



Proposal for Insurance

Prepared for

Truckee Meadows Fire Protection District

Presented By:

LP Insurance Services, LLC
Employee Benefits Division

Effective: 1/1/2025



Your Dedicated Service Team



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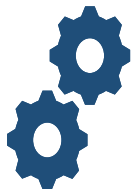
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INSURANCE

Truckee Meadows Fire Protection District

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Truckee Meadows Fire Protection District

Current and Renewal

		Current & Renewal Plans			
Carrier	Plan Name	Prominence Health Plan Customized PPO Beyond 1		Prominence Health Plan Customized HD Core 3	
Network	Hospital	Prominence St. Mary's / NNMC / SMC		Prominence St. Mary's / NNMC / SMC	
		PPO	OON	PPO	OON
Individual Deductible		\$500	\$2,000	\$3,200 → \$3,300	\$6,400 → \$6,600
Family Deductible		\$1,000	\$4,000	\$6,400 → \$6,600	\$12,800 → \$13,200
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 Deductible	
Tier I		\$10		\$15 (d)	
Tier II		\$30		\$40 (d)	
Tier III		\$50		\$60 (d)	

EMPLOYEE COST			Current	Renewal			Current	Renewal
	Employee	14		\$798.25	\$875.65	67		\$573.41
Employee + Dependent (spouse or child)	4		\$1,431.14	\$1,569.92	26		\$1,028.04	\$1,127.80
Employee + Family (two or more dependents)	13		\$2,087.42	\$2,289.84	68		\$1,499.47	\$1,644.98
	31				161			
Employee Monthly Premium			\$44,037	\$48,307			\$167,111	\$183,328
Employee Annual Premium			\$528,438	\$579,680			\$2,005,338	\$2,199,933

RETIREE COST			Current	Renewal			Current	Renewal
	Retiree - without Medicare	4		\$798.25	\$875.65	4		\$573.41
Retiree - with Medicare	0		\$558.77	\$612.95	0		\$401.38	\$440.33
Retiree + 1 Dependent - without Medicare	5		\$1,431.14	\$1,569.92	1		\$1,028.04	\$1,127.80
Retiree + Family - without Medicare	4		\$2,087.42	\$2,289.84	2		\$1,499.47	\$1,644.98
	13				7			
Retiree Monthly Premium			\$18,698	\$20,512			\$6,321	\$6,934
Retiree Annual Premium			\$224,381	\$246,139			\$75,847	\$83,208

COST PER PLAN & RENEWAL TOTAL			Current	Renewal			Current	Renewal
	Total Group Monthly Premium			\$62,735	\$68,818			\$173,432
Total Group Annual Premium			\$752,818.80	\$825,819			\$2,081,185	\$2,283,141
			Renewal				Renewal	
Total Annual \$ Under/Over Current			\$73,000				\$201,956	
Total Annual % Under/Over Current			9.7%				9.7%	
			Renewal					
Combined \$ Under/Over Current			\$274,956					
Combined % Under/Over Current			9.7%					

Red = Decrease in benefits

Blue = Enhanced benefits

Truckee Meadows Fire Protection District

Dental Benefits - Current & Renewal with Options

		Current		Option 1		Option 2		Option 3	
Carrier		Guardian		Guardian		Guardian		Guardian	
Dental Network:		DentalGuard Preferred		DentalGuard Preferred		DentalGuard Preferred		DentalGuard Preferred	
		<u>In Network</u>	<u>Out-of-Network</u>	<u>In Network</u>	<u>Out-of-Network</u>	<u>In Network</u>	<u>Out-of-Network</u>	<u>In Network</u>	<u>Out-of-Network</u>
Reimbursement Type:		Neg. Fee	UCR	Neg. Fee	UCR	Neg. Fee	UCR	Neg. Fee	UCR
Calendar Year Deductible:									
Individual		\$0	\$50	\$0	\$50	\$0	\$50	\$0	\$50
Family		\$0	\$150	\$0	\$150	\$0	\$150	\$0	\$150
Coverage Level:									
Preventive		100%	100%	100%	100%	100%	100%	100%	100%
Basic		80%	80%	80%	80%	80%	80%	80%	80%
Major		50%	50%	50%	50%	50%	50%	50%	50%
Ortho		50%	50%	50%	50%	50%	50%	50%	50%
Coverage:									
Composite Fillings		Anterior Only		Anterior Only		Anterior Only		Anterior Only	
Crowns		Major		Major		Major		Major	
Endo and Perio		Basic		Basic		Basic		Basic	
Oral Surgery		Major		Major		Major		Major	
Implants		Major		Major		Major		Major	
Annual Maximum:		\$1,500		\$2,000		\$2,500		\$2,000	
Ortho Lifetime Maximum*:		\$1,000		\$1,500		\$1,500		\$2,000	
Rates:		Current	Renewal	Proposed		Proposed		Proposed with Early Smiles **	
Employee	82	\$35.62	\$35.62	\$38.03		\$40.32		\$38.03	
Employee + Spouse	28	\$74.94	\$74.94	\$80.02		\$84.83		\$80.02	
Employee + Child(ren)	28	\$97.47	\$97.47	\$107.83		\$112.16		\$114.51	
Family	75	\$136.77	\$136.77	\$150.40		\$156.95		\$158.17	
Total:	213								
Estimated Monthly Premium		\$18,006	\$18,006	\$19,658		\$20,593		\$20,428	
Estimated Annual Premium		\$216,073	\$216,073	\$235,899		\$247,119		\$245,137	
Total \$ Under/Over Current		\$0		\$19,826		\$31,046		\$29,064	
Total % Under/Over Current		0%		9.2%		14%		13%	
Rate Guarantee		12 Months		12 Months		12 Months		12 Months	

* Orthodontic services - Dependent children only through age 18

** Early Smiles is a program where when members use INN providers, children 12 and under receive 100% in network coverage on preventive, basic, and major dental care.

Red = Decrease in benefits / Blue = Increase in benefits

Truckee Meadows Fire Protection District

Vision Benefits - Current

Vision		
Carrier	VSP w/Lightcare Benefit *	
Network:	VSP Signature	
	<u>In Network</u>	<u>Out-of-Network</u>
Frequency:		
Eye Examination	12 Months	
Lenses	12 Months	
Contact Lenses	12 Months	
Frames	24 Months	
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
Med. Necessary Contacts*	Covered in Full	Up to \$210
Rates:		
Employee	83	\$8.93
Employee + Spouse/Child	41	\$14.29
Employee + Children	16	\$14.59
Employee + Family	<u>74</u>	\$23.52
	214	
Estimated Monthly Premium	\$3,301	
Estimated Annual Premium	\$39,612	
Renews	1/1/2028	

* you can use your frame and lens benefit to get non-prescription eyewear

Truckee Meadows Fire Protection District

Life/AD&D Benefits - Current & Renewal

<i>Life/AD&D</i>		
Carrier	Standard	
Eligibility	Full Time Employees	
Benefit Amount:		
Class 1	\$25,000	
Plan Features:		
Accelerated Death Benefit	Up to 75%	
Portability	Included	
Waiver of Premium	Included	
Benefit Reduces To:		
at age 65	65%	
at age 70	50%	
Rates:	Current	Renewal
Volume	5441250	
Life/AD&D per \$1,000	\$0.23	
Estimated Monthly Premium	\$1,251	
Estimated Annual Premium	\$15,018	
Total \$ Under/Over Current		
Total % Under/Over Current		
Renews	1/1/2025	

**Renewal will be delivered mid September

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 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, LLC does not provide 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 policies 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 guidance 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

Line of Coverage	Carrier / Vendor	Compensation Methodology
Dental	Guardian	5%
Life	Standard	10%
Vision	VSP	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.