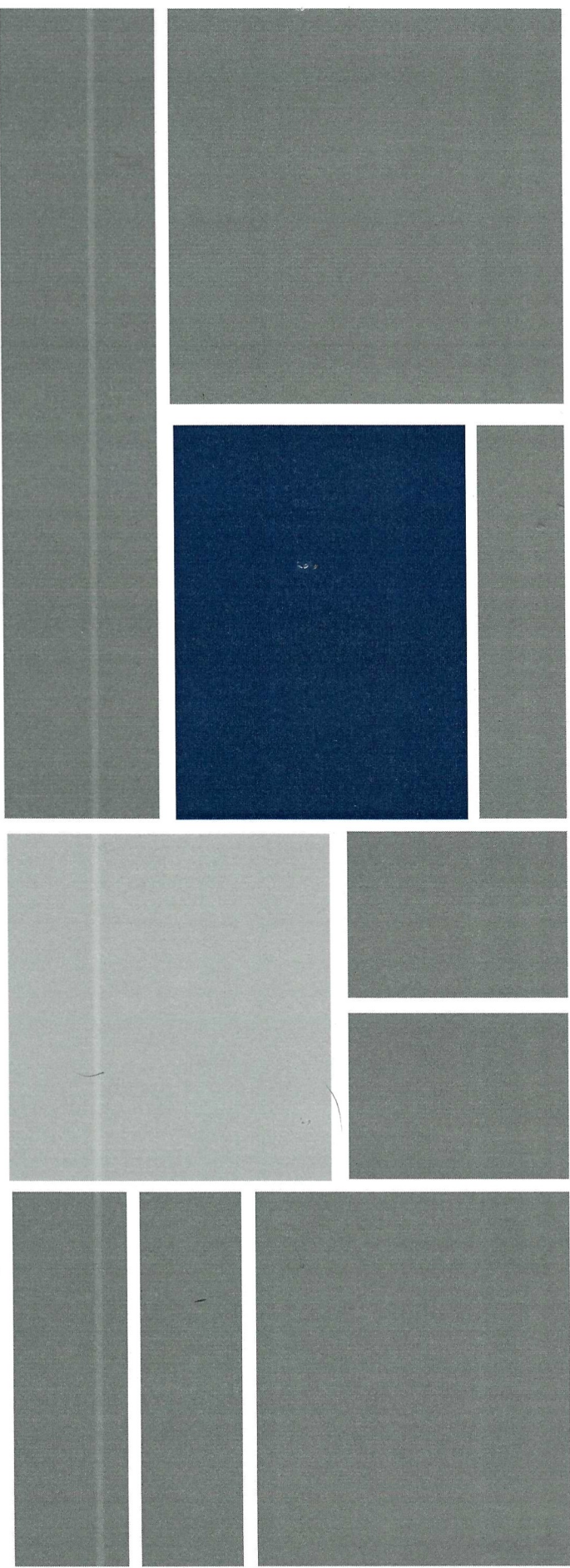


PROPOSAL



PREPARED FOR

Teach LV

20th - 15th October



C O N T A C T

Distinctive Insurance
8375 W. Flamingo Rd. Ste 102
Las Vegas, NV 89147

Account Manager

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Health Plan of Nevada Association Health Plans

	OPTION	OPTION	OPTION	OPTION
	HMO Balance 30/5000	HMO Balance 10/3300	HMO Balance 20/1750	HMO Plus 30/5000-4A
	In Network	In Network	In Network	In Network
Medical Benefits				
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS				
Individual Deductible	\$5,000	\$3,300	\$1,750	\$5,000
Family Deductible	\$10,000	\$6,600	\$3,500	\$10,000
Individual Out-of-Pocket Maximum	\$8,150	\$7,300	\$7,000	\$6,850
Family Out-of-Pocket Maximum	\$16,300	\$14,600	\$14,000	\$13,700
PHYSICIAN & DIAGNOSTIC SERVICES				
Primary Care Physician	\$30	\$10	\$20	\$30
Specialist	\$60	\$20	\$40	\$60
Telemedicine	\$0	\$0	\$0	\$0
Lab Services	\$10	\$10	\$10	\$10
X-ray Services	\$20	\$10	\$10	\$20
FACILITY FEES				
Urgent Care	\$35	\$35	\$35	\$35
Emergency Room	\$1,000 after died.	\$1,000 after died.	\$1,000 after died.	\$1,000 after died.
Inpatient Hospital	\$2,000 after died.	\$2,000 after died, per day, not to exceed \$6,000 per admission	\$1,000 after died, per day, not to exceed \$3,000 per admission	\$2,000 after died.
Surgery Center	\$100	\$100	\$100	\$100
Outpatient Hospital Surgery	\$1,000 after died.	\$1,000 after died.	\$1,000 after died.	\$1,000 after died.
PRESCRIPTION DRUGS				
Deductible	N/A	N/A	N/A	N/A
Tiers 1-4 Copays	\$10 / \$40 / \$85 / \$250	\$10 / \$40 / \$85 / \$250	\$10 / \$40 / \$85 / \$250	\$15 / \$40 / \$60 / \$150
Premium Summary				
Andrea Moore	\$578.31	\$621.08	\$678.07	\$701.03
Tricia Metzel	\$817.18	\$877.61	\$958.14	\$990.58
Gina Piet	\$779.46	\$837.10	\$913.92	\$944.86
Megan Davis	\$364.59	\$391.55	\$427.48	\$441.95
Tiffany Ash	\$452.59	\$486.06	\$530.66	\$548.63
O'Rane Forrester	\$201.15	\$216.02	\$235.85	\$243.83
Nicole Hubble	\$729.18	\$783.10	\$854.96	\$883.90
Samantha Terranova	\$201.15	\$216.02	\$235.85	\$243.83
Katie Strickland	\$201.15	\$216.02	\$235.85	\$243.83
Harmony Chavez	\$238.87	\$256.53	\$280.07	\$289.55
Estimated Monthly Total	\$4,563.63	\$4,901.09	\$5,390.85	\$5,531.99

no
CVS
HMO
option

Health Plan of Nevada Association Health Plans

Medical Benefits	OPTION		OPTION		OPTION		OPTION	
	HMO Plus 20/2000-3D	HMO Plus 30/500-3D	HMO Plus 15	POS 15/1000/2500/30%	HMO	PPO	Out of network	
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS								
Individual Deductible	\$2,000	\$500	N/A	N/A	\$1,000	\$2,500	\$5,000	
Family Deductible	\$4,000	\$1,000	N/A	N/A	\$2,000	\$5,000	\$10,000	
Individual Out-of-Pocket Maximum	\$6,850	\$6,850	\$6,000	\$6,850	\$6,850	\$6,850	\$15,000	
Family Out-of-Pocket Maximum	\$13,700	\$13,700	\$12,000	\$13,700	\$13,700	\$13,700	\$30,000	
PHYSICIAN & DIAGNOSTIC SERVICES								
Primary Care Physician	\$20	\$30	\$15	\$15	\$15	\$30	50% after ded.	
Specialist	\$40	\$60	\$30	\$30	\$30	\$60	50% after ded.	
Telemedicine	\$0	\$0	\$0	\$0	\$0	Not Covered	50% after ded.	
Lab Services	\$10	\$10	\$10	\$10	\$10	Not Covered	50% after ded.	
X-ray Services	\$20	\$20	\$25	\$25	\$20	\$50	50% after ded.	
FACILITY FEES								
Urgent Care	\$35	\$35	\$20	\$20	\$40	\$40	\$40	
Emergency Room	\$1,000 after ded.	\$1,000 after ded.	\$200	\$200	\$1,000 after ded.	\$1,000 after ded.	\$1,000 after ded.	
Inpatient Hospital	\$1,000 after ded. per day, not to exceed \$3,000 per admission	\$1,000 after ded. per day, not to exceed \$3,000 per admission	\$500	\$500	\$1,000 after ded. per day, not to exceed \$3,000 per admission	\$1,000 after ded. per day, not to exceed \$3,000 per admission	\$1,000 after ded.	
Outpatient Hospital Surgery	\$100	\$100	\$100	\$100	\$100	\$100	\$100	
PRESCRIPTION DRUGS								
Deductible	N/A	N/A	N/A	N/A	\$15 / \$40 / \$60 / \$150	N/A	N/A	
Tiers 1-4 Copays	\$15 / \$40 / \$60 / \$150	\$25 / \$50 / \$75 / \$250	\$15 / \$40 / \$60 / \$150	\$15 / \$40 / \$60 / \$150	\$15 / \$40 / \$60 / \$150	\$15 / \$40 / \$60 / \$250	\$15 / \$40 / \$60 / \$250	
Premium Summary								
Andrea Moore	\$757.48	\$776.51	\$896.45	\$896.45	\$997.92	\$997.92	\$997.92	
Tricia Metzel	\$1,070.35	\$1,097.24	\$1,266.72	\$1,266.72	\$1,410.11	\$1,410.11	\$1,410.11	
Gina Piet	\$1,020.95	\$1,046.60	\$1,208.26	\$1,208.26	\$1,345.02	\$1,345.02	\$1,345.02	
Megan Davis	\$477.54	\$489.54	\$565.15	\$565.15	\$629.13	\$629.13	\$629.13	
Tiffany Ash	\$592.81	\$607.70	\$701.57	\$701.57	\$780.98	\$780.98	\$780.98	
O'Rane Forrester	\$263.47	\$270.09	\$311.81	\$311.81	\$347.10	\$347.10	\$347.10	
Nicole Hubble	\$955.08	\$979.08	\$1,130.30	\$1,130.30	\$1,258.26	\$1,258.26	\$1,258.26	
Samantha Terranova	\$263.47	\$270.09	\$311.81	\$311.81	\$347.10	\$347.10	\$347.10	
Katie Strickland	\$263.47	\$270.09	\$311.81	\$311.81	\$347.10	\$347.10	\$347.10	
Harmony Chavez	\$312.87	\$320.73	\$370.27	\$370.27	\$412.19	\$412.19	\$412.19	
Estimated Monthly Total	\$5,977.49	\$6,127.67	\$7,074.15	\$7,074.15	\$7,874.91	\$7,874.91	\$7,874.91	

PPO
option PO service

Teach LV

HPN/SHL AHP

Last Name	First Name	Age	Status	OPTION			
				HMO Balance 30/5000	HMO Balance 10/3300	HMO Balance 20/1750	HMO Plus 30/5000-4A
Moore	Andrea	50	ECH	\$326.87	\$351.04	\$383.25	\$396.23
Moore	Benjamin	19	Dependent	\$125.72	\$135.02	\$147.41	\$152.40
Moore	Ryan	17	Dependent	\$125.72	\$135.02	\$147.41	\$152.40
Metzel	Tricia	43	FAM	\$238.87	\$256.53	\$280.07	\$289.55
Metzel	Joseph	49	Spouse	\$326.87	\$351.04	\$383.25	\$396.23
Metzel	Jeremy	18	Dependent	\$125.72	\$135.02	\$147.41	\$152.40
Metzel	Emma	16	Dependent	\$125.72	\$135.02	\$147.41	\$152.40
Piet	Gina	47	ECH	\$326.87	\$351.04	\$383.25	\$396.23
Piet	Blake	10	Dependent	\$125.72	\$135.02	\$147.41	\$152.40
Piet	Julia	18	Dependent	\$125.72	\$135.02	\$147.41	\$152.40
Piet	Katie	20	Dependent	\$201.15	\$216.02	\$235.85	\$243.83
Davis	Megan	38	ECH	\$238.87	\$256.53	\$280.07	\$289.55
Davis	Preslie	10	Dependent	\$125.72	\$135.02	\$147.41	\$152.40
Aab	Tiffany	45	ECH	\$326.87	\$351.04	\$383.25	\$396.23
Aab	Zander	18	Dependent	\$125.72	\$135.02	\$147.41	\$152.40
Forrester	O'Rane	32	EE	\$201.15	\$216.02	\$235.85	\$243.83
Hubble	Nicole	42	FAM	\$238.87	\$256.53	\$280.07	\$289.55
Hubble	Jeremy	42	Spouse	\$238.87	\$256.53	\$280.07	\$289.55
Hubble	Tyler	18	Dependent	\$125.72	\$135.02	\$147.41	\$152.40
Hubble	Austin	16	Dependent	\$125.72	\$135.02	\$147.41	\$152.40
Terranova	Samantha	22	EE	\$201.15	\$216.02	\$235.85	\$243.83
Strickland	Katie	26	EE	\$201.15	\$216.02	\$235.85	\$243.83
Chavez	Harmony	36	EE	\$238.87	\$256.53	\$280.07	\$289.55
Monthly Total				\$4,563.63	\$4,901.09	\$5,350.85	\$5,531.99

HMO
costs
per
employee

Teach LV

HPN/SHL AHP

Last Name	First Name	Age	Status	OPTION			
				ACA Compliant Group Plan 2021	ACA Compliant Group Plan 2021	ACA Compliant Group Plan 2021	ACA Compliant Group Plan 2021
Moore	Andrea	50	ECH	HMO Plus 20/2000-3D	HMO Plus 30/500-3D	HMO Plus 15	POS 15/1000/2500/30%
Moore	Benjamin	19	Dependent	\$428.14	\$438.89	\$506.69	\$564.04
Moore	Ryan	17	Dependent	\$164.67	\$168.81	\$194.88	\$216.94
Metzel	Tricia	43	FAM	\$164.67	\$168.81	\$194.88	\$216.94
Metzel	Joseph	49	Spouse	\$312.87	\$320.73	\$370.27	\$412.19
Metzel	Jeremy	18	Dependent	\$428.14	\$438.89	\$506.69	\$564.04
Metzel	Emma	16	Dependent	\$164.67	\$168.81	\$194.88	\$216.94
Piet	Gina	47	ECH	\$428.14	\$438.89	\$506.69	\$564.04
Piet	Blake	10	Dependent	\$164.67	\$168.81	\$194.88	\$216.94
Piet	Julia	18	Dependent	\$164.67	\$168.81	\$194.88	\$216.94
Piet	Katie	20	Dependent	\$263.47	\$270.09	\$311.81	\$347.10
Davis	Megan	38	ECH	\$312.87	\$320.73	\$370.27	\$412.19
Davis	Preslie	10	Dependent	\$164.67	\$168.81	\$194.88	\$216.94
Aab	Tiffany	45	ECH	\$428.14	\$438.89	\$506.69	\$564.04
Aab	Zander	18	Dependent	\$164.67	\$168.81	\$194.88	\$216.94
Forrester	O'Rane	32	EE	\$263.47	\$270.09	\$311.81	\$347.10
Hubble	Nicole	42	FAM	\$312.87	\$320.73	\$370.27	\$412.19
Hubble	Jeremy	42	Spouse	\$312.87	\$320.73	\$370.27	\$412.19
Hubble	Tyler	18	Dependent	\$164.67	\$168.81	\$194.88	\$216.94
Hubble	Austin	16	Dependent	\$164.67	\$168.81	\$194.88	\$216.94
Terranova	Samantha	22	EE	\$263.47	\$270.09	\$311.81	\$347.10
Strickland	Katie	26	EE	\$263.47	\$270.09	\$311.81	\$347.10
Chavez	Harmony	36	EE	\$312.87	\$320.73	\$370.27	\$412.19
Monthly Total				\$5,977.49	\$6,127.67	\$7,074.15	\$7,874.91

PPD
 cost per
 employee

DENTAL PLAN ANALYSIS

	OPTION		OPTION		OPTION	
	Elite Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
	Renaissance Triple Advantage		Guardian 100/80/50 \$1,500 Max		Principal 100/80/50 \$1,500 Max	

DEDUCTIBLE & MAXIMUMS						
Individual Deductible	\$50	\$50	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150	\$150	\$150
Annual Benefit Maximum	\$1,500	Combined	Combined	\$1,500	Combined	\$1,500
Orthodontia Lifetime Maximum	N/A	N/A	N/A	N/A	N/A	N/A

COINSURANCE						
Type A - Preventive	100%	100%	100%	100%	100%	80%
Type B - Basic	100%	80%	80%	80%	80%	60%
Type C - Major	80%	50%	50%	50%	50%	40%

BENEFIT DETAILS						
Root Canal		Basic		Basic		Basic
Periodontal Surgery		Basic		Basic		Basic
Complex Oral Surgery		Basic		Basic		Basic
Implants		Major		Major		Not Covered

OTHER FEATURES						
Waiting Periods		None		None		None
Participation Requirement		50%		75%		50%

PREMIUM SUMMARY						
Tier	Counts	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate
Employee Only	10	\$36.52	\$41.89	\$34.07		
Employee + Spouse	0	\$73.05	\$85.03	\$60.06		
Employee + Child(ren)	0	\$85.84	\$95.64	\$85.29		
Employee + Family	0	\$137.19	\$147.06	\$117.43		
Estimated Monthly Premium		\$365.20	\$418.90	\$340.70		
Estimated Annual Premium		\$4,382.40	\$5,026.80	\$4,088.40		

Study
 Valid
 product
 26+ change
 Root Canal not basic
 major not basic

VISION PLAN ANALYSIS

		OPTION Renaissance \$10/\$25 12/12/24		OPTION Guardian \$10/\$25 12/12/24		OPTION Principal \$10/\$25 12/12/24	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
COPAYS							
Exams	\$10	\$45 allowance	\$10	\$39 allowance	\$10	\$45 allowance	
Lenses for Glasses	\$25	Allowance varies	\$25	Allowance varies	\$25	Allowance varies	
Frames	\$130 allowance	\$70 allowance	\$130 allowance	\$46 allowance	\$150 allowance	\$70 allowance	
Elective Contact Lenses	\$130 allowance	\$105 allowance	\$130 allowance	\$100 allowance	\$150 allowance	\$105 allowance	
FREQUENCIES							
Exams	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	
Lenses	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	
Frames	Every 24 months	Every 24 months	Every 24 months	Every 24 months	Every 24 months	Every 24 months	
OTHER FEATURES							
Participation Requirement	50% VSP	75% VSP	50% VSP				
Network							
PREMIUM SUMMARY							
Tier	Counts	Monthly Rate		Monthly Rate		Monthly Rate	
Employee Only	10	\$7.42	\$7.97	\$9.53			
Employee + Spouse	0	\$14.85	\$13.42	\$16.15			
Employee + Child(ren)	0	\$15.88	\$13.68	\$19.83			
Employee + Family	0	\$25.40	\$21.65	\$28.50			
Estimated Monthly Premium		\$74.20	\$79.70	\$95.30			
Estimated Annual Premium		\$890.40	\$956.40	\$1,143.60			

0