</u>	<u>In-network</u>
Individual Deductible	\$500	\$2,000	\$2,500	\$2,500
Family Deductible	\$1,000	\$6,000	\$5,000	\$5,000
Individual Out of Pocket Max.	\$3,000	\$6,850	\$6,850	\$7,500
Family Out of Pocket Max.	\$6,000	\$13,700	\$13,700	\$15,000
Primary Physician Copay	\$15	\$25	\$30	\$25
Specialist Physician Copay	\$30	\$50	\$60	\$50
Emergency Room	\$100	\$500	\$750	\$500
Urgent Care Center	\$35	\$50	\$60	\$50
Lab	\$0	\$0	\$0	\$0
MRI, PET, CT Scans (Non-Hospital)	\$100	\$250	\$500	\$500
Inpatient Hospitalization	10% (d)	20% (d)	\$2,000 (d)	\$750 + 20% (d)
Outpatient Surgery	10% (d)	\$250	\$500	\$1,500
In Network Prescription Benefit:				
Prescription Deductible	none	none	None	none
Tier I	\$10	\$25	\$25	\$20
Tier II	\$30	\$50	\$50	\$60
Tier III	\$50	\$75	\$75	\$120

Red = Decrease In Benefits

Blue = Increase in Benefits

Prominence HMO doesn't have St. Mary's in Network
Prominence Freedom HMO allows Cigna wrap, no referrals needed
All HMO plans had no OON, OOS benefits, only will cover a true emergency
HTH EPO has the same PPO providers besides Tahoe Forest, and Barton Hospital

Benefit Comparisons PPO/HMO/EPO HDHP 3400 to HDHP 4000/5000

Carrier	Prominence	Prominence	Prominence	Hometown Health	Hometown Health	IAFF	Cigna
Plan Name	Customized HD Core 3	PPO HD 16	PPO HD 19	PPO HDHP HSA 4000	PPO HDHP HSA 5000	HSA \$4,000 E	OAP HSA 3400
Hospital	St. Mary's / NNMC / SMC	St. Mary's / NNMC / SMC	St. Mary's / NNMC / SMC	Renown	Renown	St.Marys/Renown/ NNMC/SMC	St. Mary's / NNMC / SMC / Renown
	<u>In-network</u>	<u>In-network</u>	<u>In-network</u>	<u>In-network</u>	<u>In-network</u>	Regence BlueShield In-network	<u>In-network</u>
Individual Deductible Family Deductible	\$3,300 \to \$3,400	\$4,000	\$5,000	\$4,000	\$5,000	\$4,000	\$3,400
	\$6,600 \to \$6,800	\$8,000	\$10,000	\$8,000	\$10,000	\$8,000	\$6,800
Individual Out of Pocket Max. Family Out of Pocket Max.	\$4,000	\$6,900	\$6,900	\$4,000	\$5,000	\$4,000	\$4,000
	\$8,000	\$13,800	\$13,800	\$8,000	\$10,000	\$8,000	\$8,000
Primary Physician Copay Specialist Physician Copay	0% (d)	20% (d)	20% (d)	0% (d)	0% (d)	0% (d)	0% (d)
	0% (d)	20% (d)	20% (d)	0% (d)	0% (d)	0% (d)	0% (d)
Emergency Room Urgent Care Center	0% (d)	20% (d)	20% (d)	0% (d)	0% (d)	0% (d)	0% (d)
	0% (d)	20% (d)	20% (d)	0% (d)	0% (d)	0% (d)	0% (d)
Lab	0% (d)	20% (d)	20% (d)	0% (d)	0% (d)	0% (d)	0% (d)
MRI, PET, CT Scans (Non-Hospital)	0% (d)	20% (d)	20% (d)	0% (d)	0% (d)	0% (d)	0% (d)
Inpatient Hospitalization Outpatient Surgery	0% (d)	20% (d)	20% (d)	0% (d)	0% (d)	0% (d)	0% (d)
	0% (d)	20% (d)	20% (d)	0% (d)	0% (d)	0% (d)	0% (d)
In Network Prescription Benefit:							
Prescription Deductible Tier I	none	none	none	none	none	none	none
	\$15 (d)	20% (d)	20% (d)	0% (d)	0% (d)	0% (d)	0% (d)
Tier II	\$15 (d) \$40 (d)	20% (d) 20% (d)	20% (d)	0% (d) 0% (d)	0% (d) 0% (d)	0% (d) 0% (d)	0% (d) 0% (d)
Tier III	\$60 (d)	20% (d)	20% (d)	0% (d)	0% (d)	0% (d)	0% (d)

Red = Decrease In Benefits
Blue = Increase in Benefits

Dental Benefits - Current & Renewal and Options

		Current				
Carrier		Guardian				
Dental Network:	Dent	DentalGuard Preferred				
	<u>In Network</u>		<u>Out-of-Network</u>			
Reimbursement Type:	Neg. Fee		90th 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 Onl	У			
Crowns		Major				
Endo and Perio		Basic				
Oral Surgery		Major				
Implants		Major				
Annual Maximum:		\$2,000				
Ortho Lifetime Maximum*:		\$1,500	.			
Rates:	Current	Renewal	Rev Renewal			
Employee 84	\$35.62	\$38.83	\$37.40			
Employee + Spouse 34	\$74.94	\$81.68	\$78.69			
Employee + Child(ren) 29	\$97.47	\$106.24	\$102.34			
Family <u>75</u>	\$136.77	\$149.08	\$143.61			
Total: 222		1	1			
Estimated Monthly Premium	\$18,624	\$20,301	\$19,556			
Estimated Annual Premium	\$223,493	\$243,610	\$234,668			
		400 : :=	A44 :==			
Total \$ Under/Over Current		\$20,117	\$11,175			
Total % Under/Over Current		9%	5%			
Rate Guarantee		12 Months				

Opt	tion 1						
	etlife						
Metlife PDP							
<u>In Network</u> <u>Out-of-Netwo</u>							
Neg Fee	MAC						
\$0	\$50						
\$0	\$150						
1000/	1000/						
100%	100%						
80%	80%						
50%	50%						
50%	50%						
Anter	ior Only						
	ajor						
	asic						
	lajor						
	ajor						
	, <mark>250</mark>						
-	,500						
	posed						
	29.14						
\$6	51.29						
\$7	79.72						
\$1	11.86						
\$1	5,233						
\$18	32,796						
	0,697						
	8.2%						
12 N	/lonths						

Opt	ion 2					
Renaissance						
DDS						
In Network Out-of-Networ						
Neg. Fee MAC						
\$0	\$50					
\$0	\$150					
70	Ģ150					
100%	100%					
80%	80%					
50%	50%					
50%	50%					
M B M not c \$2,	ior Only lajor asic lajor <mark>overed</mark> ,000					
	posed					
1	1.63					
· ·	6.53					
·	6.53					
\$12	21.43					
\$1,6	6,536					
	8,427					
	ed rates					
	5,066					
<u>-</u>	1.2%					
	lonths					

Opt	ion 3						
Cigna							
Cigna Dental PPO							
<u>In Network</u>	Out-of-Network						
Neg. Fee	90th UCR						
* 0	Ġ.F.O.						
\$0	\$50						
\$0	\$150						
100%	100%						
80%	80%						
50%	50%						
50%	50%						
Anteri	ior Only						
M	ajor						
	asic						
	lajor						
	overed						
• •	,000						
	,500						
	posed 3.58						
•	0.64						
•	1.87						
·	28.92						
7-							
\$17	7,556						
	0,669						
	ed rates						
	2,825						
	5.7%						
12 N	lonths						

Red = Decrease in benefits / Blue = Increase in benefits

Metlife offers a 2nd year and 3rd year rate cap of no more than 7% each year. Quote includes a one-time 3% enrollment credit paid to the company for enrollment costs (est \$6,640). Metlife offers ongoing 3% platform credit paid to the client. Annual max is higher do to no roll over allowed.

Cigna - must sell with medical, and vision (1.7% increase if stand alone)

^{*} Orthodontic services - Dependent children only through age 18

Vision Benefits - Current & Renewal and Options

V	'isi	on			
Carrier	VSP w/Lightcare Benefit *				
Network:		VSP Signature			
		<u>In Network</u>	Out-of-Network		
Frequency:					
Eye Examination		12 M	onths		
Lenses		12 M	onths		
Contact Lenses		12 M	onths		
Frames		24 M	onths		
Copayments:					
Exams		\$10	N/A		
Materials		\$25	N/A		
Schedule of Benefits:					
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 \$200	Up to \$70		
Elective Contact Lenses		Up to \$120	Up to \$105		
Rates:		Current			
• •	87	=	.93		
1 , 1 ,	45	-	1.29		
Employee + Children 1	14	\$14.59			
· · · · · · · · · · · · · · · · · · ·	<u>74</u>	\$23	3.52		
	20				
Estimated Monthly Premium		\$3,365			
Estimated Annual Premium		\$40	,376		
Total \$ Under/Over Current					
Total % Under/Over Current					
Rate Guarantee		1/1/	2028		

Option 1		
M	etlife	
VSP	Choice	
<u>In Network</u>	Out-of-Network	
	/lonths	
	/lonths	
	/lonths	
24 N	Months	
\$10	N/A	
\$25	N/A	
723	14/7	
Covered in Full	up to \$45	
Covered in Full	Up to \$30	
Covered in Full	Up to \$50	
Covered in Full	Up to \$65	
Up to \$200	Up to \$70	
Up to \$200	Up to \$105	
	posed	
·	7.89	
•	.2.63	
\$12.89		
\$20.78		
\$2,973		
\$2,975 \$35,676		
		
-\$4,701		
-12%		
1/1/2028		

Opt	ion 2		
Rena	Renaissance		
VSP	VSP Choice		
<u>In Network</u>	Out-of-Network		
12 /	12 Months		
	Nonths		
	Months		
	Months		
24 10	710111113		
\$10	N/A		
\$25	N/A		
Covered in Full	up to \$45		
Covered in Full	Up to \$30		
Covered in Full	Up to \$50		
Covered in Full	Up to \$65		
Up to \$200	Up to \$70		
Up to \$200	Up to \$105		
	posed		
•	7.50		
•	2.00		
\$12.25			
\$19.74			
\$2,825			
\$33,897			
Packaged Rates			
-\$6,479			
-16%			
1/1/2027			

Opt	ion 3	
Ci	gna	
Еує	emed	
<u>In Network</u>	<u>Out-of-Network</u>	
12 Months		
12 N	Nonths	
12 N	Nonths	
24 Months		
\$10	N/A	
\$25	N/A	
·	,	
Covered in Full	up to \$45	
Covered in Full	Up to \$32	
Covered in Full	Up to \$55	
Covered in Full	Up to \$65	
Up to \$200	Up to \$110	
Up to \$120	Up to \$100	
•	8.28	
	3.25	
\$13.52		
\$21.80		
\$3,119		
\$37,429		
Packaged Rates		
-\$2,947		
-7% 1/1/2027		
1/ 1/ 2021		

Option 3		
IAFF		
	Choice	
<u>In Network</u>	<u>Out-of-Network</u>	
12 Mantha		
	12 Months 12 Months	
	onths	
	onths	
Z + 1V	10110113	
\$0	N/A	
\$ 0	N/A	
	·	
Covered in Full	up to \$50	
Covered in Full	Up to \$30	
Covered in Full	Up to \$50	
Covered in Full	Up to \$65	
Up to \$200 **	Up to \$70	
Up to \$400	Up to \$105	
Included in	Medical rates	
1/1/2027		

red = decrease in benefits

blue = increase in benefits

**IAFF - the first pair of frames allowance is \$400, second pair is \$200

IAFF - offers a \$500 LASIK benefit

IAFF - additional exams outside the one covered annual exam are \$20

Life/AD&D Benefits - Current & Renewal and Options

Life/AD&D	Current		Option 1
Carrier	Standard		Renaissance
Eligibility	Full Time 8	Employees	Full Time Employees
Benefit Amount:			
Active Members	\$25,	000	\$25,000
Plan Features:			
Accelerated Death Benefit	Up to 75%		Up to 75% (class 1 only)
Portability	Included		Included
Waiver of Premium	Included		Included
Benefit Reduces To:	_		
at age 65	65%		65%
at age 70	50%		50%
Rates:	Current	Renewal	Proposed
Volume	\$5,300,000	\$5,300,000	\$5,207,500
Life/AD&D per \$1,000	\$0.23	\$0.23	\$0.20
Estimated Monthly Premium	\$1,219	\$1,219	\$1,042
Estimated Annual Premium	\$14,628	\$14,628	\$12,498
Total \$ Under/Over Current	\$0		-\$2,130
Total % Under/Over Current	0%		-15%
Rate Guarantee	1/1/2027		24 months

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. No disclosure concerning this document shall be made without the express prior written consent of LP Insurance Services, LLC.

Compensation

Insurance is highly regulated industry that 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. The Consolidated Appropriations Act, 2021 (CAA) requires covered service providers (i.e. brokers) to provide written disclosure of expected direct or indirect compensation. LP Insurance Services pursuant to these proposal in the capacity of a plan fiduciary. The following is a summary of services to be provided and compensation for the placement of the various lines of coverage presented in this proposal and services provided.

Scope of services provided with these proposals (additional services may be provided)

- * Solicit proposal from various insurance carriers and/or vendors on behalf of group
- * Facilitate placement and implementation activities for polices between group and carrier / vendor
- * Assist in open enrollment with group and other group activities for employees as directed by group
- * Assist with claims and other customer service activities for group as needed
- * Provide financial and utilization reports as available and requested by group
- * Provide compliance advice and quidance with various laws and regulations as applicable (LP Insurance Services, LLC does not provide Legal Council)

Direct and Indirect Compensation Estimates

Line of Coverage	Carrier / Vendor	Compensation Methodology
Medical	Prominence	Admin Fee
Medical	нтн	Admin Fee
Medical	Cigna	Admin Fee
Medical	IAFF	Admin Fee
Dental	Guardian	5%
Vision	VSP	10%
Life	Standard	10%

Line of Coverage	Carrier / Vendor	Compensation Methodology
Dental	Renaissance	10%
Dental	Metlife	10%
Dental	Cigna	10%
Dental	Principal	5%
Vision	Cigna	10%
Vision	Renaissance	10%
Vision	Principal	10%

Line of Coverage	Carrier / Vendor	Compensation Methodology
Life	Renaissance	5%
Life	Principal	10%

LP Insurance Services, LLC may earn additional compensation from any of the above referenced insurers, vendors or other third parties that cannot be calculated at of the time this disclosure was made or prior to the group's policy is effective. Compensation may be in the form of additional commissions, bonuses or other benefits. Furthermore, we may receive corporate sponsorships for training or other programing we provide or for our own internal training. This type of compensation, or how much that may be cannot be discerned at this time. Should you have any questions about any of the above information or would like more details around it, please feel free to contact your LP Insurance Services representative.